

Special Supplemental Nutrition Program for Women, Infants and Children



COLORADO WIC ***Nutrition Education Counseling Guide*** (Assessment, Counseling & Documentation Tips) ***January 2020***

Colorado Department of Public Health and Environment
Nutrition Services/WIC Program
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
(303) 692-2400



COLORADO WIC
Nutrition Education Counseling Guide
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Nutrition Education Counseling Guide

Introduction

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

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

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

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

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

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

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

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

- Orientation: All the counseling points listed are required to be provided to all new WIC participants, and reviewed with endorsers at recertification visits as needed.
- High risk counseling points: High risk counselors should select the listed counseling point, “Refer to Care Plan” and then document in the participant’s care plan the specific high risk counseling provided.
- Other: Staff should select the listed counseling point, “Refer to Care Plan” and then document in the participant’s care plan the specific counseling points provided.

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Acronyms and Abbreviations for WIC

AEB	As evidenced by	NPO	Not by mouth
ADD/ADHD	Attention deficit disorder/Attention deficit-hyperactivity disorder	NRF	Nutrition Risk Factor
BF	Breastfeeding	N/V	Nausea and vomiting
bid	Twice a day	OTC	Over-the-counter
BMI	Body mass index	oz	Ounce
BP	Blood pressure	PA	Physical activity
Ca	Calcium	PAF	Physician Authorization Form
Cert	Certification	PCP	Primary care provider
CED	Certification end date	PHN	Public health nurse
CHN	Community health nurse	PID	Person identification number
CHO	Carbohydrate	PMD	Private medical doctor, physician (MD or DO)
C/O	Complains of	PN	Prenatal
D/C	Discontinued, stopped	PNV	Prenatal vitamin
DM	Diabetes Mellitus	p.o.	By mouth
DOB	Date of birth	POA	Proof of address
Dt	Due to	POI	Proof of income
dx	Diagnosis	POID	Proof of identification
EBM	Expressed breast milk	PP	Postpartum
EDC/EDD	Expected date of confinement/due date	ppd	Packs per day
ETOH	Alcohol	prn	As needed
FAE	Fetal Alcohol Effects	PRO	Protein
FAS	Fetal Alcohol Syndrome	qd	Every day
Fe	Iron	qid	Every other day
FF	Formula feeding/Formula fed	R	Right
FFOC/FFOB	Foster father of child/baby	RB	Right breast
FTT	Failure to thrive	RD	Registered dietitian (nutritionist)
F/U	Follow-up	RN	Registered nurse
F/V	Fruits & vegetables	Recert, RCT	Recertification
GDM	Gestational diabetes mellitus	r/t	Related to
GERD	Gastroesophageal reflux disease	RTC	Return to clinic
GI	Gastrointestinal	Rx	Prescription
GMOC/GMOB	Grandmother of child/baby	SGA	Small for gestational age
HBW	High birth weight	SIDS	Sudden infant death syndrome
Hct/Hgb	Hematocrit/hemoglobin	SSB	Sugar sweetened beverage
HM	Human milk	STL	Stool
HMO	Health maintenance organization	SX	Symptoms
Hr	Hour	Tbsp	Tablespoon
H/S	Bedtime	tid	Three times a day
HTN	Hypertension	tsp	Teaspoon
hx	History	TV	Television

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IBW	Ideal body weight	Tx	Treatment
ID	Identification	VOC	Verification of Certification
IZ	Immunizations	WNL	Within normal limits
L	Left	w/o	Without
LB	Left breast	WT	Weight
LBW	Low birth weight	<	Less than
LGA	Large for gestational age	>	Greater than
LI	Lactose Intolerance	≥	Greater than or equal to
MOC/MOB	Mother of child/baby	≤	Less than or equal to
NI	Nutrition Interview		

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WIC Certification/Recertification Standard Visit Protocols

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

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WIC Midcertification Standard Visit Protocols

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

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

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

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WIC Add Baby Standard Visit Protocols

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

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WIC Transfer Standard Visit Protocols

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

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WIC Breast Pump Standard Visit Protocols

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

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High Risk Visit Standard Protocol

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

1. The RD/RN must provide high risk counseling **within 24 hours** of risk identification when the following nutrition risk factors are identified:
 - ◆ **NRF 135 – Slowed/Faltering Growth Pattern**
Infant birth up to 2 weeks of age:
 - ✓ Excessive weight loss after birth, defined as $\leq 7\%$ birth weight.
 - ◆ **NRF 372A- Alcohol Use**
 - ✓ *Pregnant women:* Any current alcohol use.
 - ✓ *Breastfeeding women:*
 - High Risk Drinking: Routine consumption of ≥ 8 drinks per week or ≥ 4 drinks on any day; -or-
 - Binge Drinking: Routine consumption of ≥ 4 drinks within 2 hours.

Note: For non-breastfeeding women, 372A is a low risk NRF.
 - ◆ **NRF 372B- Substance Use**
 - ✓ *Pregnant & Breastfeeding Women:*
 - Any illegal substance use and/or abuse of prescription medications.
 - Any marijuana use in any form.
 - ✓ *Non-Breastfeeding Postpartum Women:*
 - Any illegal substance use and/or abuse of prescription medications.
 - ◆ **NRF 602 – Breastfeeding Complication or Potential Complications.**
Breastfeeding women with any of the following:
 - ✓ Severe breast engorgement
 - ✓ Recurrent plugged ducts
 - ✓ Mastitis
 - ✓ Flat or inverted nipples
 - ✓ Cracked, bleeding or severely sore nipples
 - ✓ Failure of milk to come in by 4 days postpartum
 - ✓ Tandem nursing
 - ◆ **NRF 603 – Breastfeeding Complication or Potential Complications.**
Breastfed infants with any of the following:
 - ✓ Jaundice
 - ✓ Weak or ineffective suck
 - ✓ Difficulty latching onto mother's breast
 - ✓ Inadequate stooling (for age, as determined by a physician or other health care professional) or less than 6 wet diapers per day.

NRFs 602 and 603 can be completed by a Colorado WIC Lactation Management Specialist (LMS) or a RD/RN. If counseling at the time of risk assignment is provided by an educator LMS, the educator LMS must schedule the participant with the RD/RN for routine high risk follow-up within 30 days.
2. MD must be contacted **within 24 hours** and RD/RN must provide high risk counseling **no more than 30 days** from risk identification when the following nutrition risk factor is identified:
 - ◆ NRF 201B – Severely low hemoglobin/hematocrit
 - ✓ **If permission has been granted for WIC to contact the health care provider:** fax or email a printout of the Abnormal Blood Work Notices to the health care provider within 24 hours. Schedule an appointment with the WIC High Risk Counselor within the next 30 days.
 - ✓ **If permission has not been granted for WIC to contact the health care provider:** give a printout of the Abnormal Blood Work Notice to the endorser/participant to share with the participant's health care provider. The WIC High Risk Counselor must be notified within 24 hours. The High Risk Counselor must contact the participant by telephone within 7 days and schedule a high risk appointment with the participant within the next 30 days.
3. RD/RN must provide high risk counseling **no more than 90 days** of risk identification when the following nutrition risk factor is identified:
 - ◆ NRF 113 – Obese child (2-5 years of age)

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Medical Conditions

Medical conditions must have been diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

All conditions are high risk unless indicated low risk.

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

* Condition may be identified by the WIC staff

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

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Participant Centered Nutrition Education strategies

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

3-Step Counseling Strategy

1. **ASK** – open ended questions

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

Probe by

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

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

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

3. **Educate**

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

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* = High risk condition

** = 24 hour referral needed

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Prenatal Woman Section

Prenatal Counseling/Class

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

Assessment:

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

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

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

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Prenatal Woman Section

Prenatal - Infant Breastfeeding Counseling

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

Assessment:

- ◆ Assess prenatal status, problems & concerns.

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

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

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Prenatal Woman Section

Prenatal - Infant Formula Feeding Counseling/Class

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

Assessment:

- ◆ Assess prenatal status, problems & concerns.

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

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

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Prenatal Woman Section

Alcohol Use**

NRF 372A Definition (High Risk)

Medical Condition: Alcohol Use

Any current alcohol use.

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

Assessment

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

Suggested counseling points

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

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Calcium

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Cigarette Use

NRE 371 Definition (Low Risk)

Medical Condition: Maternal Smoking

Any smoking of tobacco products, i.e., cigarettes, pipes or cigars

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

Assessment

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

Suggested counseling points

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

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

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Dental Health/Dental Problems

NRF 381 Definition (Low Risk):

Medical Condition: Oral Health Conditions

Oral health conditions include, but are not limited to:

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

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

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

Assessment

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

Suggested counseling points

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

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Diabetes Mellitus*/Gestational Diabetes*

NRF 343 Definition High Risk:

Medical Condition: Diabetes Mellitus

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

→ Refer to RD/RN

NRF 302 Definition High Risk

Medical Condition: Gestational Diabetes

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

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Dietary Supplements

NRF 427 Definition Low Risk:

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

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

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

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

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Eating Disorders*

NRF 358 Definition High Risk:

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

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

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

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

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Elevated Blood Lead Levels*

NRF 211 Definition High Risk:

Blood lead level of greater than or equal to 5 micrograms/deciliter ($\geq 5 \mu\text{g}/\text{deciliter}$) within the past twelve (12) months.

→ Refer to RD/RN

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

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Exit Counseling

Required counseling points

The following topics are required to be provided to all women participants at the end of the pregnancy certification period and again at the end of the postpartum or breastfeeding certification period. Exit counseling must reinforce important health messages previously received, with emphasis on:

1. Well balanced diet
 - ◆ Choose a variety of foods to get a balanced diet and obtain the nutrients your body needs.
2. Importance of folic acid intake
 - ◆ Consume an adequate intake of folic acid during child bearing years to help prevent birth defects.
 - ◆ Folic acid can be found in eating foods such as WIC cereals, dried beans, chicken, beef, pork, leafy greens, broccoli and orange juice.
3. Breastfeeding benefits
 - ◆ Consider breastfeeding as the normal method of infant feeding.
 - ◆ WIC recommends breastfeeding until a baby is at least one year of age.
4. Keep up-to-date on immunizations (both for herself and children)
 - ◆ Follow recommended schedule for immunizations for herself and her children.
5. Know the health risks of using alcohol, tobacco and drug use.
 - ◆ Alcohol, tobacco, marijuana and other drugs can harm your baby's health and cause lasting damage.
 - ◆ Stop using alcohol, tobacco, marijuana and other drugs while pregnant or breastfeeding.

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Food Allergies*

NRF 353 Definition High Risk:

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

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

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Food Safety

NRF 427E Definition Low Risk:

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

Potentially harmful foods:

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

Assessment

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

Suggested counseling points

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

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

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High Maternal Weight Gain*

NRE 133 Definition High Risk:

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

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Highly Restrictive Diets

NRF 427B Definition Low Risk:

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

Examples include:

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

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Inadequate Weight Gain*

NRF 131 Definition High Risk:

NRF 131: Low maternal weight gain (singleton pregnancies only)

- ◆ Assign when weight plots, at any point, beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.
- ◆ Assign when weight gain in the 2nd or 3rd trimester (14 - 40 weeks gestation) is lower than the following recommendations for her respective prepregnancy weight category:

Prepregnancy Weight Classification	BMI	Total Weight Gain	
Underweight	<18.5	< 1 lb/week	< 4 lbs/month
Normal Weight	18.5 - 24.9	< 0.8 lb/week	< 3 lbs/month
Overweight	25.0-29.9	< 0.5 lb/week	< 2 lbs/month
Obese	≥30.0	< 0.4 lb/week	< 1.5 lbs/month

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Lactose Intolerance

NRF 355 Definition Low Risk:

Medical Condition: Lactose Intolerance:

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

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

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

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Low Hemoglobin/Severely Low Hemoglobin**

NRF 201 Definition Low Risk:

Low hematocrit/low hemoglobin

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

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

NRF 201B Definition High Risk:

Severely low hematocrit/hemoglobin

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

→ Refer to RD/RN

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

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

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

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Medical Conditions*

NRF 300 series Definition High Risk or Low Risk:

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

→ Refer to RD/RN, if high risk

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Morning Sickness/Hyperemesis Gravidarum*

Morning Sickness – not an NRF

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

NRF 301 Definition High Risk:

Medical Condition: Hyperemesis Gravidarum

Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Multi-fetal Gestation

NRF 335 Definition High Risk:

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

→ Refer to RD/RN

Assessment

- ◆ Check if carrying twins, triplets, quadruplets, etc.
- ◆ Check if physician/care provider has put participant on bed rest or other precautions that will impact WIC appointments. Change WIC endorser if needed.
- ◆ Assess weight status and progress using the 2009 IOM provisional guidelines

✓ Twins:

- 37-54 lbs (Normal pregravid weight)
- 31-50 lbs (Overweight pregravid weight)
- 25-42 lbs (Obese pregravid weight)

Note: Weight gain of 1.5 pounds per week during the 2nd and 3rd trimesters is associated with a reduced risk of preterm and low-birth weight delivery.

✓ Triplets:

- Around 50 lbs total. A steady weight rate of gain of approximately 1.5 pounds per week is recommended.

Suggested counseling points

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

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Prenatal Woman Section

Pica

NRF 427 Definition Low Risk:

NRF 427C: Compulsively ingesting non-food items (pica).

Non-food items:

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

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Pregnancy at a Young Age*

NRF 331B Definition Low Risk:

Conception at 16 to <18 years of age.

NRF 331A Definition High Risk:

Conception at less than 16 years of age.

→ Refer high risk to RD/RN

Assessment

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

Suggested counseling points

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

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Prenatal Woman Section

Substance Use**

NRF 372B Definition High Risk:

Medical Condition: Substance Use: Any illegal substance use, abuse of prescription medication, and/or marijuana use in any form.

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

Assessment

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

Suggested counseling points

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

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7. Emphasize that there is no safe amount of marijuana use while pregnant.
8. Discuss that breathing second-hand marijuana smoke is harmful for mom and baby. Marijuana smoke has many of the same chemicals as tobacco smoke, and some cause cancer.
9. Discuss that tetrahydrocannabinol (THC), the chemical responsible for most of marijuana's psychological effects and makes you feel "high", crosses the placenta.
10. Remind that marijuana consumed in any form (smoking, vaporizers, edibles, tinctures & tonics, topical, tea & sodas, hash & wax) may be harmful. Even though some of the forms don't have harmful smoke, they still contain THC.
11. Refer to RD/RN for high risk counseling.
12. Refer to physician.
13. Refer to cessation program/resources.

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* = High risk condition

** = 24 hour referral needed

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Breastfeeding Woman Section

Standard Breastfeeding Counseling

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

Assessment:

- ◆ Assess breastfeeding status, problems & concerns.
- ◆ Assess postpartum problems and concerns.

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

1. Breastfeed on demand, 8-12 times in 24 hours for newborn.
2. Don't use supplemental formula unless medically necessary since it interferes with breast milk production.
3. Continue to breastfeed even if returning to work or school.
4. Rest when baby sleeps. Rest and relaxation are important for new moms.
5. Eat a varied diet, based on the Nutrition Guide for Breastfeeding Women.
6. Drink to thirst; get a glass of water or milk before sitting down to nurse.
7. Continue taking prenatal vitamins and/or iron per MD, and include foods high in folate.
8. Realistic and healthy weight loss is ½ - 1 pound per week
9. Eat breakfast and don't skip meals.
10. Aim for 5-9 servings of fruits & vegetables per day.
11. Drink water and low-fat milk. Limit fruit juice and sugar-sweetened drinks.
12. Keep portions reasonable.
13. Resume exercise at 6 weeks with MD's approval. Try to walk or exercise daily when medically able.
14. Avoid over-the-counter medications, herbal remedies, excessive vitamins and minerals unless recommended by MD.
15. Know HIV status – don't breastfeed if HIV positive.
16. Do not use drugs, alcohol or tobacco while breastfeeding.
17. Avoid second hand smoke.
18. Schedule postpartum check-up with MD or clinic.
19. WIC can provide breast pumps.

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Breastfeeding Woman Section

Suggested referrals

- ◆ Lactation Management Specialist (LMS)
- ◆ Family Planning
- ◆ La Leche League or other breastfeeding support
- ◆ Breastfeeding Help Line: 1-800-994-9662
- ◆ Peer Counselor
- ◆ Hospital where participant delivered

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Alcohol Use**

Medical Condition: NRF 372A Alcohol Use (High Risk)

Definition:

- High Risk Drinking: Routine consumption of ≥8 drinks per week or ≥4 drinks on any given day;
- or -
- Binge drinking: Routine consumption of ≥4 drinks within 2 hours.

Note: A serving or standard sized drink is: 12 oz beer (1 can); 5 oz wine; or 1 ½ fluid ounces (1 shot) 80 proof distilled spirits (e.g. gin, rum, vodka, whiskey, cordials or liqueurs).

Refer to RD/RN

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

Assessment

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

Suggested counseling points

1. Discuss risks to breastfeeding mom and baby.
 - ◆ Depletes nutrients.
 - ◆ Destroys brain cells.
 - ◆ Increases risk of liver damage.
 - ◆ Increases risk of heart disease and certain types of cancer.
 - ◆ Decreases milk supply.
 - ◆ Alcohol is passed through milk to baby.
 - ◆ Impairs ability to care for baby.
2. Advise to quit.
 - ◆ If unreceptive to quitting, advise to cut back.
 - ◆ If unreceptive, advise to 'pump and dump' for comfort and to maintain milk supply until alcohol has cleared her body.
3. If mom chooses to drink, limit alcohol to occasional use.
 - ◆ Drink only small amounts after breastfeeding. Wait to nurse 2 hours after a drink.
 - ◆ Limit intake to a glass of beer or wine, 1 or 2 times a week.
 - ◆ Try not to drink any alcohol the first month of baby's life.
4. Emphasize need for healthy diet for breastfeeding.
5. Encourage taking prenatal vitamins.

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6. Refer to RD/RN for high risk counseling.
7. Refer to physician, if needed.
8. Refer to cessation/substance abuse program/resource.

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Breastfeeding Woman Section

Breast Pump Loan

The RD/RN and/or staff trained in lactation management must coordinate the issuance of pumps to participants.

Assessment

- ◆ Evaluate need for a pump.
- ◆ Evaluate best type of pump for mom's situation.
 - ✓ Heavy-duty electric (Lactina, Symphony) – most efficient (second to baby) in extracting milk; for moms returning to work or school, or if infant unable to adequately nurse.
 - ✓ Single-user electric pump (WIC in Style) for moms qualifying for an electric pump who are committed to pumping for a year and providing exclusive breast milk to their baby.
 - ✓ Pedal – for women returning to work or school part time who don't want to transport an electric pump or women who are not candidates for an electric pump loan.
 - ✓ Manual – when pumping is infrequent or of short duration.
 - ✓ Hand expression – good option for moms who need to relieve engorgement or express milk on occasion.
- ◆ Assess need for supplemental formula. Determine:
 - ✓ What is mom's desire for successful breastfeeding?
 - ✓ What is mom's plan for breastfeeding?
 - ✓ Why does she need a supplement?
 - ✓ Educate on risk of supplementation.
 - ✓ Under what situation would she use formula?
 - ✓ Could she pump and use her own milk?
 - Provide no more than baby needs in order to promote breastfeeding
 - In range (mom receives Pregnant/Partial BF package)
 - No formula for infants <1 month.
 - Up to 4 (12.9-oz) cans powdered formula for infants 1-3 months.
 - Up to 5 (12.9-oz) cans powdered formula for infants 4-5 months.
 - Up to 4 (12.9-oz) cans powdered formulas for infants 6-11 months..
 - Some circumstances (mom returning to work/school and not interested in pumping) may require more formula than "In Range" amounts. If more than the "In Range" amount is issued mom's package changes to Postpartum/Novel Breastfeeding.
 - Powdered supplemental formula is recommended to allow for mixing only the amount needed per feeding.

