

I-WIC Assessment Guide: Postpartum Woman

The following guidance is to assist a CPA in using a participant-centered (PC) approach during the category specific WIC assessment. CPAs should be familiar with the I-WIC screens to know some questions collect specific data and others the CPA should ask open-ended questions to engage the participant, rather than reading each question from the I-WIC screens.

Setting the Stage & Explaining the WIC Visit

- Establish rapport and individualize the visit to participant (i.e. address by name, if acceptable; ask about past experiences/knowledge; cultural practices; etc.). Explain to participant what to expect during WIC visit, time of visit, and why information is collected, possible explanation:
“Thank you for coming into WIC today; this visit will take about (time). By participating in WIC, we will ask questions and gather information to get a better understanding of your overall nutrition and lifestyle practices. To start with we will complete a nutrition assessment, this includes: collecting measurements, checking the iron in your blood, and discussing your eating and physical activity habits. Following, we can talk about some ideas to keep you healthy, how to use your WIC foods, and if there are community resources that may benefit you/your family, I will share those with you.”
- Possible conversation starter questions:
 - “Tell me how you are feeling after your pregnancy and what can WIC help you with today?”
 - “What have you noticed or what has changed for you, since you are no longer pregnant?”

Note: For Postpartum woman, at the Cert Action screen, after ‘Add’ a pop-up box will ask if the participant is pregnant—CPA must select ‘Cancel’ to initiate a Postpartum certification as well as enabling the appropriate postpartum related data fields (i.e. LMP, EDD, etc.). Note: Breastfeeding status pop-up screen allows CPA to check box if woman had prenatal loss; this disables the remaining fields.

I-WIC Lab – Postpartum Woman

The screenshot displays the I-WIC Lab interface for a Postpartum Woman. It features two main data entry sections: Anthropometric Data and Bloodwork.

Anthropometric Data: This section includes a table with columns for Non-WIC, Anthro Date, Weight (lbs, oz, ?), Height (in, 1/8, ?), Weeks, PG Wt Gain, Weight Gain/Loss, Cat, Pre-PG BMI, Current BMI, ? Reasons, and D. A single record is shown for 02/11/2020 with weight 140 lbs 0 oz, height 64 in 0 1/8, and BMI 23.17. Below the table are fields for Pre-pregnancy Weight (135 lbs), Weight at Delivery (142 lbs), and Weight gained during pregnancy (7 lbs).

Bloodwork: This section includes a table with columns for Non-WIC, Date of Bloodwork, HGB, Hct, Lead Value, No Blood, Exemption Reasons, and Date Created. A single record is shown for 02/11/2020 with HGB 12.2 and Date Created 2/11/2020.

Buttons for 'Add' and 'Remove' are present for both sections.

Postpartum Woman Anthropometric screen:

Add Anthropometric, Prenatal & Bloodwork Data, per system requirements.

Note: Postpartum women do not have button/screen for BMI or Prenatal Weight Gain chart. CPA may still ask general question(s) about how she is feeling about prenatal weight gain/desired weight changes, such as:

- “How do you feel about your weight changes since pregnant?”
- “Would there be a weight you would feel most comfortable at and if not your current weight, was this a weight you had been at in the past?”

I-WIC Breastfeeding – Postpartum Woman (3 tabs)

Breastfeeding page & the Postpartum Woman:

BF Information Tab:

Postpartum certification (new applicant), fields autofill from BF status pop up from entry on the Cert Action screen.

BF Support & Notes Tab: (no screen shot)

Document any Breastfeeding Contacts, Referrals, & Notes, if applicable. Refer to *NPS: Documenting in WIC MIS* for guidance.

BF Pumps & Aids Tab: (no screen shot)

Does not apply to Postpartum woman.

I-WIC Health – Postpartum Woman (Pregnancy Information Tab - 3 pages)

Page 1, Quest. #1: Review the possible responses, asking a broad question to get her to share more information, for example:

- “If you would be alright with you, I would like to start by asking about your most recent and any past pregnancies? (asking permission) Please let me share this list of possible feelings and then tell me any of those that you are feeling since your pregnancy ended?”
- “What other feelings, concerns, or questions do you have today?”

Quest. # 2: If first pregnancy (yes), questions 2 and 3 are disabled.

