

**Maine CDC WIC Nutrition Program
Infant Nutrition Assessment Guidance**

Topic	Guidance
Growth	<p>Sharing growth information with parents:</p> <ul style="list-style-type: none"> • If parent desires, show plotted measurements • Reassure parent that growth is normal if it consistently follows the curve of the chart • Point out that growth patterns are best evaluated over a period of time vs one single plot <p>If measurements obtained are different than what parent reports MD obtained:</p> <ul style="list-style-type: none"> • Point out measuring technique used by WIC staff (baby on measuring board with flat surfaces for head and feet; baby undressed to dry diaper for weight) • Scales routinely calibrated <p>Baby with inconsistent growth (increase or decrease of >2 channels on growth chart):</p> <ul style="list-style-type: none"> • Refer file to LA Nutritionist for review • Send a referral to the physician <p>Newborns—document if baby gained back to birth weight by 2 weeks of age (if 2 week weight information is available)</p>
Baby is drinking	<p>Breastmilk—</p> <p>Assess for adequacy of intake, including:</p> <ul style="list-style-type: none"> • Ask parent about the number of BM's/24 hours • Ask about number of wet diapers/24 hours • If mom is pumping and feeding breastmilk in a bottle, ask about number of ounces per feeding and number of feedings per 24 hours. • Assign Risk 411 as appropriate <p>Assess for special needs:</p> <ul style="list-style-type: none"> • Assess pumping needs (if necessary—includes sick babies, mother returning to work, other separation situations); refer mom to LC or CLC in local agency as needed. • Assess for other lactation issues (including <i>pain, perceived insufficient milk supply, poor positioning, engorgement, sleepy baby</i>); refer mom to LC or CLC in local agency as needed. Assign Risk 603 if applicable. • If baby is nursing for long time periods (45-60 min/feeding), refer mom to CLC in agency or LC. <p>Reassurance for BF mom:</p> <ul style="list-style-type: none"> • Feeding frequency normally decreases as baby gets older • It is normal to feed as often as every 2 hours throughout the day and night. <p>Formula—</p> <ul style="list-style-type: none"> • Inquire <u>how</u> formula is being mixed and assess for correct mixing technique; provide <i>Safe Formula Preparation</i> handout and review proper formula dilution if needed. Assign Risk 411 as appropriate. • Address food safety issues. Assign Risk 411 as appropriate. • Review need for recording lot numbers of all formula purchased • Adequate formula intake varies—refer to age-appropriate infant card for amounts <p>Juice—</p> <ul style="list-style-type: none"> • Advise delay of juice until at least 6 months. Assign Risk 411 as appropriate. • Discuss avoidance of substituting juice for formula or breastmilk feedings • After 6 months, when juice is initiated, offer 2-3 ounces/day in a cup • Open-mouth cups or non-spill proof sip cups are the best ways to offer juice to babies <p>Other—</p> <ul style="list-style-type: none"> • Counsel parent to provide breastmilk or formula only in bottles • Sodas, fruit beverages, or teas are not appropriate for infants. Assign Risk 411 as appropriate. • If parent reports giving baby water, discuss importance of not substituting water for formula or breastmilk feeds. Water should only be provided if physician has recommended it. Too much water may over-hydrate infant and may cause “water intoxication”.

**Baby is eating
and
Feeding dynamics**

0-2 months—

- **Hunger cues**—Ask parent “How does your baby let you know he is hungry?” Teach infant hunger cues; review that crying is a late hunger cue. Responding to hunger cues will help baby learn to trust that the parent will provide for her needs. **Assign Risk 411 as appropriate.**
- **Satiety cues**—Ask parent “How does your baby let you know he is full?” Teach what baby may do to indicate satiety. Responding to infant satiety will avoid overfeeding and help baby learn to quit eating when full, which may have implications to avoid overeating later in life. *Explain baby does not always have to finish drinking everything in the bottle.* **Assign Risk 411 as appropriate.**
- Counsel on need to have **all** caregivers sensitive to baby’s hunger/satiety cues.
- Discuss **importance of holding baby** for every feeding.

4-5 months—

- *If baby is developmentally ready for cereal*, counsel parent to begin with **spoon feeding** of smooth, thin cereal (1 tsp dry infant cereal mixed with 1 Tb breastmilk or iron-fortified formula). Explain that infant cereal will be added to food benefits the month baby turns 6 months old. **Assign Risk 411 as appropriate.**
- Discuss importance of breastmilk or formula as main part of baby’s food intake and the need to delay introduction of **all** other foods until 6 months.
- Explain how holding off on solids until baby demonstrates developmental readiness promotes positive feelings associated with feeding for the baby and increases baby’s success with feeding.

6-8 months—

Discuss developmental readiness for progressing solid food textures.

Baby is ready for more texture when:

- Able to sit alone easily
- Can bite off food
- Can chew with rotary motion
- Can move food side-to-side in mouth

Baby is ready for finger foods when:

- Palmar (whole hand) grasp changes to pincer grasp (thumb and forefinger)

Discuss progression of feeding solid foods:

- Offer one new food each week
- Offer plain foods rather than mixtures
- Offer new foods along with familiar foods
- As solid food intake increases, breastfeeds or formula intake may decrease.

Discuss parent’s job and infant’s job in feeding:

- Parent **offers** healthy choices, and offer food in **family-style meal settings**.
- Infant decides whether to eat and how much; if infant refuses new food, wait and try that food again in a few weeks.