Suggested counseling points

1. Discuss pumping plan.
2. Pump assembly.
3. Cleaning and sterilizing pump parts.
4. Pump use.
5. Storing and thawing breast milk.
6. Returning to work or school.
7. Discuss impact of supplemental formula on breastfeeding. (see assessment questions above)
8. Review Breast Pump/Aid Release form, obtain signatures and copy of photo ID (scanned into Compass).
9. Refer to RD/RN for high risk counseling, as needed.

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Breastfeeding Woman Section

Breastfeeding Challenges and Solutions

Assessment

- ◆ Assess breastfeeding status, problems and concerns.

Suggested counseling points (Refer to Level II WIC Certification Program Breastfeeding Module and Resource Manual).

Counsel on:

1. Prevention and treatment of sore, cracked or bleeding nipples.
2. Prevention and treatment of engorgement.
3. Prevention and treatment of mastitis.
4. Ways to increase milk supply.
5. Relief of obstructed ducts.
6. Poor milk let down.
7. What to do when mom is sick.

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Breastfeeding Complications or Potential Complications**

NRF 602 Definition High Risk:

A breastfeeding woman with any of the following:

- ◆ severe breast engorgement
- ◆ recurrent plugged ducts
- ◆ mastitis (fever or flu-like symptoms with localized breast tenderness)
- ◆ flat or inverted nipples
- ◆ cracked, bleeding, or severely sore nipples
- ◆ age 40 years or older*
- ◆ failure of milk to come in by 4 days postpartum
- ◆ tandem nursing (breastfeeding two siblings who are not twins)

*Exception: This 24-hour high risk counseling rule applies to all complications or potential complications listed above except for "age 40 years or older" as this is low risk.

- Refer to LMS or RD/RN for counseling within 24 hours
- If LMS or RD/RN unavailable to counsel participant within 24 hours, refer to physician
- If LMS is an educator, refer to RD/RN within 30 days

Assessment

- ◆ Assess for any of the above complications.

Suggested counseling points

1. Emphasize seriousness of breastfeeding complication.
2. Refer to LMS or RD/RN for appointment ASAP. If LMS or RD/RN unavailable to counsel participant within 24 hours, refer to physician.
3. Emphasize normal diet for breastfeeding.

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Breastfeeding Woman Section

Breastfeeding Tips

Assessment

- ◆ Assess breastfeeding status, problems and concerns.
- ◆ Assess milk transfer (gulping sound, breasts feel full before feeding and empty after feeding).

Suggested counseling points

1. Wash hands.
2. Offer both breasts at each feeding. Begin each feeding with the breast that was last used.
3. To remove baby from breast, insert small finger into corner of baby's mouth to break suction.
4. Milk supply depends on the amount of milk removed; the more removed, the more produced.
5. Growth spurts occur at approximately 2-3 weeks, 6 weeks, 12 weeks, and 6 months. More frequent nursing at these times will increase supply.
6. Listen for swallowing/gulping sounds to assess milk transfer.
7. Breasts should feel full before feeding and empty or soft afterward.
8. If baby bites, stay calm; release by inserting small finger into corner of baby's mouth. Teething doesn't necessitate weaning. If baby bites, he isn't feeding. Watch for signs that he is finished or not interested in feeding and remove from breast.

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Breastfeeding Woman Section

Cigarette Use

NRE 371 Definition Low Risk:

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

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

Note: Quitting smoking is highly recommended, however, smoking is not a contraindication to breastfeeding. Smoking and tobacco use are viewed as a matter of risk/benefit ratio: the risk of some nicotine exposure versus the tremendous benefit of breastfeeding. Breastfeeding provides some protection against both infections and asthma.

Assessment

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

Suggested counseling points

1. Discuss risks to mom and baby:
 - ◆ Nicotine passes through the breastmilk to the baby.
 - ◆ Decreases milk supply.
 - ◆ Second hand smoke exposure to baby.
2. Advise to stop smoking.
3. Discuss benefits of quitting:
 - ◆ Healthier baby; fewer asthma and wheezing problems, fewer colds and ear infections.
 - ◆ Less likely baby will grow up to smoke.
 - ◆ Mom will have more energy and breathe easier.
 - ◆ Fewer wrinkles for mom and skin and nails won't be stained.
 - ◆ Food will smell and taste better.
 - ◆ Clothes, car and home will smell better.
 - ◆ Mom will feel good about what she's done for herself and her baby.
 - ◆ Less likely to develop heart disease, stroke, lung cancer.
4. Refer to smoking cessation resources.
5. Suggestions for cutting back if can't quit:
 - ◆ Smoke outside; never in the same room as the baby.
 - ◆ Buy only 1 pack of cigarettes at a time.
 - ◆ Take fewer puffs on each cigarette.
 - ◆ Change to a low-nicotine brand.
 - ◆ Ask family members and friends for their support, including not smoking around you.

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

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Breastfeeding Woman Section

Dental Health/Dental Problems

Dental Health – not an NRF

NRF Definition Low Risk:

Medical Condition: Oral Health Conditions: Oral health conditions include, but are not limited to:

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

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

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

Assessment

- ◆ Assess severity of dental problems.
- ◆ Check if participant is following up with a dentist. Refer if needed.
- ◆ Check if participant is performing recommended dental hygiene care (brushing, flossing, special mouth rinse, etc.).
- ◆ Assess adequacy of diet. (Missing more than 7 teeth in adults seriously affects chewing ability. This leads to eating only certain foods which in turn affects nutritional intake.).
- ◆ Assess intake of sweet, sticky foods and sweetened liquids.

Suggested counseling points

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

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Dietary Supplements

NRF 427 Definition Low Risk:

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

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

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

- ◆ Consumption of < 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women.
- ◆ Consumption of < 150 µg of supplemental iodine per day by breastfeeding women.

Assessment

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

Suggested counseling points

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

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Breastfeeding Woman Section

Eating Disorders*

NRE 358 Definition High Risk:

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

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

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

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

→ Refer to RD/RN

Assessment

- ◆ Assess for above symptoms.
- ◆ Weigh and review grid to assess BMI.
- ◆ Ask if physician/care provider is aware of eating disorder.

Suggested counseling points

1. Review dietary needs for breastfeeding.
2. Discuss breastfeeding mom's need for rest, support and self-care.
3. Emphasize need to eat to produce milk for baby's growth.
4. Discuss signs of postpartum 'baby blues' and depression.
5. Refer to mental health counselor.
6. Refer to RD/RN for high risk counseling.

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Breastfeeding Woman Section

Elevated Blood Lead Levels*

NRE 211 Definition High Risk:

Blood lead level of greater than or equal to 5 micrograms/deciliter (≥ 5 $\mu\text{g}/\text{deciliter}$) within the past twelve (12) months.

→ Refer to RD/RN

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

Assessment

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

Suggested counseling points

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

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Breastfeeding Woman Section

Engorgement/Severe Engorgement**

Engorgement

Over fullness in the breasts resulting from hormone changes after delivery and exaggerated by ineffective or irregular milk emptying. All new mothers experience some breast fullness when milk comes in abundantly a few days after delivery. Condition is usually temporary until milk starts flowing freely and production adjusts to infant's demands and nutritional needs, occurs around 2-4 days after delivery.

→ Refer to RD/RN if engorgement is severe (see below).

NRE 602A Definition High Risk:

Severe breast engorgement is included with the high risk condition "Breastfeeding Complications or Potential Complications." It is often caused by infrequent nursing and/or ineffective removal of milk. With severe engorgement, massive breast congestion occurs and the breast becomes hard, shiny, and painful to touch.

→ Refer to LMS or RD/RN for counseling within 24 hours.

→ If LMS or RD/RN unavailable to counsel participant within 24 hours, refer to physician.

→ If LMS is an educator, refer to RD/RN within 30 days.

Assessment

- ◆ Assess severity of engorgement. (Unrelieved engorgement can give the body the message that milk is not needed.)
- ◆ Assess frequency of feedings. How long is baby sleeping at night?
- ◆ Assess if breasts are emptied after feedings.
- ◆ Assess use of supplemental formula and water.
- ◆ Offer use of manual or electric breast pump if necessary, to empty the breasts.

Suggested counseling points

1. Early postpartum engorgement is normal.
2. Engorgement may occur between the 3rd and 5th day when milk comes in, and resolve after 12 to 48 hours if treated promptly.
3. Prevent engorgement by nursing as soon as possible after delivery, and continuing to nurse every 1½ to 3 hours, 5-15 minutes per breast, until breasts are emptied.
4. Shower in very warm water; let water fall on breasts.
5. Put a warm, moist bath towel or washcloth on breasts.
6. Use cold compresses between feedings to reduce swelling and pain.
7. Use hand expression to soften nipples and release milk.
8. Nurse as often as possible.
9. Hand express or pump when feedings are missed or breasts are full and baby is not available to nurse.
10. Offer breast pump loan.
11. Avoid formula or water supplements which decrease baby's willingness to nurse.
12. Refer to RD/RN for counseling on severe engorgement.

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Breastfeeding Woman Section

Exit Counseling

Required counseling points

The following topics are required to be provided to all women participants at the end of the pregnancy certification period and again at the end of the postpartum or breastfeeding certification period. Exit counseling must reinforce important health messages previously received, with emphasis on:

1. Well balanced diet
 - ◆ Choose a variety of foods to get a balanced diet and obtain the nutrients your body needs.
2. Importance of folic acid intake
 - ◆ Consume an adequate intake of folic acid during child bearing years to help prevent birth defects.
 - ◆ Folic acid can be found in eating foods such as WIC cereals, dried beans, chicken, beef, pork, leafy greens, broccoli and orange juice.
3. Continued breastfeeding
 - ◆ Consider breastfeeding as the normal method of infant feeding.
 - ◆ WIC recommends breastfeeding until a baby is at least one year of age.
4. Keep up-to-date on immunizations (both for herself and children)
 - ◆ Follow recommended schedule for immunizations for herself and her children.
5. Know the health risks of using alcohol, tobacco and drug use.
 - ◆ Alcohol, tobacco, marijuana and other drugs can harm your baby's health and cause lasting damage.
 - ◆ Stop using alcohol, tobacco, marijuana and other drugs while pregnant or breastfeeding.

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Breastfeeding Woman Section

Family Planning

Assessment

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

Suggested counseling points

1. Breastfeeding is not a reliable method of birth control.
2. Encourage participant to talk with physician or family planning clinic about the best family planning method for her as a breastfeeding mom.
3. In addition to planning for birth control, protection against AIDS and STDs is extremely important.
4. Spacing children at least 24 months apart allows the body to recover from pregnancy and provides more time to enjoy the new baby.
5. Non-hormonal methods of contraception (i.e. diaphragm) do not interfere with lactation.
6. Wait to start progestin-only agents such as Norplant implants, DepoProvera injections, and 'mini-pills' (progesterone-only oral contraceptive pills) until 6-8 weeks postpartum when milk supply is well established.
7. Do not use any estrogen-containing contraceptives.
8. Continue taking prenatal vitamins after delivery, especially while breastfeeding.
9. Begin taking prenatal vitamins when you know you are planning to conceive.

Suggested referral

- ◆ Family Planning clinic or physician

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Breastfeeding Woman Section

Food Allergies*

NRF 353 Definition High Risk:

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

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

1. Follow health care provider's recommendations regarding avoidance of food(s) that cause allergic reaction.
2. If there is a strong family history of a food allergy, avoid those foods while breastfeeding.
3. Tailor food package to avoid allergy causing foods.
4. Refer to physician for medical care.
5. Refer to RD/RN for high risk counseling.

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Breastfeeding Woman Section

Highly Restrictive Diets

NRF 427B Definition Low Risk:

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

Examples include:

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

Assessment

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

Suggested counseling points

1. Emphasize need for nutrients that are eliminated or reduced by the restriction; find alternative foods if possible.
2. Discuss easing up on food restrictions, if possible, while breastfeeding, for baby's benefit.
3. Limit weight loss to ½ to 1 pound a week.
4. Encourage participant to take prenatal vitamins and iron as prescribed by MD.
5. Recommend that participant discuss her restrictive dietary practices with MD.

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Breastfeeding Woman Section

Lactose Intolerance

NRE 355 Definition Low Risk:

Medical Condition: Lactose Intolerance:

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

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

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

Assessment

- ◆ What symptoms does client have when consuming dairy products?
- ◆ What dairy products (if any) are tolerated?
- ◆ Has participant ever used lactose-free milk or lactase drops?

Suggested counseling points

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

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Low Hemoglobin / Severely Low Hemoglobin**

NRF 201 Definition Low Risk:

Low hematocrit/low hemoglobin

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

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

NRF 201B Definition High Risk:

Severely low hematocrit/hemoglobin

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

→ Refer to RD/RN.

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

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

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

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Medical Conditions*

NRF 300 series Definition High Risk or Low Risk:

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

→ Refer to RD/RN, if high risk

Assessment

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

Suggested counseling points

1. Encourage keeping medical appointments and following advice of MD.
2. If participant had Gestational Diabetes with the most recent pregnancy, provide the pamphlet After Delivery: Gestational Diabetes and refer to the Diabetes Prevention Program if available in area.
3. Refer to RD/RN for counseling on high risk medical conditions.

Suggested Referrals

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

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Multi-fetal Gestation (Breastfeeding Multiples) *

NRE 335 Definition High Risk:

Medical Condition: Multi-fetal Gestation: More than one fetus in the most recent pregnancy

→ Refer to RD/RN

Assessment

- ◆ Assess breastfeeding status, problems and concerns.
- ◆ Assess adequacy of support for breastfeeding and for caring for babies.
- ◆ Assess adequacy of mother's diet to meet demands for increased milk production.

Suggested counseling points

1. Counsel on appropriate diet for breastfeeding.
2. Drink to thirst.
3. Rest – sleep when babies are napping.
4. Breastfeed babies together or separately.
5. Spend time alone with each baby.
6. Have babies nurse from a different breast at each feeding.
7. Pump the residual milk after nursings.
8. Arrange for help from family and friends.
9. Seek support from organizations and others who support breastfeeding multiples.
10. Use electric breast pump to increase milk supply.
11. Advise on breast pump loan program.
12. Refer to RD/RN for high risk counseling.

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Pica

NRF 427 Definition Low Risk:

NRF 427C: Compulsively ingesting non-food items (pica). Non-food items:

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

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Postpartum “Blues”/Depression*

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

Postpartum depression -

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

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

NRF 361 Definition High Risk:

Medical condition: Depression: Presence of clinical depression, including postpartum depression, diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver.

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Pregnancy at a Young Age*

NRF 331B Definition Low Risk:

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

NRF 331A Definition High Risk:

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

→ Refer high risk to RD/RN

Assessment

- ◆ Assess resources for caring for a child.
- ◆ Assess level of peer and family support.
- ◆ Assess teen's desire and commitment to breastfeed. Ask what concerns she has about breastfeeding.
- ◆ Assess need for electric breast pump if returning to school.

Suggested counseling points

1. Importance of postpartum medical checkup.
2. Finish taking prenatal vitamins and iron, as prescribed by physician.
3. Emphasize importance of healthful diet for lactating teen.
 - ◆ Encourage 4 servings of high calcium foods/day.
 - ◆ Encourage breakfast; discourage meal skipping.
 - ◆ Emphasize healthy snacks.
 - ◆ Healthy choices at fast food restaurants.
4. Discuss appropriate weight loss plan.
5. Know HIV status – don't breastfeed if HIV positive.
6. Discuss family planning with MD or family planning clinic.
7. Stay free of tobacco, alcohol and drugs.
8. Discuss second hand smoke risks to infant.
9. Refer to local teen breastfeeding support.
10. Refer to RD/RN for high risk counseling for NRF 331A.

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Storing and Handling Breast Milk

Assessment

- ◆ Assess adequacy of pumping.
- ◆ Assess breastfeeding status, problems and concerns.
- ◆ Assess returning to work or school.

Suggested counseling points

1. Review Colorado workplace accommodation for nursing mothers' law.
2. Store milk in clean plastic or glass bottles or plastic bottle liners. Double bag if you plan to freeze.
3. Fill containers with 2-4 oz of milk, depending on how much baby takes per feeding.
4. Label container with baby's name and the date.
5. Refrigerate immediately or put with an ice pack.
6. Can keep in refrigerator up to 48 hours.
7. Freeze if milk won't be used within 48 hours.
8. Thaw frozen breastmilk in refrigerator or in lukewarm water.
9. Do not thaw at room temperature or in microwave, which can damage nutrients and may create hot spots that can burn baby.
10. Swirl gently before feeding since separation of fat may occur during storage.
11. Never refreeze thawed milk. Use within 24 hours.
12. Breast pump loan program.

Nutrition Education Counseling Guide

Breastfeeding Woman Section

Substance Use**

NRE 372B Definition High Risk:

Medical Condition: Substance Use: Any illegal substance use, abuse of prescription medication, and/or marijuana use in any form.

Refer to RD/RN

→ RD/RN must provide high risk counseling within 24 hours

→ If RD/RN not available to counsel participant within 24 hours, refer to physician

Assessment

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

Suggested counseling points

1. Discuss benefits of no drug use for self and baby:
 - ◆ Benefits of no drug use:
 - ✓ Healthier mom and baby
 - ✓ Better milk supply
 - ✓ Better ability of mom to care for baby
 - ◆ Risks to mom:
 - ✓ Impaired ability to care for baby
 - ✓ Heart attack or irregular heart beat
 - ✓ Stroke
 - ✓ Kidney and liver failure
 - ✓ Bleeding in the brain
 - ✓ Seizures
 - ✓ Breathing problems
 - ✓ Panic/anxiety attacks, impaired judgment and paranoia, depression
 - ✓ Overdose
 - ◆ Risks to baby:
 - ✓ Drugs are excreted into breast milk
 - ✓ Affects baby's growth and development
2. Advise to either quit drugs or stop breastfeeding.
3. Emphasize importance of healthy diet for breastfeeding.
4. Take prenatal vitamins daily while breastfeeding.
5. Encourage keeping medical appointments with physician and talking with MD about his/her recommendations regarding illegal drug use.
6. Emphasize that there is no safe amount of marijuana use while breastfeeding.

Nutrition Education Counseling Guide

Breastfeeding Woman Section

7. Discuss that tetrahydrocannabinol (THC), the chemical responsible for most of marijuana's psychological effects and makes you feel "high," is present in breast milk of women who use marijuana.
8. Discuss that "pumping and dumping" doesn't work to clear the THC from breastmilk. Breast milk contains a lot of fat and since THC is stored in body fat (and breast milk), it stays in the body for a long time. Alcohol is not stored in fat, so it leaves the body faster.
9. Discuss that breathing second-hand marijuana smoke is harmful for mom and baby. Marijuana smoke has many of the same chemicals as tobacco smoke, and some cause cancer.
10. Remind that marijuana consumed in any form (smoking, vaporizers, edibles, tinctures & tonics, topical, tea & sodas, hash & wax) may be harmful. Even though some of the forms don't have harmful smoke, they still contain THC.
11. Discuss that being high while caring for a baby is not safe. Marijuana can make a person feel sleepy and sleep harder. It's not safe for baby to sleep with someone who is high.
12. Refer to RD/RN for high risk counseling.
13. Refer to physician.
14. Refer to mental health counselor.
15. Refer to cessation/substance abuse program resources.