Quest. #3: You may ask more open-ended question to allow her to share and have a conversation about her most recent pregnancy:

“Tell me about this most recent pregnancy regarding if you were full term or preterm, C-section, what size was the baby, did you have any pregnancy related medical issues or any with the baby?”

Health-PregnancyInfo. tab, Page 2:

Pregnancy Information Health Information

Tobacco Use

4. In the last 3 months of pregnancy, did you smoke:

* Cigarettes? ☐ Yes ☒ No If yes, how many a day?

* Vapor pens and e-cigarettes? ☐ Yes ☒ No

5. Currently, do you smoke:

* Cigarettes? ☐ Yes ☒ No If yes, how many a day?

* Vapor pens and e-cigarettes? ☐ Yes ☒ No

6. Does anyone living in the home smoke inside? ☐ Yes ☒ No

Alcohol Use

7. In the last 3 months of pregnancy, did you drink alcohol? ☐ Yes ☒ No

☐ >8 drinks per week ☐ >4 drink per day ☐ >4 drinks in 2 hours

8. Currently, do you drink alcohol? ☐ Yes ☒ No

☐ >8 drinks per week ☐ >4 drink per day ☐ >4 drinks in 2 hours

Page 2 & 3, Quest. #4-10: Information related to tobacco, alcohol and substance abuse. These are all data collection/close-ended questions, so sharing what you will be asking, prior to asking these, she may be more receptive to sharing her current habits, such as:

- “This last series of health questions is about the use of any tobacco, alcohol, or other substances; these are mainly yes, no or a number response. Please know this is confidential and we ask this to see if there is any education or referrals to offer you and your family.”

Page 3:

Pregnancy Information Health Information

Substance Use

9. In the last 3 months of pregnancy, did you:

* Use marijuana in any form? ☐ Yes ☒ No

* Misuse prescription medication? ☐ Yes ☒ No

* Use other illegal substances? ☐ Yes ☒ No

10. Currently do you:

* Use marijuana in any form? ☐ Yes ☒ No

* Misuse prescription medication? ☐ Yes ☒ No

* Use other illegal substances? ☐ Yes ☒ No

I-WICHealth – Postpartum Woman (Health Information Tab, 2 pages)

Pregnancy Information **Health Information**

1. Do you have any health or medical issues? ☐ Yes ☒ No [Details](#)

2. Do you regularly take any medications? ☐ Yes ☒ No

If yes, please select:

<input type="checkbox"/> Anticlot	<input type="checkbox"/> Hormones: Growth, Steroid, Other
<input type="checkbox"/> Blood Formation/Coagulation	<input type="checkbox"/> Insulin/Antidiabetic
<input type="checkbox"/> Cardiac/Blood Pressure/Lipid	<input type="checkbox"/> Thyroid/Antithyroid
<input type="checkbox"/> Digestive Enzymes	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Diuretic	

3. Do you have any food related allergies? ☐ Yes ☒ No

If yes, please select:

<input type="checkbox"/> Milk (Lactose Intolerant)	<input type="checkbox"/> Egg	<input type="checkbox"/> Soy	<input type="checkbox"/> Fish	<input type="checkbox"/> Tree nuts
<input type="checkbox"/> Milk (Allergy)	<input type="checkbox"/> Peanut	<input type="checkbox"/> Wheat	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Other: <input type="text"/>

4. Do you have access to dental care? ☒ Yes ☐ No

5. Do you have any dental problems? ☐ Yes ☒ No

If yes, please select:

<input type="checkbox"/> Gingivitis	<input type="checkbox"/> Oral Condition which impairs Eating (tooth loss/ineffectively replaced teeth/oral infections)
<input type="checkbox"/> Periodontal Disease	<input type="checkbox"/> Tooth Decay

Page 2:

Pregnancy Information **Health Information**

6. Do you take any of the following?

Vitamins/Minerals ☒ Yes ☐ No (If yes) #/week Excessive? ☐ Yes ☒ No

Herbs, Supplements or Remedies ☐ Yes ☒ No

7. Are you regularly eating any non-food items? ☐ Yes ☒ No

If yes, please select:

<input type="checkbox"/> Ashes	<input type="checkbox"/> Clay	<input type="checkbox"/> Large amounts of Ice
<input type="checkbox"/> Baby powder	<input type="checkbox"/> Cornstarch	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Baking soda	<input type="checkbox"/> Dirt	