9-12 months—

Discuss skills baby can be expected to develop:

- Picking up small pieces of table foods
- Drinking from open-mouth cup
- Controlling food in mouth
- Improved chewing

Talk about meal schedule:

- Offer 3 meals and 2-3 small snacks/day
- Offer meals in family-style setting

Discuss what to offer at meals and snacks:

- Offer variety of table foods—soft meats and vegetables; cheese; eggs; mashed cooked legumes; small slices of bread, tortilla or cracker; dry cereals.
- Offer expressed breastmilk, iron-fortified formula or water in a cup at each meal and snack.
- Offer up to 4 ounces juice/day in an open-mouth cup
- Avoid using spill-proof cups.

Discuss parent’s job and infant’s job in feeding:

- Parent **offers** healthy choices in a family-style meal setting
- Baby decides whether to eat food that’s offered, and if so, decides how much to eat.

Feeding-Related Problems	<p>Refer parent for further guidance/evaluation:</p> <ul style="list-style-type: none"> • Cough/gag/choke—refer to MD • Swallowing problems—refer to MD or CDS; assign Risk 362 as appropriate • Reflux—refer to MD; assign Risk 342 as appropriate • Sucking problems—refer to LC or MD if breastfeeding, or to MD if formula feeding; assign Risk 362 as appropriate • Constipation, diarrhea—refer to MD
Medicines & Supplements	<p>Refer parent to MD for follow-up if using any non-prescribed items.</p>
Dental Care	<p>Share information with parent on the following:</p> <ul style="list-style-type: none"> • Washing baby's gums with soft washcloth every day • Tooth brushing as soon as first tooth appears • Avoid use of any sweetener on pacifiers, nipples • Avoid putting baby to bed with bottle or spill-proof cup (assign Risk 411 as appropriate) • Offer only plain water after teeth have been brushed before bedtime
Topic(s) Discussed	<p>Include any "red flags" that have emerged during health or nutrition assessment, or concerns/questions caregiver or counselor may have. Limit topics to no more than three items to avoid overwhelming parent.</p>
Parent Goal/Stage of Behavior Change Assessment	<p>Assist parent in identifying plans for the upcoming months. Question parent about possible plan in a non-judgmental manner. Examples of questions/statements that may be made include:</p> <ul style="list-style-type: none"> • How you can help your baby progress with textures? • What feeding plans do you have for your baby in the next 2-3 months? • You said you haven't started to wash your baby's gums (brushing his teeth) yet. Knowing that washing his gums (brushing his teeth) will help to prevent tooth decay, what do you think about starting to do that each day? • Has your baby's doctor mentioned when he may be developmentally ready for cereal? What are your plans for offering cereal? <p>Let the parent state the goal. Provide supporting information that parent may need to follow through with the goal. List handouts used to share information with parent.</p> <ul style="list-style-type: none"> • Assess stage of readiness to change to desired behavior and goal discussed. Stages of Change include: <ul style="list-style-type: none"> ○ P—Precontemplation (does not recognize there is a problem, doesn't want any information, not willing or ready to make a change within the next 6 months) ○ C—Contemplation (will think about making the desired behavior change, willing to take information but not yet willing to commit to a change within the next 6 months) ○ P—Preparation (wants information, ready to read whatever you will give her; talks positively about change, may begin making small changes; intends to take action within the next 30 days) ○ A—Action (has become serious about commitment to making change; needs to build skills for long-term adherence; behavior change has taken place for less than 6 months) ○ M—Maintenance (behavior change has successfully taken place, skills developed to maintain behavior and prevent relapse) <p>Follow up assessment at next visit(s).</p>
Immunizations	<p>Record dates of DTaP's from immunization record. Routine schedule of DTaP shots:</p> <ul style="list-style-type: none"> • DTaP #1—2 months • DTaP #2—4 months • DTaP #3—6 months
Referrals	<p>Record and date all referrals. Follow-up on referrals at subsequent visits.</p>
Lead Test	<p>Discuss reasons for lead testing and recommended ages for the test (12 and 24 months) for all children. Remind parent to request lead test at 12 months of age at well child visit with MD.</p>

Infant Health Assessment Form Guidance

Question	Suggested Action
Baby's health insurance	If none selected, refer parent to MaineCare
	•
Did your baby need any special care while in the hospital?	If yes selected— <ul style="list-style-type: none"> • Find out what special care was required • Determine implications of infant's condition on current nutritional status
Does your baby have any medical problems?	If yes selected— <ul style="list-style-type: none"> • Request diagnosis from MD • Determine implications of infant's diagnosis on nutritional status • Refer parent as needed to CDS or other resources for special needs infants
Does your baby live in or spend time in a home built before 1978? If yes, is the home being remodeled?	If yes to either question is selected— <ul style="list-style-type: none"> • Discuss risk for lead exposure and importance of lead testing at 12 and 24 months • Share ways to reduce lead exposure: frequent wet, rather than dry, dust removal; paint over peeling paint; remove shoes at door; keep paint chips away from baby
Is your baby around people who smoke cigarettes, pipes or cigars?	If yes selected— <ul style="list-style-type: none"> • Discuss hazards of second-hand smoke for children; assign Risk 904 • Inform parent of law enacted in 2008 which prohibits smoking in a car when a child <16 years of age is present • Refer to smoking cessation programs as requested
Were there any days last month when your family did not have enough food to eat or enough money to buy food?	If yes selected— <ul style="list-style-type: none"> • Ask about need for additional resources and refer to Food Stamps and area Food Banks
Does your drinking water come from a well?	If yes selected— <ul style="list-style-type: none"> • Ensure safety of water supply • Provide information for fluoride testing when baby is 6 months