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* = High risk condition

** = 24 hour referral needed

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Postpartum Woman Section

Standard Postpartum Counseling

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

Assessment:

- ◆ Assess postpartum status, problems & concerns.

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

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

Suggested referrals

- ◆ Family Planning

Nutrition Education Counseling Guide

Postpartum Woman Section

Dental Health / Dental Problems

Dental Health - not an NRF

NRF 381 Definition Low Risk:

Medical Condition: Oral Health Conditions: Oral health conditions include, but not limited to:

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

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

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

Assessment

- ◆ Assess severity of dental problems.
- ◆ Check if participant is following up with a dentist. Refer if needed.
- ◆ Check if participant is performing recommended dental hygiene care (brushing, flossing, special mouth rinse, etc.).
- ◆ Assess adequacy of diet. (Missing more than 7 teeth in adults seriously affects chewing ability. This leads to eating only certain foods which in turn affects nutritional intake.).
- ◆ Assess intake of sweet, sticky foods and sweetened liquids.

Suggested counseling points

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

Nutrition Education Counseling Guide

Postpartum Woman Section

Dietary Supplements

NRF 427 Definition Low Risk:

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

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

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

- ◆ Consumption of < 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women.

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Postpartum Woman Section

Eating Disorders*

NRE 358 Definition High Risk:

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

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

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

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

1. Review dietary needs to build back body stores and strength after pregnancy.
2. Point out need for new mother's rest, support and self-care.
3. Limit weight loss to 1-2 pounds per week.
4. Discuss signs of postpartum 'baby blues' and depression.
5. Refer to mental health counselor.
6. Refer to RD/RN for high risk counseling.

Nutrition Education Counseling Guide

Postpartum Woman Section

Elevated Blood Lead Levels*

NRF 211 Definition High Risk:

Blood lead level of greater than or equal to 5 micrograms/deciliter (≥ 5 $\mu\text{g}/\text{deciliter}$) within the past twelve (12) months.

→ Refer to RD/RN

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

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Postpartum Woman Section

Exit Counseling

Required counseling points

The following topics are required to be provided to all women participants at the end of the pregnancy certification period and again at the end of the postpartum or breastfeeding certification period. Exit counseling must reinforce important health messages previously received, with emphasis on:

1. Well balanced diet
 - ◆ Choose a variety of foods to get a balanced diet and obtain the nutrients your body needs.
2. Importance of folic acid intake
 - a. Consume an adequate intake of folic acid during child bearing years to help prevent birth defects.
 - b. Folic acid can be found in eating foods such as WIC cereals, dried beans, chicken, beef, pork, leafy greens, broccoli and orange juice.
3. Breastfeeding benefits
 - a. Consider breastfeeding as the normal method of infant feeding.
 - b. WIC recommends breastfeeding until a baby is at least one year of age.
4. Keep up-to-date on immunizations (both for herself and children)
 - a. Follow recommended schedule for immunizations for herself and her children.
5. Know the health risks of using alcohol, tobacco and drug use.
 - a. Alcohol, tobacco, marijuana and other drugs can harm your baby's health and cause lasting damage.
 - b. Stop using alcohol, tobacco, marijuana and other drugs while pregnant or breastfeeding.

Nutrition Education Counseling Guide

Postpartum Woman Section

Family Planning

Assessment

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

Suggested counseling points

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

Suggested referral

- ◆ Family Planning clinic or physician

Nutrition Education Counseling Guide

Postpartum Woman Section

Food Allergies*

NRF 353 Definition High Risk:

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

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Postpartum Woman Section

Highly Restrictive Diets

NRF 427B Definition Low Risk:

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

Examples include:

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

Assessment

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

Suggested counseling points

1. Emphasize need for nutrients that are eliminated or reduced by the restriction; find alternative foods if possible.
2. Encourage participant to take prenatal vitamins and iron as prescribed by MD.
3. Limit weight loss to 1 to 2 pounds a week.
4. Recommend that participant discuss her restrictive dietary practices with MD.

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Postpartum Woman Section

Lactose Intolerance

NRE 355 Definition Low Risk:

Medical Condition: Lactose Intolerance:

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

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

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

Assessment

- ◆ What symptoms does client have when consuming dairy products?
- ◆ What dairy products (if any) are tolerated?
- ◆ Has participant ever used lactose-free milk or lactase drops?
- ◆ Assess postpartum status, problems and concerns.

Suggested counseling points

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

Nutrition Education Counseling Guide

Postpartum Woman Section

Low Hemoglobin/Severely Low Hemoglobin**

NRF 201 Definition Low Risk:

Low hematocrit/low hemoglobin

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

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

NRF 201B Definition High Risk:

Severely low hemoglobin

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

→ Refer to RD/RN.

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

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

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

Assessment

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

Suggested counseling points

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

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Postpartum Woman Section

Medical Conditions*

NRE 300 series

Medical Conditions: Refer to Medical Conditions listed in the General Section. Only the medical conditions listed can be used as nutrition risk factors.

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

→ Refer to RD/RN, if high risk

Assessment

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

Suggested counseling points

1. Encourage keeping medical appointments and following advice of MD.
2. If participant had Gestational Diabetes with the most recent pregnancy, provide the pamphlet After Delivery: Gestational Diabetes and refer to the Diabetes Prevention Program if available in area.
3. Refer to RD/RN for counseling on high risk medical conditions.

Suggested Referrals

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

Nutrition Education Counseling Guide

Postpartum Woman Section

Miscarriage/Loss of Baby

NRF 321C Definition Low Risk:

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

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

Assessment

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

Suggested counseling points

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

Suggested referrals

- ◆ Physician or mental health clinic
- ◆ Family planning clinic

Nutrition Education Counseling Guide

Postpartum Woman Section

Pica

NRF 427 Definition Low Risk:

NRF 427C: Compulsively ingesting non-food items (pica).

Nonfood items:

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

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Postpartum Woman Section

Postpartum “Blues”/ Depression*

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

Postpartum Depression-

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

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

NRF 361 Definition High Risk:

Medical condition: Depression: Presence of clinical depression, including postpartum depression, diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver.

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Postpartum Woman Section

Pregnancy at a Young Age*

NRF 331B Definition Low Risk:

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

NRF 331A Definition High Risk:

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Postpartum Woman Section

Substance Use**

NRE 372B Definition High Risk:

Medical Condition: Substance Use:

Any illegal substance use and/or abuse of prescription medications.

Note: 372B is not assigned to non-breastfeeding postpartum women who use marijuana.

Refer to RD/RN

→ RD/RN must provide high risk counseling within 24 hours

→ If RD/RN not available to counsel participant within 24 hours, refer to physician

Assessment

- ◆ Ask and document what drugs have been used and how frequently
- ◆ Assess ability to care for baby
- ◆ Assess postpartum problems and concerns
- ◆ Assess adequacy of diet
- ◆ Assess and counsel using the 5 A's:
 - ✓ Ask – if she uses illegal drugs or misuses prescription medication
 - ✓ Advise – to quit
 - ✓ Assess – willingness to attempt to quit
 - ✓ Assist – by referring to drug abuse/cessation resources
 - ✓ Arrange – assessment at follow-up visits

Suggested counseling points

1. Discuss benefits of no drug use and risk of drug use for self and baby:
 - ◆ Impaired ability to care for baby
 - ◆ Heart attack or irregular heart beat
 - ◆ Stroke
 - ◆ Kidney and liver failure
 - ◆ Bleeding in the brain
 - ◆ Seizures
 - ◆ Breathing problems
 - ◆ Panic/anxiety attacks, impaired judgment and paranoia, depression
 - ◆ Overdose
2. Advise to quit taking drugs.
3. Emphasize importance of healthy diet postpartum.
4. Encourage finishing prenatal vitamins.
5. Encourage keeping medical appointments for herself and infant, and talking with physician about his/her recommendations regarding substance use.
6. Discuss that being high while caring for a baby is not safe. Marijuana can make a person feel sleepy and sleep harder. It's not safe for baby to sleep with someone who is high.
7. Discuss safe storage of marijuana. Keep all marijuana products in a locked area. Make sure children cannot see or reach the locked area. Keep marijuana in the child-resistant packaging from the store.
8. Discuss that breathing second-hand marijuana smoke is harmful for mom and baby. Marijuana smoke has many of the same chemicals as tobacco smoke, and some cause cancer.

Nutrition Education Counseling Guide

Postpartum Woman Section

9. Remind that marijuana consumed in any form (smoking, vaporizers, edibles, tinctures & tonics, topical, tea & sodas, hash & wax) may be harmful. Even though some of the forms don't have harmful smoke, they still contain THC.

10. Refer to physician.

11. Refer to cessation/substance abuse program resources.

12. Refer to mental health counselor.

13. Refer to RD/RN for high risk counseling.

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* = High risk condition

** = 24 hour referral needed

Nutrition Education Counseling Guide

Infant Section

0-3 months Breastfed Infant

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

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Assess breastfeeding status, problems and concerns.
- ◆ Assess use of pacifier and supplemental feeds (formula, water, tea, rice water, cereal, etc.).

Suggested counseling points

1. Discuss growth and healthy weight.
2. At the beginning, feed every 1½–3 hours, or feed on demand as long as there are no more than 3 hours between feedings (measured as beginning of one feed to the beginning of the next). One 5-hour stretch per 24 hours is OK.
3. Baby should have approximately four stools per day and 6–8 wet diapers by the 4th day of life.
4. Baby may nurse more during growth spurts, which occur at 2–3 weeks, 6 weeks, 12 weeks, and 6 months. Feed more frequently during a growth spurt to build milk supply.
5. Wait until baby is at least 1 month of age, if possible, before giving a bottle or pacifier, in order to establish breastfeeding and breast milk supply.
6. Only put breast milk, formula or water (for older infants) in bottle; no sugary liquids (e.g. juice, Kool-Aid, soda, Karo syrup).
7. Supplemental formula interferes with breast milk production:
 - ◆ Use only if medically necessary in the first month until milk supply is well established.
 - ◆ Offer breast pump to collect supplemental breast milk.
8. Discourage taking a bottle to bed.
9. Baby doesn't need supplemental water for the first 6 months.
10. Provide anticipatory guidance on introducing solid foods:
 - ◆ Delay starting solid foods until about 6 months.
 - ◆ Feed solids by spoon; do not put cereal in the bottle.
11. Developmental signs of readiness for solid foods:
 - ◆ Sits up alone or with support.
 - ◆ Holds head steady and straight.
 - ◆ Opens mouth when sees food coming.
 - ◆ Keeps tongue low and flat to receive spoon.
 - ◆ Keeps food in the mouth and swallows it rather than pushing it back out on to chin.
 - ◆ Closes lips over spoon and scrapes food off as spoon is removed from mouth.
12. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
13. Avoid giving fresh cow's milk and any substitute for breast milk or iron fortified formula (such as rice-soy milks) until 1 year of age.
14. Wash hands after changing baby's diapers.
15. Protect baby from second hand smoke and substances.

Suggested referrals:

- ◆ Lactation Management Specialist (LMS)
- ◆ Hospital lactation staff
- ◆ La Leche League or other breastfeeding support
- ◆ Certified Lactation Consultant
- ◆ Lactation Support program
- ◆ Breastfeeding Peer Counselor

Nutrition Education Counseling Guide

Infant Section

0–3 months Formula-Fed Infant

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

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Assess formula intake.

Suggested counseling points

1. Discuss growth and healthy weight.
2. For 0–2-month-old:
 - ◆ Feed every 1½–3 hours or on demand so long as no longer than 3–4 hours between feedings
 - ◆ 2-4 ounces per feeding (8 feedings/24 hrs).
3. For 3-12 month-old:
 - ◆ Feed 4–6 ounces per feeding (4–6 feedings/24 hrs).
4. Use iron-fortified formula for the first year.
5. Discuss formula preparation and sanitation.
6. Hold baby while feeding; don't prop bottles or put baby to bed with a bottle.
7. Only put breast milk, formula or water (for older infants) in bottle; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
8. Growth spurts occur at 2–3 weeks, 6 weeks, 12 weeks, and 6 months. Baby may eat more at those times.
9. Baby doesn't need supplemental water for the first 6 months.
10. Provide anticipatory guidance on introducing solid foods:
 - a. Delay starting solid foods until about 6 months.
 - b. Introduce solids by spoon; do not put cereal in bottle.
11. Developmental signs of readiness for solid foods:
 - ◆ Sits up alone or with support.
 - ◆ Holds head steady and straight.
 - ◆ Opens mouth when sees food coming.
 - ◆ Keeps tongue low and flat to receive spoon.
 - ◆ Keeps food in the mouth and swallows it rather than pushing it back out on to chin.
 - ◆ Closes lips over spoon and scrapes food off as spoon is removed from mouth.
12. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
13. Avoid giving fresh cow's milk and any substitute for breast milk or iron fortified formula (such as rice-soy milks) until 1 year of age.
14. Wash hands after changing baby's diapers.
15. Protect baby from secondhand smoke and substances.

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Infant Section

4-6 months Breastfed Infant

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

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Assess breastfeeding status, problems and concerns.
- ◆ Assess use of supplemental feeds (i.e., formula, water, solid foods).

Suggested counseling points

1. Discuss growth and healthy weight.
2. Breastfeed every 2–4 hours or on demand so long as no more than 4 hours between feedings with a longer period at night.
3. Growth spurt occurs at approximately 6 months. Baby may feed more frequently for 3-4 days.
4. Developmental signs of readiness for solid foods:
 - ◆ Sits up alone or with support.
 - ◆ Holds head steady and straight.
 - ◆ Opens mouth when sees food coming.
 - ◆ Keeps tongue low and flat to receive spoon.
 - ◆ Keeps food in the mouth and swallows it rather than pushing it back out on to chin.
 - ◆ Closes lips over spoon and scrapes food off as spoon is removed from mouth.
5. Introduce solid foods at about 6 months of age.
 - ◆ The risk of iron deficiency increases the longer solid foods (or other sources of iron, such as dietary supplements) are delayed beyond 6 months.
 - ◆ Consider the differences of individual infant's oral motor skill when deciding when to start solid foods.
 - ◆ Introduce solids by spoon; do not put cereal in the bottle.
6. Choose first foods that provide key nutrients, iron and zinc. Pureed meats, and iron- and zinc fortified infant cereals are excellent first foods and equally well accepted. Start with pureed meat or thin cereal (mixed with breast milk or formula) and gradually thicken as baby gets better at eating from the spoon.
7. Introduce one single-ingredient new food at a time. New foods can be from any food group (cereal, meat/protein, vegetable or fruit).
 - ◆ Wait 3-5 days before trying a new food.
 - ◆ Blend, mash or puree to avoid choking
 - ◆ Offer plain meats instead of mixed dinners.
8. Potential allergenic foods (cheese, yogurt, whole egg, soy, wheat, thinned peanut/nut butters, fish and shellfish) can be introduced at about 6 months of age, and after other complementary foods have been fed and tolerated.
 - ◆ Introduce the first taste at home.
 - ◆ Fully cook eggs, meat and fish.
9. Out of caution, refer to health care provider before introducing potentially allergenic foods if the baby is "high risk", defined as those with:
 - ◆ Pre-existing allergies or suspected allergies.
 - ◆ Sibling or first degree relative (parent, sibling) with an allergy.
 - ◆ Persistent moderate-to-severe eczema that is not well managed.
 - ◆ Baby is already on a hydrolyzed or special formula for milk protein allergy (e.g., Alimentum, Nutramigen, Elecare Infant, etc.).
10. As baby grows, give a variety of foods with a lumpier texture. By 7 to 8 months of age, infants should be consuming foods from all food groups.

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Infant Section

11. Juice is not recommended for infants. Instead, offer pureed or mashed fruit/vegetables which provides fiber.
12. Only put breast milk, formula or water (for older infants) in bottle; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
13. For infants 6 to 12 months old, offer small sips of water when feeding solid foods to help babies develop cup-drinking skills and learn to like the taste of water, which takes time. This small amount of water (about 4-8 ounces total for the day) is not intended to replace any amount of breast milk or infant formula, since those provide all the fluids a baby needs at these ages.
14. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
15. Avoid giving fresh cow's milk and any substitute for breast milk or iron fortified formula (such as rice-soy milks) until 1 year of age.
16. Wash hands after changing baby's diapers.
17. Protect baby from second hand smoke and substances.

Nutrition Education Counseling Guide

Infant Section

4–6 months Formula-Fed Infant

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

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Assess dietary intake.

Suggested counseling points

1. Discuss growth and healthy weight.
2. Feed every 2–4 hours or on demand so long as no more than 4 hours between feedings with a longer period at night.
3. Growth spurt occurs at approximately at 6 months. Baby may feed more frequently for 3-4 days.
4. Developmental signs of readiness for solid foods:
 - ◆ Sits up alone or with support.
 - ◆ Holds head steady and straight.
 - ◆ Opens mouth when sees food coming.
 - ◆ Keeps tongue low and flat to receive spoon.
 - ◆ Keeps food in the mouth and swallows it rather than pushing it back out on to chin.
 - ◆ Closes lips over spoon and scrapes food off as spoon is removed from mouth.
5. Introduce solid foods at about 6 months of age.
 - ◆ The risk of iron deficiency increases the longer solid foods (or other sources of iron, such as dietary supplements) are delayed beyond 6 months.
 - ◆ Consider the differences of individual infant's oral motor skill when deciding when to start solid foods.
 - ◆ Introduce solids by spoon; do not put cereal in bottle.
6. Choose first foods that provide key nutrients, iron and zinc. Pureed meats, and iron- and zinc fortified infant cereals are excellent first foods and equally well accepted. Start with pureed meat or thin cereal (mixed with breastmilk or formula) and gradually thicken as baby gets better at eating from the spoon.
7. Introduce one single-ingredient new foods at a time. New foods can be from any food group (cereal, meat/protein, vegetable or fruit).
 - ◆ Wait 3-5 days before trying a new food.
 - ◆ Blend, mash or puree to avoid choking
 - ◆ Offer plain meats instead of mixed dinners.
8. Potential allergenic foods (cheese, yogurt, whole egg, soy, wheat, thinned peanut/nut butters, fish and shellfish) can be introduced at about 6 months of age, after several other complementary foods have been fed and tolerated.
 - ◆ Introduce the first taste at home.
 - ◆ Fully cook eggs, meat and fish.
9. Out of caution, refer to health care provider before introducing potentially allergenic foods if the baby is "high risk", defined as those with:
 - ◆ Pre-existing allergies or suspected allergies.
 - ◆ Sibling or first degree relative (parent, sibling) with an allergy.
 - ◆ Persistent moderate-to-severe eczema that is not well managed.
 - ◆ Baby is already on a hydrolyzed or special formula for milk protein allergy (e.g., Alimentum, Nutramigen, Elecare Infant, etc.).
10. As baby grows, give a variety of foods with a lumpier texture. By 7 to 8 months of age, infants should be consuming foods from all food groups.
11. Juice is not recommended for infants. Instead, offer pureed or mashed fruit/vegetables which provide fiber.