Health info. Quest. 1; consider if this may have been answered when asked under Pregnancy info. #5 - doctor's concerns, ask accordingly:

- **“Any medical conditions you haven’t mentioned yet or food allergies?”** If yes, click on ‘Details’ to select condition(s) and food intolerance/allergy.
- **“How did your doctor say to manage this condition and did you need to change your diet or eating?”** (Quest. # 2 if confirm medically diagnosed food allergy or lactose intolerance; CPA should modify foods benefits prior to issuance as needed)
- **“Do you have access to dental care and any current dental problems?”**

Page 2:

- **“Of the following, supplements, what are you taking and how often: Prenatal, vitamins/minerals or any herbs, supplements or using home remedies for anything?”**
- **“Share if you are eating any non-food items, like cornstarch or excess amounts of ice or frost, on a regular basis?”**

I-WIC Nutrition – Postpartum Woman (3 pages)

1. How do you feel about your appetite?

2. What milk do you drink most often?

<input type="checkbox"/> Fat-free/skim cow's or lactose free	<input checked="" type="checkbox"/> Low-fat/1% cow's or lactose free
<input type="checkbox"/> Reduced fat/2% cow's or lactose free	<input type="checkbox"/> Whole cow's or lactose free
<input type="checkbox"/> Formula	<input type="checkbox"/> Goat/sheep's milk
<input type="checkbox"/> Homemade mixtures/non-dairy creamer	<input type="checkbox"/> Nut milks
<input type="checkbox"/> Rice beverages	<input type="checkbox"/> Soy beverages (fortified)
<input type="checkbox"/> Soy beverage (unfortified)	<input type="checkbox"/> Canned evaporated or sweetened condensed milk
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> None

3. Do you regularly drink any of the following?

<input type="checkbox"/> Beer, wine or drinks with alcohol	<input type="checkbox"/> Coffee or tea	<input checked="" type="checkbox"/> Diet soda
<input type="checkbox"/> 100% fruit juice	<input type="checkbox"/> Soda, fruit/sports drinks or sweetened tea	<input checked="" type="checkbox"/> Water
<input type="checkbox"/> Other <input type="text"/>		

4. Do you eat these foods every day?

<input checked="" type="checkbox"/> Fruit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Vegetables	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Whole grains	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1 2 3

Save Cancel Next

Nutrition, page 1, Quest. 1-4:

- “Since you are no longer pregnant, how do you feel about your appetite?” (Document brief response in text field)
- “Let’s first talk about what you like to drink; what kind of milk do you drink most often?” “In addition to milk, what else do you drink on a regular basis?” (may need to clarify/read choices, if needed)

Prior to question # 4, CPA may ask open ended questions to inquire about eating habits or start by asking question # 4 then probe further about other eating habits. Asking about eating habits in general can assist in identifying individualized counseling/education needs related to diet/nutrition. The following are some examples of possible questions about eating habits and addressing # 4:

- “So that was what you like to drink, now let’s talk about mealtimes and what you like to eat.” questions, such as:
- “What times of the day do you usually eat? Would you say you eat at regular mealtimes and is it with anyone else (family)?” (3 meal & snacks?)
- “Give me an idea of what are some of the foods you are eating? So of the following foods, do you eat every day, yes or no: Fruits? Vegetables? Whole Grains?”

Affirmation or Reflection on responses, such as:

- “It sounds like you are making good nutrition choices for yourself.”
- “You sound like you are struggling with ____ (any issue identified/concerned about) since you are no longer pregnant.”
- “You would like to be better about ____ (desired feeding skill or habit identified that she wants to change).” (reflected Change talk)

5. Do you eat raw, undercooked or unpasteurized foods?

<input type="checkbox"/> Deli meats/hot dogs not steaming	<input type="checkbox"/> Fish high in mercury
<input type="checkbox"/> Fish/shellfish raw/undercooked/smoked	<input type="checkbox"/> Juice unpasteurized
<input type="checkbox"/> Meat/poultry/eggs raw/undercooked	<input type="checkbox"/> Milk unpasteurized
<input type="checkbox"/> Soft cheese	<input type="checkbox"/> Sprouts raw
<input type="checkbox"/> Tofu raw/undercooked	<input checked="" type="checkbox"/> No