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Infant Section

12. Only put breast milk, formula or water (for older infants) in bottle; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
13. For infants 6 to 12 months old, offer small sips of water when feeding solid foods to help babies develop cup-drinking skills and learn to like the taste of water, which takes time. This small amount of water (about 4-8 ounces total for the day) is not intended to replace any amount of breast milk or infant formula, since those provide all the fluids a baby needs at these ages.
14. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
15. Avoid giving fresh cow's milk and any substitute for breast milk or iron fortified formula (such as rice-soy milks) until 1 year of age.
16. Wash hands after changing baby's diapers.
17. Protect baby from secondhand smoke and substances.

Nutrition Education Counseling Guide

Infant Section

7–11 months Breastfed Infant

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

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Assess breastfeeding status, problems and concerns.
- ◆ Assess use of supplemental feeds (i.e., formula, water, solids).
- ◆ Assess mom's plans for continued breastfeeding.

Suggested counseling points

1. Discuss growth and healthy weight.
2. Discuss introducing table foods.
3. Choking hazards and foods to avoid: Popcorn, nuts, chips, dried fruits, jelly beans, hard candy, suckers, beef jerky, hot dogs, toddler meat sticks, Vienna sausage, and raw vegetables.
4. Potential allergenic foods (cheese, yogurt, whole egg, soy, wheat, thinned peanut/nut butters, fish and shellfish) can be introduced once several other complementary foods have been fed and tolerated.
 - ◆ Introduce the first taste at home.
 - ◆ Introduce in appropriate ways, as to avoid choking.
 - ◆ Introduce in safe way, to avoid food-borne illness (e.g. fully cooked eggs, meat, and fish).
5. Out of caution, refer to health care provider before introducing highly allergenic foods if the baby is "high risk", defined as those with:
 - ◆ Pre-existing allergies or suspected allergies.
 - ◆ Sibling or first degree relative (parent, sibling) with an allergy.
 - ◆ If a baby has persistent moderate-to-severe eczema that is not well managed.
 - ◆ If a baby is already on a hydrolyzed or special formula for milk protein allergy (e.g., Alimentum, Nutramigen, Elecare Infant, etc.).
6. Acidic foods, such as berries, tomatoes, citrus fruits/ vegetables/ juices may cause a rash around the mouth due to irritation from the acid in the food. Delayed introduction of such foods is not necessary.
7. Regular family meal times.
 - ◆ Baby should sit in a high chair and join the family at regular meal times.
 - ◆ Baby needs to learn to eat by watching other family members eat, by being messy, trying new foods, eating with his/her fingers.
 - ◆ Baby decides when he/she is full; don't force foods.
8. As baby eats more solid foods, the number of breast feedings will decrease.
9. Cup introduction: offer small amount of breast milk, formula or water.
10. For infants 6 to 12 months old, offer small sips of water when feeding solid foods to help babies develop cup-drinking skills and learn to like the taste of water, which takes time. This small amount of water (about 4-8 ounces total for the day) is not intended to replace any amount of breast milk or infant formula, since those provide all the fluids a baby needs at these ages.
11. Bottles are for breast milk, formula, and water only; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
12. Juice is not recommended for infants. Instead, offer pureed, mashed, or diced fruit/vegetable which provides fiber.
13. Plans for continued breastfeeding. Recommend continued breastfeeding for at least one year for mom and baby to gain the most benefits.
14. Reasons and plans for weaning.
15. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
16. Avoid fresh cow's milk and any substitute for breast milk or iron fortified formula (such as rice- soy milks) until 1 year of age. The high protein and minerals in cow's milk stress infant's kidneys. Milk is low in iron and associated with GI blood loss. Replacing breast milk or iron-fortified formula with cow's milk increases risk for iron-deficiency anemia.

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Infant Section

17. Transition to whole milk at 1 year of age.
18. Wash hands after changing diapers.
19. Protect baby from second hand smoke and substances.
20. Have first dental check up by one year of age.

Nutrition Education Counseling Guide

Infant Section

7–11 months Formula-Fed Infant

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

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Assess dietary intake.

Suggested counseling points

1. Discuss growth and healthy weight.
2. Introducing table foods.
3. Choking hazards and foods to avoid: Popcorn, nuts, chips, dried fruits, jelly beans, hard candy, suckers, beef jerky, hot dogs, toddler meat sticks, Vienna sausage, and raw vegetables.
4. Potential allergenic foods (cheese, yogurt, whole egg, soy, wheat, thinned peanut/nut butters, fish and shellfish) can be introduced once several other complementary foods have been fed and tolerated.
 - ◆ Introduce the first taste at home.
 - ◆ Introduce in appropriate ways, as to avoid choking.
 - ◆ Introduce in safe way, to avoid food-borne illness (e.g. fully cooked eggs, meat, and fish).
5. Out of caution, refer to health care provider before introducing highly allergenic foods if the baby is “high risk”, defined as those with:
 - ◆ Pre-existing allergies or suspected allergies.
 - ◆ Sibling or first degree relative (parent, sibling) with an allergy.
 - ◆ If a baby has persistent moderate-to-severe eczema that is not well managed.
 - ◆ If a baby is already on a hydrolyzed or special formula for milk protein allergy (e.g., Alimentum, Nutramigen, Elecare Infant, etc.).
6. Acidic foods, such as berries, tomatoes, citrus fruits/ vegetables/ juices may cause a rash around the mouth due to irritation from the acid in the food. Delayed introduction of such foods is not necessary.
7. Regular family meal times.
 - ◆ Baby should sit in a high chair and join the family at regular meal times.
 - ◆ Baby needs to learn to eat by watching other family members eat, by being messy, trying new foods, eating with his/her fingers.
 - ◆ Baby decides when he/she is full; don't force foods.
8. As baby eats more solid foods, the number of formula feedings will decrease.
9. Cup introduction: offer small amount of breast milk, formula or water.
10. For infants 6 to 12 months old, offer small sips of water when feeding solid foods to help babies develop cup-drinking skills and learn to like the taste of water, which takes time. This small amount of water (about 4-8 ounces total for the day) is not intended to replace any amount of breast milk or infant formula, since those provide all the fluids a baby needs at these ages.
11. Bottles are for breast milk, formula, and water only; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
12. Juice is not recommended for infants. Instead, offer pureed, mashed, or diced fruit/vegetable which provides fiber.
13. Wean from the bottle and to a cup by 1 year of age.
14. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
15. Avoid fresh cow's milk and any substitute for breast milk or iron fortified formula (such as rice- soy milks) until 1 year of age. The high protein and minerals in cow's milk stress infant's kidneys. Milk is low in iron and associated with GI blood loss. Replacing breast milk or iron-fortified formula with cow's milk increases risk for iron-deficiency anemia.
16. Transition to whole milk at 1 year of age.
17. Wash hands after changing diapers.
18. Protect baby from secondhand smoke and substances.
19. Have first dental check up by one year of age.

Nutrition Education Counseling Guide

Infant Section

Breastfeeding Challenges and Solutions

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Assess breastfeeding status, problems and concerns.
- ◆ Check feeding schedule.
 - ✓ 0-3 months: Breastfeed every 1½–3 hours with up to a 5-hour period at night; 8–12 feedings per day. Baby should have 6–8 wet diapers and at least 4 stools per day by the 4th day of life.
 - ✓ 4-5 months: Breastfeed about every 3 hours.
 - ✓ 6-11: Breastfeed 3–5 times per day plus solid foods 5-6 times per day: breakfast, lunch and dinner with snacks in between.
- ◆ Check for recent illness of mom or baby.

Suggested counseling points (Refer to Level II Colorado WIC Program Breastfeeding Module and Resource Manual.)

Counsel on:

1. What to do when baby is not gaining well.
2. Baby fussy after first 5 minutes of nursing.
3. Baby fussy from choking.
4. Baby fussy from colic.
5. Hungry baby.
6. Ineffective suckling.
7. Baby not sleeping through the night.
8. Baby refuses one breast.
9. Baby refuses to nurse.
10. What to do when baby is sick.
11. What to do when baby is spitting up.
12. What to do with sleepy baby.
13. Referral to provider for identification and treatment of thrush.

Nutrition Education Counseling Guide

Infant Section

Breastfeeding Complications**

NRF 603 Definition High Risk:

A breastfed infant with any of the following:

- ◆ Jaundice
- ◆ Weak or ineffective suck
- ◆ Difficulty latching onto mother's breast
- ◆ Inadequate stooling for age (as determined by physician or other health care professional), and/or less than 6 wet diapers per day.

→ Refer to LMS or RD/RN for counseling within 24 hours

→ If LMS or RD/RN unavailable to counsel participant within 24 hours, refer to physician

→ If LMS is an educator, refer to RD/RN within 30 days.

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Assess breastfeeding status, problems and concerns.
- ◆ Check feeding schedule:
 - ✓ 0-3 months: Breastfeed every 1½–3 hours with up to a 5-hour period at night; 8–12 feedings per day. Baby should have 6–8 wet diapers and at least 4 stools per day by the 4th day of life.
 - ✓ 4-5 months: Breastfeed about every 3 hours.
 - ✓ 6-11: Breastfeed 3–5 times per day plus solid foods 5-6 times per day: breakfast, lunch and dinner with snacks in-between.
- ◆ Check for recent illness of mom or baby.

Suggested counseling points

1. Emphasize potential seriousness of breastfeeding complication.
2. Refer to LMS or RD/RN for high risk counseling within 24-hours.
3. Refer to public health nurse, lactation consultant or physician.

Nutrition Education Counseling Guide

Infant Section

Constipation

Constipation – not an NRF

Generally defined as stool that is hard, dry and difficult to pass.

Assessment

- ◆ Check adequacy of breastmilk and/or formula intake (number of feedings, and amount).
- ◆ Check dilution of formula.
- ◆ Ensure that appropriate types and amounts of complementary foods are provided that are appropriate for age.
- ◆ Assess if complementary foods are introduced too early, before baby is developmentally ready (at about 6 months of age).

Suggested counseling points

1. Refer to health care provider.
2. Encourage adequate intake of breastmilk or formula for age.
3. If baby is formula-fed, discuss proper preparation and dilution of formula.
4. Discuss appropriate types and amounts of complementary foods for age.
5. Avoid offering complementary foods too early, before baby is developmentally ready (at about 6 months of age).
6. Encourage mobility (i.e., allow baby to lie on a blanket and kick legs in the air, or roll around).

Nutrition Education Counseling Guide

Infant Section

Dental Health/Dental Problems

Dental Health – not an NRF

NRF 381 Definition Low Risk:

Medical Condition: Oral Health Conditions

Oral health conditions include, but are not limited to:

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

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

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

Assessment

- ◆ Assess severity of dental problems.
- ◆ Assess for inappropriate bottle use.
- ◆ Check for spread of Streptococcus mutans bacteria by sharing of eating utensils or pre-chewing baby's food.
- ◆ Check if caregiver is performing recommended dental hygiene care (wiping baby's gums, brushing teeth with a smear (about the size of grain of rice) of fluoride toothpaste).
- ◆ Check intake of sweet sticky foods or sweetened liquids.
- ◆ Check if baby is being followed by a dentist. Refer as needed.

Suggested counseling points

1. Baby teeth are important for later formation of permanent teeth and their placement.
2. Never allow infant to fall asleep with a bottle containing formula, milk, fruit juice or any sweetened liquid or while breastfeeding. The sugar in the liquids (including breast milk) pools around lower teeth and can cause decay.
3. Bottles are for formula/breast milk or water only.
4. Do not put juice or sweetened liquids (i.e. juice, Kool-Aid, soda, Karo syrup) in bottle.
5. After feeding, wipe baby's gums with a clean damp washcloth or gauze pad.
6. Once teeth appear brush baby's teeth by using a very small amount (smear) of fluoride toothpaste.
7. Do not share eating utensils and toothbrushes.
8. Discourage pre-chewing food for baby.
9. Discuss weaning from bottle starting at 9 months and completing by 12 months of age.
10. Do not allow walking toddlers to carry around a bottle of milk or juice throughout the day.
11. Never dip pacifiers in honey, sugar or syrup.
12. Refer for dental care by one year of age.

Nutrition Education Counseling Guide

Infant Section

Diarrhea

Diarrhea - not an NRF

Multiple unformed, watery stools per day

Assessment

- ◆ Check for recent illness or fever and refer to physician as needed.
- ◆ Check juice intake.
- ◆ Determine if family practices regular hand washing.
- ◆ Check for safe bottle handling and formula preparation and storage.

Suggested counseling points

1. Encourage water or other fluid as directed by RD/RN or physician.
2. Discourage feeding juice to babies. Excessive amounts of juice can cause diarrhea.
3. Discourage use of sports drinks such as Gatorade.
4. Encourage mom to wash hands after diaper changes. Encourage mom to check hand washing at day care if applicable.
5. Discuss safe bottle handling and formula preparation and handling.
6. Discuss food sanitation in the home.
7. Refer to MD for treatment of severe diarrhea.

Nutrition Education Counseling Guide

Infant Section

Dietary Supplements

NRE 411 Definition Low Risk:

411J: Feeding dietary supplements with potentially harmful consequences.

Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:

- ◆ Single or multi-vitamins;
- ◆ Mineral supplements;
- ◆ Herbal or botanical supplements/remedies/teas.

411K: Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements:

- ◆ Infant who is 6 months of age or older who is ingesting less than 0.25 mg fluoride daily when water supply contains less than 0.3 ppm fluoride.
- ◆ Infant who is exclusively breastfed or is ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula and is not taking a supplement of 400 IU of vitamin D.

Assessment

- ◆ Assess vitamin/minerals supplementation and amount.
- ◆ Assess herbal supplements/remedies/teas and amounts.
- ◆ Assess if infant's water supply or water used to prepare formula is fluoridated or naturally containing fluoride.
- ◆ Assess infant's fluoride intake.
- ◆ Assess if baby is at high risk for rickets (African-American and those who are covered up).

Suggested counseling points

1. Follow physician recommendation regarding vitamin/mineral supplements.
2. Avoid teas, remedies and supplements that are potentially harmful.
3. If community water is not fluoridated, refer to MD regarding fluoride supplement.
4. Refer to MD regarding need for vitamin D supplement.
5. Use fluoridated water to mix formula.

Nutrition Education Counseling Guide

Infant Section

Elevated Blood Lead Levels*

NRE 211 Definition High Risk:

Blood lead level of greater than or equal to 5 micrograms/deciliter (≥ 5 ug/deciliter) within the past 12 months.

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

Assessment

- ◆ Assess for pica (eating non-edible substances such as clay, dirt, ashes, paint chips, paper, dirt, laundry starch, cornstarch or lots of ice or baking soda).
- ◆ Assess breastfeeding or use of iron fortified formula until 12 months of age.
- ◆ Ask if house could have lead pipes or lead-based paint.
- ◆ Check for medical conditions and refer to MD if needed.

Suggested counseling points

1. Discourage non-food items that the baby should not be eating.
2. Encourage high iron, calcium and vitamin C-rich foods:
 - ◆ Having normal levels of iron protects the body from the harmful effects of lead.
 - ◆ Calcium reduced lead absorption.
 - ◆ Vitamin C- and iron-rich foods work together to reduce lead absorption.
3. Encourage appropriate number of feedings per day.
 - ◆ Less lead is absorbed when babies have food in their systems.
4. Avoid fried and fatty foods.
 - ◆ Fatty foods allow the body to absorb lead faster.
 - ◆ Babies can fill up on high fat foods and not get enough foods with iron, calcium and vitamins.
5. Encourage normal nutrition for age.
 - ◆ Infants and children who eat healthy foods are less likely to get lead poisoning.
6. Don't store food or liquid in lead crystal glassware or imported or old pottery.
7. Refer to RD/RN for high risk counseling.

Nutrition Education Counseling Guide

Infant Section

Exempt Infant Formula

Policy:

Exempt infant formula and WIC-eligible medical food is reserved for issuance to women, infant and child participants who have a documented qualifying condition that requires the use of a WIC formula because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must be provided by a health care provider licensed to write prescriptions under Colorado law. The WIC high risk counselor is responsible for evaluating and approving the prescription, and for prescribing supplemental foods, unless the medical provider has indicated otherwise. If a participant is high risk, he/she will be referred to the RD/RN for high risk counseling and follow up.

Note: If the RD/RN is not available when a participant presents a prescription or a Physician's Authorization Form for an exempt infant formula or WIC-eligible medical food, the paraprofessional can obtain approval from the RD/RN by telephone.

- ◆ If unable to contact the WIC professional, the educator can call a State nutrition consultant for approval.
- ◆ The paraprofessional must scan the approved and signed Physician's Authorization Form or prescription into Compass.
- ◆ The Medical Documentation screen must be completed in Compass before prescription–required foods and formula can be assigned.

Reference: Colorado Policy and Procedure Manual: Section 2. Nutrition Services: Food Packages: Prescription Required Formula and Nutritionals

Assessment

- ◆ Identify other formulas baby has tried.
- ◆ Assess symptoms on other formulas.
- ◆ Check diagnosis from MD.
- ◆ Check for completeness of Physician's Authorization Form (PAF) with timeline indicated by physician.
- ◆ Check if MD approves additional supplemental foods.

Suggested Counseling Points

1. Pending approval of Physician's Authorization Form (PAF) by RD/RN, instruct to mix and use formula as directed by MD.
2. Refer to RD/RN for counseling (if high risk).

Nutrition Education Counseling Guide

Infant Section

Food Allergies*

NRF 353 Definition High Risk:

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

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

1. Encourage breastfeeding.
2. Wait to introduce solid foods until around 6 months of age.
3. Introduce solid foods one at a time, wait 3-5 days before adding the next food.
4. Out of caution, refer to health care provider before introducing foods that commonly cause allergies in infants and children: milk, eggs, peanuts, wheat and soy if there is a strong family history of a specific food allergy.
5. Follow health care provider's recommendation regarding avoidance of food(s) that cause allergic reaction.
6. If the parent suspects' allergies are present, refer to the RD/RN for high risk counseling, evaluation and referral.
7. Refer to physician for medical care.

Nutrition Education Counseling Guide

Infant Section

Food Safety

NRF 411 Definition Low Risk:

411E: Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins -

Examples of potentially harmful foods:

- ◆ Unpasteurized fruit or vegetable juice;
- ◆ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;
- ◆ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.);
- ◆ Raw or undercooked meat, fish, poultry or eggs;
- ◆ Raw vegetable sprouts (alfalfa, clover, bean and radish);
- ◆ Deli meats, hot dogs, and processed meats (unless heated until steaming hot).
- ◆ Feeding donor human milk acquired directly from individuals or the Internet.

Assessment

- ◆ Assess if infant is eating any of the above foods.
- ◆ Assess formula preparation.
- ◆ Assess process of feeding infant baby foods.

Suggested counseling points

1. Do not offer unpasteurized fruit or vegetable juice.
2. Don't offer cheese made from unpasteurized or raw milk such as feta, Brie, Camembert, blue-veined, and Mexican-style cheeses.
3. Avoid honey and foods containing honey (including honey graham crackers) for the first year.
4. Thoroughly cook meats, fish, poultry and eggs.
5. Don't feed raw alfalfa, clover, bean and radish sprouts.
6. Avoid deli meats, hot dogs and processed meats unless heated until steaming hot and cooled before feeding.
7. Keep hot foods hot and cold foods cold
8. Wash hands well with soap and water before and after handling food.
9. Wash cutting boards and utensils in hot soapy water.
10. Wash fresh fruits and vegetables thoroughly before cooking and eating.
11. Do not feed baby food from the jar; serve in a separate bowl. Discard leftovers.
12. Refrigerate opened jarred baby food and use within 48 hours (24 hours for meats and egg yolks).
13. Keep bottles and formula preparation equipment clean.
14. Wash bottles in dishwasher or in warm soapy water, rinse and boil 5 minutes.
15. Mix formula per directions on can.
16. Store prepared formula bottles in refrigerator; use within 24 hours.
17. Discard leftover, partially consumed formula.
18. Store opened cans of concentrate or RTF formula in refrigerator and use within 48 hours.
19. Store opened cans of powdered formula in cool dry place and use within one month.
20. Use donated breast milk only if obtained from a milk bank.

Nutrition Education Counseling Guide

Infant Section

Highly Restrictive Diets

NRF 411 Definition Low Risk:

411H: Routinely feeding a diet very low in calories and/or essential nutrients -

Examples are:

- ◆ Vegan diet
- ◆ Macrobiotic diet
- ◆ Other diets very low in calories and/or essential nutrients

Assessment

- ◆ Assess breastfeeding or use of WIC approved iron fortified formula until 12 months.
- ◆ Assess adequacy of food intake and find out what foods are restricted.
- ◆ Assess reason for the food restriction (i.e., medical condition, food allergy, weight loss/gain, religious beliefs, animal rights, etc.).
- ◆ Assess how long baby has been on the highly restricted diet.
- ◆ Determine if the medical provider is aware of the restrictive dietary practice and recommend that caregiver inform MD if not already aware.
- ◆ Weigh and measure baby and assess growth.

Suggested counseling points

1. Encourage solid foods appropriate for age.
2. Emphasize need for the nutrients that are eliminated or reduced by the restriction, and find alternative foods if possible.
3. Discuss that diets are not recommended for infants.
4. If restriction is for non-medical reason, discuss possibility of easing up on restriction so baby's growth will not be impaired.
5. Recommend that caregiver discuss baby's dietary practices with MD.

Nutrition Education Counseling Guide

Infant Section

Lactose Intolerance

NRE 355 Definition Low Risk:

Medical Condition: Lactose Intolerance

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

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

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

→ Refer to RD/RN

Assessment

- ◆ What symptoms does infant have when consuming dairy products, including cow's milk-based formula?
- ◆ What dairy products (if any) are tolerated?
- ◆ Check if baby is receiving iron-fortified formula or breast milk until 12 months.
- ◆ Check height and weight and assess growth.
- ◆ Check for illness and refer to physician as needed.

Suggested counseling points

1. Discuss that lactose intolerance is not an allergy, but an inability to digest lactose, the sugar in milk.
2. Symptoms of lactose intolerance are stomach ache, cramping, diarrhea, gas, bloating.
3. Soy formula is lactose free and may be offered.
4. Encourage plain solid foods appropriate for age (no milk products).

Nutrition Education Counseling Guide

Infant Section

Low Birth Weight*/Very Low Birth Weight*

NRE 141A Definition High Risk:

Low Birth Weight

Birth weight defined as less than or equal to 5 pounds 8 ounces (≤ 2500 grams).

→ Refer to RD/R

NRE 141B Definition High Risk:

Very Low Birth Weight

Birth weight defined as less than or equal to 3 pounds 5 ounces (≤ 1500 grams).

→ Refer to RD/RN

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ If bottle-fed, check bottle and formula preparation and sanitation.
- ◆ Check feeding schedule:
 - ✓ If breastfed: feed every 1½–3 hours or about 10 times per day, 6–8 wet diapers and at least 4 stools per day
 - ✓ If formula fed: offer formula every 1½–3 hours or 10 times per day, 2–4 ounces per feeding.
- ◆ Assess how caregiver can tell when the infant is hungry and when he/she is full.
- ◆ Check fluid intake for excess. Discourage feeding juice, Kool-Aid, pop, or sugary drinks to babies. Juice can replace breastmilk, formula and other nutritious foods.
- ◆ Check for appropriate foods for age.
- ◆ Check to be sure baby is getting regular medical care.

Suggested counseling points

1. Follow MD's advice on feeding and vitamin/mineral supplementation.
2. Encourage frequent feedings; most preterm or small babies need to eat at least 10 times every 24 hours.
3. May need to wake up a sleepy baby for feedings.
4. Feedings may make small babies tired and may take longer.
 - ◆ Baby may eat for a few minutes then take a short rest and continue feeding.
 - ◆ It may take time for baby to learn to suck and swallow.
5. Breastfeeding moms may need to pump breasts after each feeding to build up milk supply.
6. Delay starting solids until baby is at least 6 months old.
7. Review developmental signs of readiness for solid foods:
 - ◆ Sits up alone or with support
 - ◆ Holds head steady and straight
 - ◆ Opens mouth when sees food coming
 - ◆ Keeps tongue low and flat to receive spoon
 - ◆ Keeps food in the mouth and swallows it rather than pushing it back out on to chin
 - ◆ Closes lips over spoon and scrapes food off as spoon is removed from mouth
8. Refer to RD/RN for high risk counseling.

Nutrition Education Counseling Guide Infant Section

Low Hemoglobin/Severely Low Hemoglobin**

NRF 201 Definition Low Risk:

Low Hemoglobin

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

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

NRF 201B Definition High Risk:

Severely Low Hemoglobin

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

→ Refer to RD/RN.

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

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

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

Assessment

- ◆ Assess accuracy of value; WIC staff may choose to retake hemoglobin/hematocrit if accuracy is in question.
- ◆ Assess breastfeeding or use of iron-fortified formula until 12 months of age.
- ◆ Check intake of other liquids (Kool-Aid, tea, etc.) besides breast milk or formula.
- ◆ Check for medical condition and refer to physician as needed.

Suggested counseling points

1. Discuss risks of low hemoglobin/hematocrit.
2. Counsel on meats, iron-fortified cereals, and other iron-rich foods.
3. Discuss including a high vitamin C source along with high-iron foods to increase iron absorption.
4. No fresh cow's milk until baby is one year old.
5. Encourage following MD's advice on taking vitamin and iron supplements.
6. Encourage scheduling an appointment with MD to follow up on severely low hemoglobin.
7. Refer to RD/RN for high risk counseling on severely low hemoglobin.

Nutrition Education Counseling Guide

Infant Section

Medical Conditions*

NRE 300 series Definition High Risk or Low Risk:

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

→ Refer to RD/RN, if high risk

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Determine how medical condition impacts participant's health and eating habits.

Suggested counseling points

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

Nutrition Education Counseling Guide

Infant Section

Non-Contract to Contract Formula

Assessment

- ◆ Check formula preparation

Suggested counseling points

1. Assure mother that the formulas are basically the same. They are just made by different companies. Both formulas have almost identical nutrients.
2. All baby formulas are closely monitored and regulated by the Food and Drug Administration (FDA) to ensure that they have adequate nutrients for babies and they are safe.
3. Healthy babies can easily switch from one standard milk or soy-based formula to another.
4. For very sensitive babies, provide transitional mixing instructions from non-contract to contract formula.

Transitional mixing instructions:

Powdered formula:

1. During the first 2–3 days mix 3 scoops of the old brand of formula with 1 scoop of the new brand of formula and 8 ounces of water.
2. During the next 2–3 days, mix 2 scoops of the old brand of formula and 2 scoops of the new brand of formula and 8 ounces water.
3. During the next 2–3 days, mix 1 scoop of the old brand of formula and 3 scoops of the new brand of formula and 8 ounces water.
4. Give all new brand of formula.

Liquid concentrate formula:

1. During the first 2–3 days, mix 3 ounces of the old brand of formula with 1 ounce of the new brand of formula and 4 ounces water.
2. During the next 2–3 days, mix 2 ounces of the old brand of formula and 2 ounces of the new brand of formula and 4 ounces of water.
3. During the next 2–3 days, mix 1 ounce of the old brand of formula and 3 ounces of the new brand of formula and 4 ounces of water.
4. Give all new brand of formula.

Nutrition Education Counseling Guide

Infant Section

Prematurity

NRF 142A Definition High Risk:

Preterm Delivery: Infant born $\leq 36 \frac{6}{7}$ weeks gestation.

→ Refer to RD/RN

NRF 142B Definition Low Risk:

Early Term Delivery: Infant born $\geq 37 \frac{0}{7}$ weeks and $\leq 38 \frac{6}{7}$ weeks gestation.

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ If bottle-fed, check bottle and formula preparation and sanitation.
- ◆ Check feeding schedule:
 - ✓ If breastfed: feed every 1½–3 hours or about 10 times per day, 6–8 wet diapers and at least 4 stools per day
 - ✓ If formula fed: feed every 1½–3 hours or 10 times per day, 2–4 ounces per feeding for formula.
- ◆ Assess how caregiver can tell when infant is hungry and when he/she is full.
- ◆ Check fluid intake for excess. Discourage feeding juice, Kool-Aid, pop or sugary drinks to babies. Juice can replace breastmilk, formula and other nutritious foods.
- ◆ Check for appropriate foods for age.
- ◆ Check to be sure baby is getting regular medical care.

Suggested counseling points

1. Follow MD's advice on feeding and vitamin/mineral supplementation.
2. Encourage frequent feedings; most preterm or small babies need to eat at least 10 times every 24 hours.
3. May need to wake up a sleepy baby for feedings.
4. Feedings may make small babies tired and may take longer.
 - ◆ Baby may eat for a few minutes then take a short rest and continue feeding.
 - ◆ It may take time for baby to learn to suck and swallow.
5. Breastfeeding moms may need to pump breasts after each feeding to build up milk supply.
6. Delay starting solids until baby is about 6 months old.
7. Discuss pump loan program, if appropriate.
8. Review developmental signs of readiness for solid foods:
 - ◆ Sits up alone or with support
 - ◆ Holds head steady and straight
 - ◆ Opens mouth when sees food coming
 - ◆ Keeps tongue low and flat to receive spoon
 - ◆ Keeps food in the mouth and swallows it rather than pushing it back out on to chin
 - ◆ Closes lips over spoon and scrapes food off as spoon is removed from mouth
9. Refer to RD/RN for high risk counseling (NRF 142A Preterm Delivery - only).

Nutrition Education Counseling Guide

Infant Section

Slowed/Faltering Growth Pattern^{*/**}

NRF 135 Definition High Risk: requiring 24 hour referral

Infants from birth up to 2 weeks of age: Excessive weight loss after birth, defined as $\geq 7\%$ birth weight.

- Refer to RD/RN
- RD/RN must see or call within 24 hours of visit.

NRF 135 Definition High Risk:

Infants 2 weeks up to 6 months of age:

Any weight loss. Use two separate weight measurements taken at least 8 weeks apart.

- Refer to RD/RN
- RD/RN must see or call within 30 days of visit.

Assessment

- ◆ Weigh and measure infant and assess growth.
- ◆ Assess breastfeeding status, problems and concerns.
- ◆ Check feeding schedule:
 - ✓ 0-3 months: Breastfeed every 1½–3 hours with up to a 5-hour period at night; 8–12 feedings per day. Baby should have 6–8 wet diapers and at least 4 stools per day by the 4th day of life.
 - ✓ 4-5 months: Breastfeed about every 3 hours.
 - ✓ 6-11: Breastfeed 3–5 times per day plus solid foods 3-5 times per day (3 meals plus 2 snacks).
- ◆ Check for appropriate foods for age.
- ◆ Check fluid intake for excess. Discourage feeding juice, Kool-Aid, pop or sugary drinks to babies. Juice can replace breastmilk, formula and other nutritious foods.
- ◆ Check to be sure baby is receiving regular medical care.

Suggested counseling points

2. Discuss age-appropriate foods.
3. Review eating behaviors that can lead to inadequate weight gain.
4. Discuss correct formula preparation.
5. Only put breast milk, formula or water (for older infants) in bottle.
6. Don't offer juice before age one. Juice can replace other more nutritious foods. Offer pureed or mashed fruit/vegetables instead.
7. Don't feed Kool-Aid, soda pop or other sweetened liquids.
8. Refer to RD/RN for high risk counseling.

Note: If slowed/faltering growth is a concern after 6 months of age (such as weight loss between visits), you may still refer to the WIC High Risk Counselor even if the participant is not considered high risk. High Risk Counselors may counsel participants who are not classified as high risk, but would benefit from the High Risk Counselor's in-depth assessment, nutrition counseling and education.

Nutrition Education Counseling Guide

Infant Section

Spitting Up

Assessment

- ◆ Weigh and measure infant and assess growth.
 - ✓ If growth is normal, reassure parent/caregiver.
 - ✓ If inadequate growth, refer to RD/RN.
- ◆ For a breastfed baby, check feeding schedule and mom's milk supply.
- ◆ For a bottle-fed baby:
 - ✓ Check proper sanitation and mixing of formula.
 - ✓ Check feeding times and amount of formula baby is getting per day.
 - ✓ Ask about size of hole in nipple. A hole that allows milk to drip out quickly can force infant to gulp and swallow excess air.

Suggested counseling points

1. Review and explain growth.
2. Spitting up small amounts of formula or breast milk is normal.
3. Do not reuse partially consumed formula. Leftover formula may be spoiled.
4. Burp baby frequently (after every 2 ounces).
5. Check nipple flow to be sure it is not too slow or too fast.
6. Try feeding a little less formula at each feeding and feed more often.
7. Keep baby in an upright position for 30 minutes after feeding.
8. Find a calm, quiet place to feed baby.
9. Advise to check with MD if parent/caregiver has further concerns about spitting up.

Nutrition Education Counseling Guide

Infant Section

At Risk of Underweight/Underweight*

NRF 103A Definition Low Risk:

At Risk of Underweight

Weight-for-length greater than the 2nd percentile and less than or equal to 5th percentile

NRF 103B Definition High Risk:

Underweight

Weight-for-length less than or equal to the 2nd percentile

→ Refer to RD/RN

Assessment

- ◆ Weigh and measure infant & assess growth.
- ◆ Check for recent illness and refer to physician as needed.
- ◆ Assess parent's perception of baby's weight.
- ◆ If bottle-fed, check bottle and formula preparation and sanitation.
- ◆ Check feeding schedule
 - ✓ 0-3 months: Breastfeed every 1½–3 hours with up to a 5-hour period at night; 8–12 feedings per day. Baby should have 6–8 wet diapers and at least 4 stools per day by the 4th day of life.
 - ✓ 4-5 months: Breastfeed about every 3 hours.
 - ✓ 6-11: Breastfeed 3–5 times per day plus solid foods 3-5 times per day (3 meals plus 2 snacks).
- ◆ Check for appropriate foods for age.
- ◆ Check fluid intake for excess. Discourage feeding juice, Kool-Aid, pop or sugary drinks to babies. Juice can replace breastmilk, formula and other nutritious foods.
- ◆ Check to be sure baby is receiving regular medical care.

Suggested counseling points

1. Discuss age appropriate foods.
2. Review eating behaviors that can lead to underweight.
3. Discuss correct formula preparation.
4. Only put breast milk, formula, or water (for older babies) in bottle.
5. Don't feed Kool-Aid, soda pop or other sweetened liquids.
 - ◆ It is not recommended to offer fruit juices before baby's first year of life.
 - ◆ Juice offers no nutritional benefit over fruits. Offer fruit or vegetables instead of fruit juice.
6. Schedule for weight check next month (if appropriate).
7. Refer to RD/RN for high risk counseling for NRF 103A.

Nutrition Education Counseling Guide

Infant Section

Weaning from Bottle to Cup

Assessment

- ◆ Assess readiness to wean.

Suggested counseling points

1. Encourage parent/caregiver to begin weaning from the bottle around 9 months of age and wean completely to a cup by 12 months.
 - ◆ Waiting too long to wean makes it harder for baby and family.
 - ◆ Staying on the bottle too long can cause dental problems.
2. Replace one bottle-feeding at a time, starting with baby's least favorite feeding (usually mid-morning or mid-afternoon).
3. Offer small amounts of breast milk, formula, or water in a cup.
4. Hold the cup for baby at first and slowly tilt the cup so baby can get a small mouthful.
5. Some spills and mess normally occur as baby learns to use a cup, be patient.
6. Continue to replace an additional feeding every 3–5 days until all are replaced with cup feedings.
7. Establish a new bedtime routine for baby, replacing bottle feeding time with story time or music, rocking, hugging special toy or blanket, bath, etc.
8. Offer only water in bedtime bottles.
9. If baby does not like the changes and wants a bottle during illness, emotional upset or teething, provide lots of extra love and attention instead of going back to the bottle.
10. Get all bottles out of sight. Encourage baby to throw the bottle away or give it to another baby.
11. Teach baby to drink all liquids from a regular cup as soon as possible, by 12 to 15 months of age. If baby is given a "sippy" cup, only put water in it.

Nutrition Education Counseling Guide

Infant Section

Weaning from the Breast

Assessment

- ◆ Assess readiness to wean. (Refer to Weaning from the Breast in the Reference Section as weaning may not solve the underlying issue.)
- ◆ Assess reasons for weaning, and provide support and encouragement to breastfeed longer if appropriate.

Suggested counseling points

1. Let baby lead (if applicable).
2. Replace one breastfeeding at a time; starting with baby's least favorite feeding (usually mid-morning or mid-afternoon).
 - ◆ Gradual weaning is easier on both mother and baby;
 - ◆ Allows mother's milk supply to decrease slowly without fullness and discomfort; and
 - ◆ Gives mother time to make sure her baby is adjusting well to the change and to give the extra loving attention he/she needs as a substitute for the closeness they shared while nursing.
3. Continue to replace an additional feeding every 5-7 days until all are replaced.
4. Wean to a bottle if less than 9 months old.
5. Wean to a cup if 9 months or older.
6. Teach baby to drink all liquids from a regular cup as soon as possible, by 12 to 15 months of age.
7. If baby is given a "sippy" cup, only put water in it.
8. Replace breastfeeding's with iron-fortified formula for babies under 1 year of age.
9. Replace breastfeeding's with whole milk or solid foods for babies 1 year or older.
10. Baby may not like changes and want to breastfeed during illness, emotional upset or teething. Provide lots of extra love and attention at those times.

Nutrition Education Counseling Guide

Infant Section

Reference Section:

Weaning from the Breast

(From The La Leche League International Breastfeeding Answer Book)

Before discussing the "how to" of weaning, make sure the mom is comfortable with her decision to wean. When a mom mentions weaning, it may not mean she is ready to wean, only that she is curious about weaning and wants some more information. Give her the information she wants and then ask about her circumstances and her feelings. **Help the mother clarify her own feelings by discussing with her:**

Her feelings about weaning

Why does she want to wean? How do others around her feel about it? Is she feeling pressured by someone? The mother's feelings about weaning will be a factor in how weaning proceeds. If she is feeling guilty and worried, for example, this may make the child anxious and result in him wanting to nurse more often. On the other hand, if she is feeling confident about her decision and is able to give of herself lovingly to her child in other ways, then her child may have fewer difficulties with weaning.