6. Are you having any problems with eating?

<input type="checkbox"/> Can't find the food I like	<input type="checkbox"/> Constipation	<input checked="" type="checkbox"/> Don't feel like eating
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Mouth pain	<input type="checkbox"/> Nausea
<input checked="" type="checkbox"/> No time to eat	<input type="checkbox"/> Vomiting	<input type="checkbox"/> None of the above

7. Do you follow a special diet?

<input type="checkbox"/> Diabetic	<input type="checkbox"/> High calorie	<input type="checkbox"/> High protein/low carb	<input type="checkbox"/> Kosher
<input type="checkbox"/> Lacto-ovo	<input type="checkbox"/> Lactose free/restricted	<input type="checkbox"/> Low calorie	<input type="checkbox"/> Low cholesterol
<input type="checkbox"/> Low fat	<input type="checkbox"/> Low salt/sodium	<input type="checkbox"/> Macrobiotic	<input type="checkbox"/> PKU
<input type="checkbox"/> Post-bariatric surgery	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Weight loss
<input checked="" type="checkbox"/> None of the above	<input type="checkbox"/> Other	<input type="text"/>	

8. How much physical activity do you include in your day?

☒ None ☐ 15 minutes ☐ 30 minutes ☐ 1 hour ☐ More than 1 hour

1 2 3

Save Cancel Next

Nutrition, page 2, Quest. 5-8:

- **“Some foods are at risk for hidden bacteria that can be harmful to you. Let me ask if you eat any of these foods (ask from foods listed)?”** CPA may also use Food Safety Desktop tool “Foods with hidden bacteria”)
- **“Share if you follow a special diet and if you currently feel you are having problems with eating; like heartburn, not feeling like eating or not time to eat?”** (probe further to identify any issues to possibly discuss during counseling and education).
- **“What would you say describes your physical activity on a daily basis right now: None, 15 or 30 minutes, 1 hour or more than 1 hour every day?”**

9. Are you sometimes hungry because there is not enough money to buy food? ☐ Yes ☒ No

10. Do you have access to a refrigerator and stove/hot plate? ☒ Yes ☐ No

Page 3, questions 9-10:

- **“Would you say there are times when you are hungry and you just don’t have the money to buy food? In order to help me determine which WIC foods to offer you, do you currently have access to refrigeration and a stove/hot plate for cooking?”**

CPA may choose to Reflect and/or Summarize, highlighting any key points from the assessment.

I-WIC Nutrition Risk – Postpartum Woman

The screenshot shows the 'Nutrition Risk' screen for a 'Postpartum Woman'. It has two tabs: 'Current' and 'History'. Under 'Current', there is a 'High Risk' checkbox. Below it is a table with columns: 'Cart Start Date', 'Date', 'Detailed Description', 'Staff', 'Source', and 'Note'. A single row is visible with the following data: '2/11/2020', '2/11/2020', '401(S) - Failure to Meet Dietary Guidelines', 'CONVY, REL...', and 'SYSTEM'. At the bottom of the table are 'Add' and 'Remove' buttons. At the very bottom of the screen are 'Reason', 'Risk Help', 'Save', 'Cancel', and 'Next' buttons.

Nutrition Risk screen is for the CPA to review following assessment to:

- 1) confirm all risks generated/appropriately assigned. If any risks listed should have not been generated, CPA can select the risk row and 'Reason' button to display a pop-up box to show screen/field risk generated from and CPA can go back and correct data if needed. CPA may use the 'Risk Help' button to open/view the Illinois I-WIC Nutrition Risk Criteria document as needed.
- 2) add any manually assigned risk(s); options for Postpartum Woman category:
 - Foster Care (risk 903) - either transitioned into foster care or moved from one foster care home to another in the past 6 months
- 3) If no risks generated from assessment and no manually assigned risks, for a Postpartum Woman, the Presumptive Eligibility risk Failure to Meet Dietary Guidelines (risk 401) should system generate. If add a manual risk, the Presumptive risk will stay on screen as it cannot be removed.

CPA will continue follow the I-WIC "Guided Script" for remaining screens to complete the Postpartum Woman Certification.

Upon completing assessment, before education, the CPA may Summarize key points from assessment to highlight any 'change talk', participant's concern(s), and/or include any behavior change opportunities that CPA identified to move onto Education.