What changes or improvements does she feel weaning will bring about, and are these realistic? Some mothers believe that weaning will make their child less dependent on them or will make him stop waking at night. Such a mother needs to know in advance that her expectations are unrealistic. In fact, she should know that a baby's fussiness or demands for attention will usually increase, at least temporarily, when a major change such as weaning takes place.

Her child's need for nursing

Talk with her about possible replacements for nursing and how she feels about these. It is important to emphasize that for the older baby and toddler breastfeeding is more than milk, it is also a source of comfort as well as physical and emotional closeness. A child who has been nursing often may have a strong sucking need and may be happier if another outlet for sucking is provided after weaning.

What weaning will involve

Discuss the practical details of a planned weaning at her child's age and stage of development. **Mothers are sometimes told to wean when it may not be necessary.**

Examples are:

The mother is feeling overwhelmed by caring for her baby

An overwhelmed breastfeeding mother may be told by others that weaning will make life easier for her. Assure her that life with a small baby is a challenge no matter how he is fed and that formula feeding is not likely to be an answer to her problem. Listen to and acknowledge her feelings before offering formula.

The baby's teeth begin to erupt

It is a common misconception that when a baby's teeth come in it is time for him to wean. In most human cultures, however, babies nurse not for months, but for years - long after the baby's teeth have erupted. (If baby tries to bite, suggest that mom say firmly, "No," put baby down for a minute, and then pick him or her up and nurse again. Babies will soon learn to not bite.)

The mother develops mastitis.

In nearly all cases, a mother who has mastitis should continue nursing rather than wean. In fact, weaning is usually the worst thing a mother in this situation can do, because if her affected breast becomes overly full, her mastitis can worsen into an abscess.

The mother is planning to return to work.

Despite what many women are told, it is possible to breastfeed when mother and baby are regularly separated, and it may even be easier than bottle feeding, especially during the time they are to get her.

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* = High risk condition

** = 24 hour referral needed

Nutrition Education Counseling Guide

Child Section

1-2 year old (12-23 months) Standard Toddler Counseling

- Follow standard child visit guidelines.
- Check immunization status (check IZ records for children up to 25 months of age).
- If high risk, refer to RD/RN.

Assessment:

- ◆ Assess growth and dietary intake.

Suggested counseling points (Counsel based on your assessment of parent's concerns)

1. Discuss child's growth and healthy weight.
2. Developmental stages of 1 to 1½ year olds:
 - ◆ Grasp and release foods with fingers.
 - ◆ Able to hold a spoon, but unable to use it very well.
 - ◆ Able to turn a spoon in his/her mouth.
 - ◆ Able to use a cup, but have difficulty letting go of it.
 - ◆ Will want food that others are eating.
3. Developmental stages of 1½ to 2 year olds:
 - ◆ Eat less than previously.
 - ◆ Like to eat with hands.
 - ◆ Like trying foods of various textures.
 - ◆ Like routine.
 - ◆ Will have favorite foods.
 - ◆ Will get distracted easily.
4. Offer a varied diet based on the Children's Nutrition Guide.
5. Offer 3 meals and 2-3 healthy snacks per day. Allow 2 hours between snacks and meals to avoid "grazing" throughout the day.
6. Offer child sized portions; a serving is about 1 tablespoon food per year of age.
7. Transition to whole milk at 1 year of age; switch to low-fat milk at 2 years of age.
8. Offer no more than 2-3 cups (16-24 ounces) milk daily to allow room for other foods.
 - ◆ Whether a one-year old needs 2 cups or 3 cups of milk will depend on how much solid foods they eat.
 - ◆ As children get closer to 2 years and transition to eating more food at mealtimes, they will need less milk.
9. Encourage self-feeding, including using a cup and spoon.
10. Increase variety and texture of solid foods as child progresses toward greater self-feeding and acquires more teeth.
11. Avoid foods that can cause choking.
12. Limit 100% juice to 4 ounces per day. Avoid other sweetened fruit drinks and beverages. Offer water.
13. Wean from bottle to a cup by 12 months.
14. Wean from breast to a cup.
15. Offer liquids from a cup. Discourage inappropriate use of a "sippy" cup or bottle. ("Sippy" cups and those that require child to suck to get the liquid can promote tooth decay in the same manner as bottles do. If used, "sippy" cups should only contain water.)
16. Take care of child's teeth; wipe gums, brush teeth, schedule a dental exam at one year of age and every 6 months thereafter.
17. Parent's responsibilities versus child's responsibilities in feeding:
 - ◆ Parents are responsible for:
 - ✓ The what, when and where of feeding (the planning, preparing and providing meals and snacks).
 - ◆ Children are responsible for:
 - ✓ Choosing whether to eat and how much to eat.
18. Importance of eating meals together as a family; adult role modeling of healthy eating during meal time.
19. Dealing with picky eaters.

Nutrition Education Counseling Guide

Child Section

20. Importance of breakfast.
21. Dairy products and calcium.
22. Meat / protein foods.
23. Fruit and vegetable intake – “5 A Day”.
24. Whole grains.
25. High iron foods.
26. Foods that fight lead poisoning.
27. Importance of adequate sleep; short duration of sleep is a risk factor for obesity.
 - ✓ 1-2 year olds need 12-14 hours sleep time in a 24-hour period.
 - ✓ Naps decrease from about 4 to 1/day by 18 months of age.
 - ✓ 3-5 year olds need 11-13 hours sleep time in a 24-hour period.
 - ✓ 4-5 year olds usually require an afternoon nap that lasts 1-2 hours.
 - ✓ 5 year olds and older need about 10 hours of sleep each night.
28. Physical activity/play.
29. Limit TV, video games, and computer time.
30. Limit fast food.
31. Choose easy recipes rather than convenience, pre-packaged entrees.
32. Importance of childhood immunizations.
33. Refer for lead screening (recommended at 12 months and repeated once/year until age 6).
34. Protect from secondhand smoke and harmful substances.

Nutrition Education Counseling Guide

Child Section

2-3 year old (23-47 months) Standard Child Counseling

- Follow standard child visit guidelines.
- Check immunization status (check IZ records for children up to 25 months of age).
- If high risk, refer to RD/RN.

Assessment:

- ◆ Assess growth and dietary intake.

Suggested counseling points (Counsel based on your assessment of parent's concerns)

1. Discuss child's growth and healthy weight.
2. Developmental stages of 2 to 3 year olds:
 - ◆ Able to hold a glass.
 - ◆ Able to place a spoon straight into his/her mouth.
 - ◆ Will spill a lot.
 - ◆ Able to chew more foods.
 - ◆ Will have definite likes and dislikes.
 - ◆ Will insist on doing things him/herself.
 - ◆ Will like routine.
 - ◆ Will dawdle during meals.
 - ◆ Will have food jags (when he/she wants to eat only a particular food).
 - ◆ Will demand foods in certain shapes.
 - ◆ Will like to help in the kitchen.
3. Developmental stages of 3 to 4 year olds:
 - ◆ Able to hold a cup by its handle.
 - ◆ Able to pour liquids from a small pitcher.
 - ◆ Able to use a fork.
 - ◆ Able to chew most foods.
 - ◆ Have an increased appetite and interest in foods.
 - ◆ Will request favorite foods.
 - ◆ Will like foods in various shapes and colors.
 - ◆ Will choose which foods to eat.
 - ◆ Will be influenced by television.
 - ◆ Will like to imitate the cook.
4. Offer a varied diet based on the Children's Nutrition Guide.
5. Offer 3 meals and 2-3 healthy snacks per day. Allow 2 hours between meals and snacks to avoid "grazing" throughout the day.
6. Offer child sized portions; a serving is about 1 tablespoon food per year of age.
7. Switch to low-fat milk (1% or skim/fat-free).
8. Offer no more than 2 cups (16 ounces) milk daily to allow room for other foods.
9. Encourage self-feeding, including using a cup and spoon.
10. Increase variety and texture of solid foods as child progresses toward greater self-feeding and acquires more teeth.
11. Avoid foods that can cause choking.
12. Limit 100% juice to 4 ounces per day. Avoid other sweetened fruit drinks and beverages. Offer water.
13. Wean from bottle to a cup.
14. Wean from breast to a cup.
15. Offer liquids from a cup. Discourage inappropriate use of a "sippy" cup or bottle. ("Sippy" cups and those that require child to suck to get the liquid can promote tooth decay in the same manner as bottles do. If used, "sippy" cups should only contain water.)
16. Take care of child's teeth; wipe gums, brush teeth, schedule dental exams every 6 months.

Nutrition Education Counseling Guide

Child Section

17. Parent's responsibilities versus child's responsibilities in feeding:
 - ◆ Parents are responsible for:
 - ✓ The what, when and where of feeding (planning, preparing and providing meals and snacks).
 - ◆ Children are responsible for:
 - ✓ Choosing whether to eat and how much to eat.
18. Importance of eating family meals together; adult role modeling of healthy eating during meal time.
19. Dealing with picky eaters.
20. Importance of breakfast.
21. Dairy products and calcium.
22. Meat / protein foods.
23. Fruit and vegetable intake – "5 A Day".
24. Whole grains.
25. High iron foods.
26. Foods that fight lead poisoning.
27. Importance of adequate sleep; short duration of sleep is a risk factor for obesity.
 - ✓ 1-2 year olds need 12-14 hours sleep time in a 24-hour period.
 - ✓ 3-5 year olds need 11-13 hours sleep time in a 24-hour period.
 - ✓ 4-5 year olds usually require an afternoon nap that lasts 1-2 hours.
 - ✓ 5 year olds and older need about 10 hours of sleep each night.
27. Physical activity/play
28. Limit TV, video games, and computer time.
29. Limit fast food.
30. Choose easy recipes rather than convenience, pre-packaged entrees.
31. Importance of childhood immunizations.
32. Refer for lead screening (recommended once/year until age 6).
33. Protect from secondhand smoke and harmful substances.

Nutrition Education Counseling Guide

Child Section

4-5 year old (48-60 months) Standard Preschool Counseling

- Follow standard child visit guidelines.
- Check child's immunization status.
- If high risk, refer to RD/RN.

Assessment:

- ◆ Assess growth and dietary intake.

Suggested counseling points (Counsel based on your assessment of parent's concerns)

1. Discuss child's growth and healthy weight.
2. Developmental stages of 4 to 5 year olds:
 - ◆ Able to use a knife and fork.
 - ◆ Able to use a cup well.
 - ◆ Have an increased ability to feed him/herself.
 - ◆ More interested in talking than in eating.
 - ◆ Continue to have food jags.
 - ◆ Can be motivated to eat (i.e., by being told "You'll grow up to be tall like your father.")
 - ◆ Will like to prepare food.
 - ◆ Will be interested in where food comes from.
 - ◆ Increasingly influenced by peers.
3. Offer a varied diet based on the Children's Nutrition Guide.
4. Offer 3 meals and 2-3 healthy snacks per day. Allow 2 hours between meals and snacks to avoid "grazing" throughout the day.
5. Offer child sized portions; a serving is about 1 tablespoon food per year of age.
6. Switch to low-fat milk (1% or skim/fat-free).
7. Offer no more than 2.5 cups (20 ounces) milk daily to allow room for other foods.
8. Limit 100% juice to 4-6 ounces per day. Avoid other sweetened fruit drinks and beverages. Offer water.
9. Offer liquids from a cup. Discourage inappropriate use of a "sippy" cup or bottle. ("Sippy" cups and those that require child to suck to get the liquid can promote tooth decay in the same manner as bottles do. If used, "sippy" cups should only contain water.)
10. Take care of child's teeth; wipe gums, brush teeth, schedule dental exams every 6 months.
11. Parent's responsibility versus child's responsibilities in feeding:
 - ◆ Parents are responsible for:
 - ✓ The what, when and where of feeding (planning, preparing and providing meals and snacks).
 - ◆ Children are responsible for:
 - ✓ Choosing whether to eat and how much to eat.
12. Importance of eating meals together as a family; adult role modeling of healthy eating during meal time.
13. Dealing with picky eaters.
14. Importance of breakfast.
15. Dairy products and calcium.
16. Meat / protein foods.
17. Fruit and vegetable intake – "5 A Day".
18. Whole grains.
19. High iron foods.
20. Foods that fight lead poisoning.
21. Importance of adequate sleep; short duration of sleep is a risk factor for obesity.
 - ✓ 3-5 year olds need 11-13 hours sleep time in a 24-hour period.
 - ✓ 4-5 year olds usually require an afternoon nap that lasts 1-2 hours.
 - ✓ 5 year olds and older need about 10 hours of sleep each night.
22. Physical activity/play.

Nutrition Education Counseling Guide

Child Section

23. Limit TV, video games, and computer time.
24. Limit fast food.
25. Choose easy recipes rather than convenience, prepackaged entrees.
26. Have child help with food preparation.
27. Importance of childhood immunizations.
28. Refer for lead screening (recommended once/year until age 6).
29. Protect from secondhand smoke and harmful substances.

Nutrition Education Counseling Guide

Child Section

Asthma*

NRF 360 Definition High Risk:

Other Medical Conditions: Persistent asthma:

Persistent asthma (moderate or severe) requiring daily medication

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

→ Refer to RD/RN

Assessment

- ◆ Assess severity of asthma (must be moderate or severe and require daily medication in order to be risked).
 - ✓ Asthma is a chronic inflammatory disorder of the airways, which can use recurrent episodes of wheezing, breathlessness, chest tightness, and coughing of variable severity.
 - ✓ Persistent asthma requires daily use of medication, preferably inhaled anti-inflammatory agents.
 - ✓ Severe forms of asthma may require long-term use of oral corticosteroids which can result in growth suppression in children, poor bone mineralization, high weight gain, and, in pregnancy, decreased birth weight of the infant.
 - ✓ Untreated asthma as well as high doses of inhaled corticosteroids can result in growth suppression in children and poor bone mineralization.
 - ✓ Repeated asthma "attacks" can, in the short-term, interfere with eating, and in the long-term cause irreversible lung damage that contributes to chronic pulmonary disease.
- ◆ Determine if child is receiving adequate/appropriate medical care and refer if needed.
- ◆ Ask if anyone in the home or daycare smokes.

Suggested counseling points

1. Encourage keeping medical appointments and following advice of MD.
2. Encourage adequate/appropriate diet for age.
3. Avoid coming into contact with substances that trigger asthma (i.e., pollen, mold spores, pet dander, and dust mites).
4. Protect child from secondhand smoke.
 - ◆ When a child is exposed to second hand smoke, his/her lungs become irritated and produce more mucus than normal.
 - ◆ Side effects of second hand smoke affect children faster than adults since their airways are smaller.
 - ◆ Second hand smoke can affect child's lung function in later life.
 - ◆ Children of parents/caretakers who smoke are more likely to develop lung and sinus infections. These infections can make asthma symptoms worse and more difficult to control.
5. Advise parent/caregiver to quit smoking.
6. Do not allow smoking in the home or car.
7. Avoid restaurants and public places that permit smoking.
8. Encourage parent/caregiver to help child manage stress.
 - ◆ Stress and depression can lead to asthma attacks.
 - ◆ An emotional reaction signals the nervous system to begin reacting in a way that can lead to an asthma attack.
9. Talk to the doctor about exercise.
10. Refer to RD/RN for high risk counseling.
11. Refer for medical care.

Nutrition Education Counseling Guide

Child Section

Beverages

Assessment

- ◆ Check fluid intake and assess for appropriate types and quantities.

Suggested counseling points

1. Offer water between meals and snacks.
2. Give whole milk to children under age two.
 - ◆ The fat is needed to build healthy nerves.
3. Give low fat milk 1% or skim/fat free to children over age two.
4. Limit milk to 2-3 cups (16-24 oz) per day, depending on age.
5. Limit 100% juice to 4 oz per day.
 - ◆ Excess juice may spoil the appetite for other foods.
 - ◆ May cause poor appetite, tooth decay or diarrhea.
 - ◆ May cause excess weight gain.
6. Sports drinks are not needed; not made for kids.
7. Do not offer soda, Kool-Aid, fruit drinks, punch.
 - ◆ Drinks with added sugars offer little to no nutritional benefits and often take the place of healthier foods and drinks in a person's diet.
 - ◆ Drinking beverages with added sugar in early childhood is linked to less healthy diets, weight gain and obesity, dental cavities, and development of unhealthy taste preferences which can have adverse health effects over a person's lifetime.
8. Do not offer tea
 - ◆ Tea has no nutritive value.
 - ◆ Tannic acid in tea can stain a child's teeth and interfere with iron absorption.

Nutrition Education Counseling Guide

Child Section

Constipation

Constipation – not an NRF

Generally defined as stool that is hard, dry and difficult to pass.

Assessment

- ◆ Assess fluid and fiber intake.
- ◆ Assess for other medical conditions and refer as needed.

Suggested counseling points

1. Drink more liquids, especially more water.
2. Increase fiber foods:
 - ◆ Whole grain breads and cereals
 - ◆ Fruits and vegetables
 - ◆ Beans, peas, lentils
3. Encourage regular physical activity and play.
4. Encourage regular times for meals and snacks.
5. Encourage participant to discuss with physician if there is a concern.

Nutrition Education Counseling Guide

Child Section

Dental Health/Dental Problems

Dental Health – not an NRF

NRF 381 Definition Low Risk:

Medical Condition: Oral Health Conditions

Oral health conditions include, but are not limited to:

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

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

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

Assessment

- ◆ Assess severity of dental problems.
- ◆ Assess for inappropriate bottle use.
- ◆ Check if child is being followed by a dentist. Refer if needed.
- ◆ Check if child/caregiver is performing recommended dental hygiene care (brushing, flossing, special mouth rinse, etc.)
- ◆ Assess intake of sweet, sticky foods and sweetened liquids.

Suggested counseling points

1. Prevention of dental problems is important.
 - ◆ Cavities and their treatment can be painful, expensive, and result in the loss of teeth.
 - ◆ Tooth decay in childhood can lead to crooked permanent teeth and speech problems.
 - ◆ Children with dental problems may be teased by other children.
2. Limit sweet, sticky foods and sweetened beverages.
3. Choose “tooth friendly” foods and snacks such as raw vegetables and fruit, milk, cheese, meat and nuts.
4. Brush teeth after every meal or at least morning and night; brush for at least two minutes.
5. After age 24 months, use pea-sized amount of fluoridated toothpaste.
6. Caregivers should lift their child’s lip and check their teeth at least once a month.
7. If chewing is painful, eat soft, easily chewable foods.
8. Encourage calcium-rich foods.
9. Increase vitamin C-rich foods that help in wound and gum healing.
10. Wean from bottle or “sippy” cup ASAP.
11. Do not allow child to fall asleep with bottle or breast in his/her mouth.
12. Don’t share germs. Germs cause tooth decay and are spread by:
 - ◆ Sharing spoons and forks
 - ◆ Putting things in someone’s mouth and then in the child’s mouth
 - ◆ Pre-chewing foods for the child
 - ◆ Sharing toothbrushes
13. Refer to dentist. Recommend first dental appointment by age one and regular check ups every 6 months.

Nutrition Education Counseling Guide

Child Section

Diarrhea

Diarrhea - not an NRF

Many unformed, watery stools per day

Assessment

- ◆ Assess for above symptoms.
- ◆ Weigh and plot weight gain; assess current weight gain.
- ◆ Check for recent illness or fever and refer to physician as needed.
- ◆ Check juice intake.
- ◆ Determine if family practices regular hand washing.

Suggested counseling points

1. Encourage water intake or other fluids as directed by physician or RD/RN.
2. Limit juice to 4 ounces a day. Excessive juice can cause diarrhea.
3. Avoid use of sports drinks such as Gatorade.
4. Encourage hand washing after bathroom use and before eating.
5. Discuss safe food preparation and storage.
6. Refer to physician if diarrhea continues.

Nutrition Education Counseling Guide

Child Section

Dietary Supplements

NRF 425 Definition Low Risk:

425G: Feeding dietary supplements with potentially harmful consequences.

Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:

- ◆ Single or multi-vitamins;
- ◆ Mineral supplements;
- ◆ Herbal or botanical supplements/remedies/teas.

425H: Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements:

- ◆ Providing children under 36 months of age less than 0.25 mg fluoride daily when water supply contains less than 0.3 ppm fluoride.
- ◆ Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.
- ◆ Not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.

Assessment

- ◆ Assess if child is consuming excessive vitamins, minerals or herbal supplements/remedies/teas.
- ◆ Assess if community water supply or drinking water is fluoridated or naturally contains fluoride.

Suggested counseling points

1. Follow physician recommendations regarding vitamin and mineral supplements.
2. Avoid teas, remedies and supplements that are potentially harmful.
3. If the community water supply is not fluoridated, refer to physician regarding fluoride supplements.
4. Have well water checked if fluoride content is unknown.
5. Refer to MD regarding need for vitamin D supplement.

Nutrition Education Counseling Guide

Child Section

Elevated Blood Lead Levels*

NRF 211 Definition High-Risk:

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

→ Refer to RD/RN

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

Assessment

- ◆ Check for pica (eating non-edible substances such as paper, dirt, laundry starch, cornstarch, or lots of ice).
- ◆ Ask if house could have lead pipes or lead-based paint.

Suggested counseling points

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

Nutrition Education Counseling Guide

Child Section

Food Allergies*

NRF 353 Definition High Risk:

Medical Condition: Food Allergies: Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. Presence of condition diagnosed, documented or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.
→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Child Section

Food Preparation & Safety

Assessment

- ◆ Assess diet and eating patterns.

Suggested counseling points

1. Food budgeting & shopping tips.
2. Food safety tips.
3. Avoid foods that can cause choking (i.e., suckers, hard candy, nuts, raisins, popcorn, corn chips, raw carrots, grapes, apples, whole or sliced hot dogs).
4. Tips to prevent food-related choking.
 - ◆ Supervise feeding times.
 - ◆ Children should be relaxed and calm before eating and during meals.
 - ◆ Children should be seated while eating and not return to play until the meal or snack is eaten.
 - ◆ Modify food shapes and textures of foods most likely to cause choking (i.e., cut hot dogs into short strips, cut grapes into 4 pieces, chop raw vegetables into thin strips.)
 - ◆ Moisten peanut butter with juice, jelly or applesauce or spread a very thin layer on toast so that it melts on the toast.
 - ◆ Beware of ingredients in foods that might cause choking, such as nuts in cookies.
 - ◆ Avoid letting children eat in the car; if a child does choke, the caregiver won't be able to help while they're driving.
5. Limit fast food, which tends to be high in fat, calories and salt.
6. Allow child to participate in age appropriate food preparation activities.
7. Importance of hand washing.
8. Healthy snack ideas.
9. Recipe booklets.

Nutrition Education Counseling Guide

Child Section

Food Safety

NRF 425 Definition Low Risk:

425E: Feeding foods to a child that could be contaminated with harmful microorganisms.

Examples of potentially harmful foods for a child:

- ◆ Unpasteurized fruit or vegetable juice
- ◆ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese
- ◆ Raw or undercooked meat, fish, poultry or eggs
- ◆ Raw vegetable sprouts (alfalfa, clover, bean and radish)
- ◆ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).

Assessment

- ◆ Find out if child is eating any of the above foods.

Suggested counseling points

1. Do not drink unpasteurized fruit or vegetable juice.
2. Keep hot foods hot and cold foods cold.
3. Wash hands well with soap and water before and after handling food.
4. Do not cross contaminate. Keep cooked meats separate from raw meats.
5. Wash cutting boards and utensils in hot soapy water.
6. Wash fresh fruits and vegetables thoroughly before eating.
7. Keep eggs refrigerated and never eat raw eggs.
8. When in doubt, throw it out.
9. Cook meats thoroughly. Use a meat thermometer to ensure meats are cooked to safe temperatures.
10. Use only pasteurized milk.
11. Don't eat cheese made from raw or unpasteurized milk such as feta, Brie, Camembert, blue-veined, and Mexican-style cheeses.
12. Cook alfalfa, clover, bean and radish sprouts before eating.
13. Heat deli meats, hot dogs and processed meats until steaming hot before eating.
14. Use a thermometer to make sure refrigerator always stays at 40°F or below.

Nutrition Education Counseling Guide

Child Section

Highly Restrictive Diets

NRF 425 Definition Low Risk:

425F: Routinely feeding a diet very low in calories and/or essential nutrients

Examples:

- ◆ Vegan diet
- ◆ Macrobiotic diet
- ◆ Other diets very low in calories and/or essential nutrients

Assessment

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

Suggested counseling points

1. Emphasize need for nutrients that are eliminated or reduced by the restriction; find alternative foods if possible.
2. Discuss that diets are not recommended for children.
3. If restriction is for non-medical reasons, discuss possibility of easing up on restriction so child's growth will not be impaired.
4. Counsel on normal nutrition for age.
5. Encourage 3 meals and 2 to 3 healthy snacks per day.
6. Recommend that caregiver discuss child's dietary practices with MD.

Nutrition Education Counseling Guide

Child Section

Inadequate Growth

Inadequate Growth - not an NRF.

Assessment

- ◆ Weigh and measure child and assess growth.
- ◆ Check for recent illness and refer to physician as needed.
- ◆ Assess diet, eating patterns, feeding relationship.
- ◆ Check timing and adequacy of meals.
- ◆ Check fluid intake for excess:
 - ✓ Limit milk to 16-24 oz/day, depending on age.
 - ✓ Limit 100% juice to 4 oz/day.
 - ✓ Do not offer/allow Kool-Aid, pop, sweet beverages, etc.
- ◆ Check to be sure child is receiving regular medical care.
- ◆ Check food supply and refer to food bank, food stamps, etc. as needed.

Suggested counseling points

1. Discuss appropriate foods for age.
2. Discuss serving sizes for age.
3. Review eating behaviors that can lead to inadequate weight gain.
4. Encourage three meals and 2 to 3 healthy snacks with at least two hours in between:
 - ◆ Offer a bedtime snack
 - ◆ Provide family meals at regular times. Regular mealtime promotes a healthy appetite.
 - ◆ Keep mealtimes calm and relaxed. A calm, relaxed meal atmosphere promotes a healthy appetite.
5. Discuss parent's responsibilities versus child's responsibilities in feeding.
 - ◆ Parents are responsible for:
 - ✓ The what, when and where of feeding (planning, preparing and providing meals and snacks).
 - ◆ Children are responsible for:
 - ✓ Choosing whether to eat and how much to eat.
6. Counsel on excess fluids.
7. Wean child from bottle or "sippy" cup.
8. Limit low nutrient dense foods and drinks.
9. Check food supply and refer to food bank, food stamps as needed.
10. Refer to RD/RN for follow-up, if needed.

Nutrition Education Counseling Guide

Child Section

Lactose Intolerance

NRF 355 Definition Low Risk:

Medical Condition: Lactose Intolerance

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

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

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

Assessment

- ◆ What symptoms does child have when consuming dairy products?
- ◆ What dairy products (if any) are tolerated?
- ◆ Has child ever used lactose-free milk or lactase drops?
- ◆ Assess weight status.

Suggested counseling points

1. Lactose intolerance is not an allergy, but an inability to digest lactose, the sugar in milk.
2. Symptoms of lactose intolerance are stomach ache, cramping, diarrhea, gas, bloating.
3. Sometimes milk or dairy products can be tolerated better when combined with other foods, in small amounts (cereal with milk, for example).
4. Lactose-free milk, soy milk and tofu are lactose free and available on WIC. (Purchase whole lactose-free milks until child is 2 years old.)
5. Review other non-dairy sources of calcium and importance for bone health.

Nutrition Education Counseling Guide

Child Section

Low Hemoglobin/Severely Low Hemoglobin**

NRF 201 Definition Low Risk:

Low Hemoglobin

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

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

NRF 201B Definition High Risk:

Severely Low Hemoglobin

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

→ Refer to RD/RN.

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

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

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

Assessment

- ◆ Assess accuracy of value; WIC staff may choose to retake hemoglobin/hematocrit if accuracy is in question.
- ◆ Assess for excessive intake of tea and milk (more than 16-20 oz/day of milk depending on age) or indications of pica.
- ◆ Check for excesses of other liquids (> 4 ounces juice per day, Kool-Aid, pop, etc.) that may impair the child's appetite for other high-iron foods.
- ◆ Check current use of children's vitamin and iron supplements.
- ◆ Check food availability, especially high iron foods.
- ◆ Check if health care provider is aware of low or severely low hemoglobin.

Suggested counseling points

1. Discuss risks of low hemoglobin/hematocrit.
2. Counsel on excess milk and other liquids. Limit milk to no more than 2-3 cups (16-20 oz) a day, depending on age.
3. Wean child from the bottle.
4. Eat high-iron foods.
5. Eat foods high in vitamin C along with iron supplement or high-iron foods to increase iron absorption.
6. Encourage scheduling appointment with MD to follow up on severe anemia.
7. Refer to RD/RN for counseling on severely low hemoglobin.

Nutrition Education Counseling Guide

Child Section

Mealtimes

Assessment

- ◆ Assess diet, eating patterns, feeding relationship.
- ◆ Check timing and adequacy of meals.

Suggested counseling points

1. Encourage three meals and two healthy snacks with at least two hours in between.
2. Eat with your child. Have meals together as a family at least once a day.
3. Encourage parents to model healthy eating during meal times.
4. Minimize distractions at mealtime, such as toys, TV, radio, etc.
5. Allow child to participate in age appropriate food preparation activities.
6. Parent's responsibilities versus child's responsibilities in feeding.
 - ◆ Parents are responsible for:
 - ✓ The what, when and where of feeding (planning, preparing, and providing meals and snacks).
 - ◆ Children are responsible for:
 - ✓ Choosing whether to eat and how much to eat.
7. Create a positive eating environment:
 - ◆ Use the child's favorite plate, bowl, cup, and eating utensils.
 - ◆ Serve meals and snacks on a predictable but flexible schedule.
 - ◆ Let the child decide whether to eat and how much.
 - ◆ Be patient and understanding if he/she makes a mess while learning to self-feed.
 - ◆ Give the child an opportunity to share the events of the day.
 - ◆ Praise child for trying new foods and for practicing appropriate table behavior.
 - ◆ Create a relaxed setting for meals; put stresses of the day aside.
8. Eat breakfast. It's the most important meal of the day.
9. Discuss healthy snack ideas.
10. Offer appropriate recipe booklets.

Nutrition Education Counseling Guide

Child Section

Medical Conditions*

NRF 300 series Definition High Risk or Low Risk:

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

→ Refer to RD/RN

Assessment

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

Suggested counseling points

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

Nutrition Education Counseling Guide

Child Section

Obese* / Overweight/ At risk of becoming Overweight

NRF 114 Definition Low Risk:

At risk of becoming overweight

Child \geq 12 months to 5 years:

- ◆ Biological mother and/or biological father with a BMI \geq 30 at the time of certification.

NRF 114 Definition Low Risk:

Overweight

Child 2-5 years of age:

- ◆ BMI-for-age greater than or equal to the 85th percentile and less than the 95th percentile

NRF 113 Definition High Risk:

Obese

Child 2-5 years of age:

- ◆ BMI-for-age greater than or equal to the 95th percentile
- Refer to RD/RN
- RD/RN must provide high risk counseling within 3 months.

Assessment

- ◆ Weigh and measure child and assess growth.
- ◆ Assess child's activity level.
- ◆ Assess family dynamics.
- ◆ Assess family eating habits.
- ◆ Assess child's intake of juice and sweetened drinks.
- ◆ Assess child's sleep habits; shortened duration of sleep is a risk factor for obesity.

Suggested counseling points

1. Review Children's Nutrition Guide and serving sizes for age.
2. Let child self-serve or offer child-sized servings and let child ask for seconds.
3. Switch to low fat milk (1% or fat-free/skim)
4. Limit juice to 4 ounces per day. Encourage drinking more water.
5. Offer lower calorie nutritious foods.
6. Avoid high-fat, high-sugar foods.
7. Bake, broil, and steam foods instead of fry.
8. Choose easy recipes rather than convenience, pre-packaged entrees.
9. Increase fruits and vegetables.
10. Offer healthy snacks.
11. Have child sit at the table and eat with the family.
12. Encourage adults to model healthy eating during meal time.
13. Minimize distractions at mealtime, such as toys, TV, radio, etc.
14. Encourage physical activity and active play.
 - Guidelines for Toddlers:
 - ◆ 30+ minutes structured physical activity/play per day
 - ◆ 60 minutes to several hours unstructured physical activity/play per day
 - ◆ No more than 60 minutes being sedentary at a time, except when sleeping
 - Guidelines for Preschoolers:
 - ◆ 60+ minutes structured physical activity/play per day
 - ◆ 60 minutes to several hours unstructured physical activity/play per day
 - ◆ No more than 60 minutes being sedentary at a time, except when sleeping
15. Limit TV, video games, and computer time.
 - ◆ No TV/screen time for children under age two.
 - ◆ No more than 2 hours TV/screen time for children age 2 and older.
16. Discuss importance of adequate sleep; short duration of sleep is a risk factor for obesity.
 - ◆ 1-2 year olds need 12-14 hours sleep time in a 24-hour period.

Nutrition Education Counseling Guide

Child Section

- ◆ Naps decrease from about 4 to 1/day by 18 months of age.
 - ◆ 3-5 year olds need 11-13 hours sleep time in a 24-hour period.
 - ◆ 4-5 year olds usually require an afternoon nap that lasts 1-2 hours.
 - ◆ 5 year olds and older need about 10 hours of sleep each night.
17. Parent's responsibilities versus child's responsibilities in feeding:
- ◆ Parents are responsible for:
 - ✓ The what, when and where of feeding (planning, preparing, and providing meals and snacks).
 - ◆ Children are responsible for:
 - ✓ Choosing whether to eat and how much to eat.
18. Refer to RD/RN for high risk counseling.

Nutrition Education Counseling Guide

Child Section

Physical Activity/Play

Assessment

- ◆ Assess activity level (at home and while with outside of home caregiver).
- ◆ Assess activities child and family regularly engage in.
- ◆ Assess parent interest in/or ability to allow/encourage activity.
- ◆ Assess activities that child/parent currently enjoys.

Suggested counseling points

1. Physical activity is important for healthy growth and development in young children.
 - ◆ Activity helps to build bone density.
 - ◆ Activity helps to keep blood pressure normal.
 - ◆ Activity helps children to obtain and maintain a healthy weight.
 - ◆ Activity can help reduce anxiety and stress and improve self-esteem.
2. Children should be encouraged to be active 30-60 minutes every day.
 - ◆ 30+ minutes structured physical activity/day for toddlers
 - ◆ 60+ minutes structured physical activity/day for preschoolers
 - ◆ 60 minutes to several hours of unstructured physical activity/play per day
 - ◆ Short periods of activity (10-15 minutes) throughout the day are appropriate for young children.
3. The focus of activity should be fun!
4. Limit TV, video games, computer time and other sedentary activities.
 - ◆ Children are born with a love for activity. They can easily meet the recommendations for activity by decreasing time spent in sedentary activities.
 - ◆ No TV, video games, computer time for children under 2 years of age.
 - ◆ No more than 2 hours TV/screen time for children age 2 and older.
5. Encourage parents to be active with child. Parents are a child's best role model.
6. Encourage walking: walking up stairs, walking to the store, walking for transportation, not just activity. (This includes children, they do not need to be pushed everywhere in a stroller, encourage them to walk!)
7. Encourage increased activity as a family (entire family walk together after dinner, baseball game).
8. Encourage responsibility and home maintenance skills by having children help vacuum, clean floors, walk dog, wash the car and more!
9. Designate places inside where children and roll, climb, jump dance and tumble.
10. Find activities to do in your community such as hiking trails, swimming pools, skating rinks, etc.
11. Find the local YMCA; ask about special memberships for low-income families.
12. Go to the library, find books on activities you can do with your child.

Nutrition Education Counseling Guide

Child Section

Pica

NRF 425 Definition Low Risk:

425I: Routine ingestion of nonfood items (pica). Non-food items:

- ◆ Ashes
- ◆ Carpet fibers
- ◆ Cigarette or cigarette butts
- ◆ Clay
- ◆ Dust
- ◆ Foam rubber
- ◆ Paint chips
- ◆ Soil
- ◆ Starch (laundry or cornstarch)

Assessment

- ◆ Determine what types of non-edible items the child is eating.
- ◆ If possible, assess reasons for eating non-edible items (i.e., cultural beliefs, iron or other nutritional deficiencies, relief of nausea and/or diarrhea, in response to stress, oral fixation, or other reasons).
- ◆ Assess for other medical conditions. Pica has been seen in children with obsessive-compulsive disorders, mental retardation, and sickle cell disease.
- ◆ Assess hemoglobin levels to determine iron adequacy.
- ◆ Refer to RD/RN if needed.

Suggested counseling points

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

Nutrition Education Counseling Guide

Child Section

Picky Eater/Poor Appetite

Assessment

- ◆ Assess diet, eating patterns, and feeding relationship.
- ◆ Assess if the child and parents are struggling for control. Children tend to eat less when they are forced, reminded, punished, threatened or bribed to eat.
- ◆ Check timing and adequacy of meals.
- ◆ Check fluid intake.

Suggested counseling points

1. Encourage regular meals and snacks (2 hours between snacks and meals), no "grazing" throughout the day.
2. Review child's diet and appropriate portion sizes for age.
3. Limit 100% juice to 4 ounces per day.
4. Discuss parent's responsibilities versus child's responsibilities in feeding:
 - ◆ Parents are responsible for:
 - ✓ The what, when and where of feeding (planning, preparing and providing meals and snacks).
 - ◆ Children are responsible for:
 - ✓ Choosing whether to eat and how much to eat.
5. Get rid of distractions at mealtime, such as toys, TV, radio, etc.
6. Allow child to refuse certain foods. It's OK to have some dislikes.
7. Don't short order cook.
8. Offer a favorite food when offering a new food. It takes many times of offering a new food for a child to try and like a new food.
9. Encourage child involvement with food selections at the grocery store and in meal preparation at home.

Nutrition Education Counseling Guide

Child Section

Transitioning to Low-Fat Milk

Suggested counseling points

1. Milk is important for children. It provides protein, calcium and vitamins.
2. Low-fat milk has the same great nutrition as whole milk, but less fat and fewer calories.
3. Low-fat milk is good for the entire family (age two years and older).
4. Try reduced fat (2%) milk, then low-fat (1%) milk, and then fat-free (skim) milk.
5. Try mixing whole milk with low-fat milk for a couple of days and then try low-fat milk alone.
6. Use low-fat milk in cooking.
7. Encourage low-fat milk instead of juice, pop or Kool-Aid. Although, limit milk to no more than 16 ounces (2 cups) per day for kids 2-3 years.

Nutrition Education Counseling Guide

Child Section

Underweight* /At Risk of Becoming Underweight

NRF 103A Definition Low Risk:

At Risk of Underweight

Children < 24 months of age:

- ◆ Weight-for-length greater than the 2nd percentile to less than or equal to the 5th percentile.

Children ≥ 24 months of age:

- ◆ BMI-for-age greater than the 5th percentile and less than or equal to the 10th percentile.

NRF 103B Definition High Risk:

Underweight

Children < 24 months of age:

- ◆ Weight-for-length less than or equal to 2nd percentile

Children ≥ 24 months of age:

- ◆ BMI-for-age less than or equal to the 5th percentile.

→ Refer to RD/RN

Assessment

- ◆ Weigh and measure child and assess growth.
- ◆ Check for recent illness and refer to physician as needed.
- ◆ Assess diet, eating patterns, and feeding relationship.
- ◆ Check timing and adequacy of meals.
- ◆ Check fluid intake for excess:
 - ✓ No more than 16-20 oz milk/day, depending on age.
 - ✓ No more than 4 oz juice/day.
 - ✓ No Kool-Aid, pop, sweet beverages, etc.
- ◆ Check to be sure child is receiving regular medical care.
- ◆ Check food supply and refer to food bank, food stamps, etc. as needed.

Suggested counseling points

1. Discuss appropriate foods and serving sizes for age.
2. Review eating behaviors that can lead to a child being underweight.
3. Encourage three meals and 2 to 3 healthy snacks a day with at least two hours in between.
4. Offer a bedtime snack.
5. Provide family meals at regular times. Regular mealtime promotes a healthy appetite.
6. Make mealtimes pleasant; eat with your child.
7. Discuss parent's responsibilities versus child's responsibilities in feeding.
 - ◆ Parents are responsible for:
 - ✓ The what, when and where of feeding (planning, preparing and providing meals and snacks).
 - ◆ Children are responsible for:
 - ✓ Choosing whether to eat and how much to eat.
8. Discourage excess milk and other fluids.
9. Wean child from bottle or "sippy" cup.
10. Limit low nutrient dense foods and drinks.
11. Counsel on high calorie foods
12. Encourage child involvement with food selections at the grocery stores and in meal preparations at home.
13. Refer to physician.
14. Refer to RD/RN for high risk counseling.

Nutrition Education Counseling Guide

Child Section

Weaning from the Bottle

NRF 425 Definition Low Risk:

425C: Routinely using nursing bottles, cups, or pacifiers inappropriately

Assessment

- ◆ Ask questions to determine when the caregiver is planning on weaning the child from the bottle.
- ◆ Find out if caregiver understands the importance of weaning at this age.
- ◆ Assess for dental problems (may be either diagnosed by MD or dentist, or identified by RD/RN). Risk accordingly, and refer to dentist as needed.

Suggested counseling points

1. Discuss problems with prolonged bottle use:
 - ◆ Child may fill up on milk and not have enough room for solid foods that provide iron and other important nutrients.
 - ◆ Drinking too much milk can lead to anemia since milk is low in iron.
 - ◆ Continuous sips of milk from the bottle throughout the day or night can cause tooth decay.
 - ◆ Prolonged bottle use puts child at risk for toothaches, costly dental treatment, loss of primary teeth and development lags in eating and chewing.
 - ◆ As child grows older, there is a risk of decay in permanent teeth.
2. Interest the child in something other than the bottle such as a stuffed toy, blanket, etc.
3. If bottle is given, only put water in it.
4. Replace one bottle-feeding at a time with a cup. Start with replacing child's least favorite bottle time first.
5. Offer small amounts of milk, juice or water in a cup.
6. Continue replacing feedings until all are replaced with cup feedings.
7. Provide lots of attention (read, snuggle, sing together, etc,) instead of a bottle at bedtime.
8. Offer a small snack or drink from a cup before bedtime.
9. Get all bottles out of sight. Have a ceremony to throw bottles away or give to another baby.
10. Discourage inappropriate use of "sippy" cups and those that still require child to suck to get the liquid.
 - ◆ They can promote tooth decay in the same manner as bottles do.
 - ◆ Use of a cup with a lid (such as a Tupperware cup) is OK as long as the lid lets the child drink normally instead of sucking.
 - ◆ If "sippy" cups are used, they should only contain water.

Nutrition Education Counseling Guide

Child Section

Weaning from the Breast

Assessment

- ◆ Assess readiness and reasons to wean (refer to “Weaning from the Breast” in the Infant Section Reference Section)

Suggested counseling points

1. Let child lead (if applicable).
2. Replace one breastfeeding at a time, starting with child's least favorite feeding (usually med morning or mid afternoon). Continue replacing breast feedings until all are replaced with cup feedings.
 - ◆ Gradual weaning is easier on both mother and child.
 - ◆ Allows mother's milk supply to decrease slowly without fullness and discomfort.
 - ◆ Gives mother time to make sure her child is adjusting well to the change and to give the extra loving attention he/she needs as a substitute for the closeness they shared while nursing.
3. Offer small amounts of milk, juice or water in a cup.
4. Discourage inappropriate use of “sippy” cups and those that still require the child to suck to get the liquid.
 - ◆ They can promote tooth decay in the same manner as bottles do and don't teach the child to learn to form his/her lips to the rim of a cup.
 - ◆ Use of a cup with a lid (such as a Tupperware cup) is OK as long as the lid lets the child drink normally instead of sucking.
 - ◆ If used, “sippy” cups should only contain water.
5. Change daily routines: Discuss ways to change usual routine so child won't be reminded to nurse as frequently.
6. Anticipate nursing times and offer substitution and distractions:
 - ◆ Offer a special snack and drink right before a usual nursing.
 - ◆ Read to the child.
 - ◆ Go on an outing.
 - ◆ Provide a new toy.
 - ◆ Arrange a visit with other children.
7. Get dad or other family members involved. If the child typically asks to nurse upon waking in the morning, suggest someone else get the child up and bring him/her to breakfast.
8. Don't offer, don't refuse: breastfeed when child asks, but don't offer to nurse when child does not ask.
9. Postpone breastfeeding when mom feels child can handle the delay.
10. Shorten the length of feedings.
11. Wear clothing that doesn't facilitate breastfeeding, such as button-up-the-back dresses and shirts.
12. Slow down weaning if child becomes too upset or regresses in behavior. (i.e. stuttering, night waking, increase in clinginess during the day, a new or increased fear of separation, or biting that hasn't previously occurred).

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Nutrition Education Counseling Guide

Participant Categories Section

Cues

Assessment:

- ◆ Observe baby and assist mom in identifying baby's cues
- ◆ Assess parent's knowledge/interest level of infant feeding cues
- ◆ Assess parent and infant interactions

Suggested counseling points (Counsel based on your assessment of baby's cues and mom's concerns and level of interest)

1. Babies use noises and their bodies to communicate. Babies are born with the ability to communicate. They use specific behaviors (movements, noises, etc) to communicate what type of interaction, if any, they need.
2. By responding quickly to baby's cues, parents and babies will learn to communicate with each other. Responding to cues early will reduce crying. Sometimes the cues are difficult to understand. With practice babies get better at giving cues and parents get better at responding to them, babies get better with practice
3. Babies use engagement cues when they want to be near you and disengagement cues when they need something to be different. Interactions can have both types of cues within a short period of time. Over time, both babies and caregivers will learn to use cues to communicate.
 - Engagement cues are behaviors that indicate that a baby wants to interact. This is the best time for baby to learn, play and feed. The following are engagement cues:
 - Looking intently at face
 - Rooting
 - Feeding sounds
 - Smiling
 - Smooth body movements
 - Eyes open
 - Face relaxed
 - Feeding posture
 - Raising head
 - Following voice and face
 - Disengagement cues are behaviors that indicate that a baby needs something to be different. Babies may need to take a break when exhibiting these cues. Parents are to identify baby's need and/or provide comfort. The following are disengagement cues:
 - Turns away
 - Pushes, arches away
 - Crying
 - Choking, coughing
 - Extending fingers, stiff hands
 - Falling asleep
 - Looks away
 - Faster breathing
 - Yawning
 - Hand to ear
 - Grimace
 - Glazed look

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4. Babies need to be fed often, and will usually give several hunger or fullness cues at one time. Watching and responding to hunger cues can help prevent some crying. Responding to fullness cues can help avoid overfeeding.
 - Hunger Cues:
 - Sucking on hands or wrist
 - Bending arms and legs
 - Making sucking noises
 - Moving the mouth or tongue
 - Searching for the nipple (rooting)
 - Being more alert
 - Fullness Cues:
 - Sucking slower or stopping to suck
 - Relaxing hands and arms
 - Turning away from the nipple
 - Pushing away
 - Falling asleep

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Crying

Assessment:

- ◆ Assess parent's knowledge and/or interest level in learning about normal infant crying.
- ◆ Assess parent and infant interactions

Suggested counseling points (Counsel based on your assessment of mom's concerns and level of interest)

1. Babies use crying as a way to communicate many things. All babies cry. It is normal and healthy.
 - Crying is a baby's "super power." Crying results in a sound that affects the nervous system in most adults, rouses them, and drives them to respond to their baby's needs.
 - Many newborns cry more than older infants as they adapt to their new postnatal environment and struggle to provide readable cues.
 - Crying occurs for many reasons other than just hunger. Babies may cry because of discomfort/pain, distress, fatigue, overstimulation, frustration, unfamiliar sensations, distractions or fear. Remember, hungry babies might cry, but they will also display hunger cues.
 - As adults respond to babies' cues and babies refine their cues, crying lessens.

2. Follow these steps to calm a crying baby
 - Try to figure out the reason for crying. Is baby:
 - In need of a diaper change
 - Too hot or too cold
 - Overwhelmed
 - Tired
 - Hungry
 - Uncomfortable
 - Hold baby close to you
 - Repeat the same actions over and over, such as
 - Speaking or singing softly
 - Gently rocking, swaying or bouncing baby
 - Gently massaging baby's back, arms and legs

3. Babies will take longer to calm down if they are very young or upset. Be patient and keep repeating one or two soothing actions long enough for them to be effective before trying something else.

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Sleep

Assessment:

- ◆ Assess parent's knowledge/interest level in learning about normal infant sleep

Suggested counseling points (Counsel based on your assessment of mom's concerns and level of interest)

1. Babies go through periods of both light (active) and deep (quiet) sleep. Both types of sleep are important for baby's health.
 - ◆ Babies need light sleep for their brains to grow and develop.
 - ◆ Babies dream during light sleep; dreaming is healthy for babies.
 - ◆ During light sleep babies:
 - ◆ Move around and make noises
 - ◆ Have eye twitches or open and close their eyes quickly
 - ◆ Have fast and slow breathing
 - ◆ Dream
 - ◆ Wake up easily
 - ◆ Babies need deep sleep for their brains to rest and recover.
 - ◆ During deep sleep babies:
 - ◆ Don't move very much
 - ◆ Have relaxed and floppy arms and legs
 - ◆ Have regular steady breathing
 - ◆ Make sucking movements
 - ◆ Don't wake up easily
 - ◆ Babies fall asleep in light sleep and may wake easily if laid down while in light sleep. Wait for signs of deep sleep before laying baby down. Light sleep may last 20-30 minutes.
2. Babies sleep patterns change over time
 - ◆ Newborns sleep about 14-16 hours in a 24 hour period.
 - ◆ By 2-6 weeks of age, young babies are able to sleep 2-4 hours at a time. During the first 6 weeks, baby's sleep will be unpredictable and may mix up days and nights.
 - ◆ Around weeks 6-8, babies may be able to sleep up to 6 hours at a time.
 - ◆ As infants get older they will sleep for longer stretches.
 - ◆ Babies may have times when they wake up more often due to growth spurts, sickness, change in routine, or learning a new skill such as rolling over or crawling.
3. Night waking is important. Babies must wake to be fed and when they need help to be safe and comfortable.
4. Safe sleep
 - ◆ Put baby on his or her back to sleep.
 - ◆ Babies should sleep by themselves; not sharing a bed with parents.
 - ◆ Nothing in the sleep area except a tight-fitting sheet; remove soft things like pillows, blankets, comforters, bumper pads, and stuffed toys from the sleep area.
 - ◆ Avoid overheating baby with too many clothes.
 - ◆ Don't smoke near baby.
 - ◆ Keep baby's face uncovered for easy breathing.

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Participant Categories Section

Newborn: Day 1

Assessment:

- ◆ Assess mom's level of interest in learning about what to expect the first day of her newborn's life.

Suggested counseling points (Counsel based on your assessment of mom's concerns and level of interest)

1. Healthy newborns are alert in the first 2 hours after birth (unless heavily medicated or recovering from a traumatic labor and birth).
2. Baby's first feeding should occur in the first 2 hours
 - Continue feeding each time the baby become alert.
3. Expect baby to have longer periods of sleep over the next 24 hours
 - Most babies struggle to stay awake on the first day, even while they are feeding.
 - The baby's deeper sleep on the first day helps mom recover and baby to conserve calories while feeding is being established.
4. Skin to skin contact is important.

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Newborn: Day 2 & 3

Assessment:

- ◆ Assess mom's level of interest in learning about what to expect on days 2 and 3 of her newborn's life.

Suggested counseling points (Counsel based on your assessment of mom's concerns and level of interest)

1. Baby appears different than on Day 1. Babies are more alert on days 2 and 3. There is a potential for an increase in crying.
2. On day 2, babies typically wake and demand frequent feedings.
3. It's normal and healthy that baby will be sensitive to stimuli and wake easily at days 2 and 3. Sleep will be sporadic.
4. Babies may be overwhelmed by the environment.
5. Skin to skin contact is important.

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General Nutrition Education

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

Assessment:

- ◆ Assess nutrition status, problems & concerns.

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

1. Encourage physical activity and active living.
 - ◆ Guidelines for adults:
 - ✓ 150 minutes of moderate-intensity aerobic activity (i.e. brisk walking) per week **and** muscle-strengthening activities twice a week.
 - ✓ Activities can be broken down into smaller chunks of at least 10 minutes at a time.
 - ◆ Guidelines for children & toddlers:
 - ✓ 60 minutes or more of structured physical activity/play per day. (30 minutes for toddlers)
 - ✓ 60 minutes to several hours of unstructured physical activity or play per day.
 - ✓ No more than 60 minutes being sedentary at a time except when sleeping
 - ✓ No TV/screen time for children under age two.
 - ✓ No more than 2 hours of TV/screen time for children age two and older.
 - ◆ Guidelines for infants:
 - ✓ Infants should interact with caregivers in daily physical activities that are dedicated to exploring movement and the environment.
 - ✓ Infants' physical activity should promote skill development in movement.
 - ✓ Infants should have opportunities for structured and unstructured physical activity.
 - ✓ No TV/screen time for infants.
2. Encourage healthful beverages.
 - ◆ Breastmilk or iron-fortified formula for infants.
 - ◆ Whole milk for children up to age two.
 - ◆ Low fat milk (1% or fat-free) for adults and children two years and older.
 - ◆ Limit juice to 4 oz/day for children; no juice for infants.
 - ◆ Limit soda, Kool-Aid, fruit drinks, & punch.
3. Eat breakfast. It's the most important meal of the day.
4. Provide cooking/food demonstrations.
5. Encourage eating together as a family, at least one time per day with the entire family.
6. Discuss food safety.
 - ◆ Wash hands with soapy water before handling food.
 - ◆ Avoid cross contamination. Keep uncooked meats separate from cooked foods; wash knives, cutting boards with hot soapy water after handling uncooked foods.
 - ◆ Keep foods at safe temperatures. Store eggs and perishable raw foods in the refrigerator. Thaw foods in the refrigerator or microwave; don't defrost on the counter at room temperature.
 - ◆ Use a thermometer to make sure refrigerator stays at 40°F or below.
 - ◆ Cook meats thoroughly. Use a thermometer to ensure meats are cooked to safe temperatures.
 - ◆ Use only pasteurized milk.
 - ◆ Keep hot foods hot and cold foods cold.
 - ◆ Avoid foods that could be contaminated with pathogenic microorganisms.
 - ◆ For children, avoid foods that could cause choking (such as suckers, hard candy, nuts, raisins, popcorn, corn chips, raw carrots, grapes, apples, and hot dogs).

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7. Encourage fruits and vegetables – 5 a day.
8. Plan healthy meals. Limit fried and fatty foods, and sugary foods.
9. Discuss healthy options when eating fast food or on the go.
10. Discuss healthy snacks.
11. Include lean meats and other protein foods such as beans, peanut butter, nuts, eggs, and tofu.
12. Make half (or more) of your grains whole.
13. Encourage adequate sleep; short duration of sleep is a risk factor for obesity.

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Participant Categories Section

High Risk Counseling Points

Assessment

- ◆ Assess nutritional status.
- ◆ Assess for medical conditions.
- ◆ Check if participant is receiving medical care, and refer if necessary.

Suggested counseling points

1. Refer to Care Plan. RD/RN will customize high risk counseling and documentation in the participant's care plan.

Nutrition Education Counseling Guide

Participant Categories Section

Orientation

Required counseling points

The following topics are required to be provided to all new WIC participants, and reviewed with endorsers at recertification visits as needed:

1. Purpose of WIC
 - ◆ To provide nutritional support during critical times of growth and development to achieve positive health outcomes
 - ◆ Benefits of WIC include individualized nutrition education and behavior change counseling, provision of supplemental foods, referrals, and breastfeeding promotion and support
2. WIC foods support individual nutritional needs
 - ◆ WIC Foods are prescribed for the individual, to promote and support growth and nutritional well-being by helping to meet the recommended intake of important nutrients
3. WIC foods are supplemental
 - ◆ Not intended to provide all of the participant's daily food requirements
4. A thorough nutrition assessment is the basis for individual care
 - ◆ WIC staff will perform a thorough nutrition assessment to identify nutritional needs in order to provide personalized nutrition education, foods packages, and referrals
5. How to use eWIC card
 - ◆ Instruct participants on how to shop and use eWIC card
6. Length of certification
 - ◆ Inform each participant on length of certification and when last benefits will be issued
 - ◆ Inform participants that they must reapply at the end of the certification period and be reassessed for eligibility if they want to continue participation in the program
7. Local rules and policies
 - ◆ Participants must be made aware of rules or policies of the local WIC program, including policies regarding late and missed appointments
8. Transfer policy
 - ◆ Instruct participants about the transfer policy and use of the VOC form
9. Right to a fair hearing
 - ◆ Participants have a right to a fair hearing if they disagree with any decision made regarding their participation in the WIC Program
10. Importance of health care
 - ◆ Ask all participants if they receive regular healthcare and if not, encourage to seek care
 - ◆ Specific healthcare services that participants should receive include prenatal care, well child checks, and immunizations
11. WIC and participant partner together to achieve better health
 - ◆ When an endorser represents a WIC participant, WIC staff and the endorser(s) agree to partner towards providing optimal WIC benefits to the participant.

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Participant Categories Section

Other

Counseling points

1. Refer to care plan.

This section is provided for WIC staff to document in the participants care plan any additional information not included in the category and topic specific counseling points.