

Maine CDC WIC Nutrition Program Pregnant Women Nutrition Assessment Guidance

Topic	Guidance
Weight Gain	<ul style="list-style-type: none"> • If prepregnancy weight is unknown, do the following: <ul style="list-style-type: none"> -- <i>Visually assess woman's weight status category. Use professional judgment to decide if she was most likely underweight, normal weight, overweight or obese prior to conception.</i> -- <i>Determine exact number of weeks gestation. Using the prenatal weight grid, determine the expected weight gain (mid-point) for that number of weeks gestation for a woman in her weight category.</i> -- <i>Subtract the expected weight gain from the woman's current weight. This is an estimate of prepregnancy weight.</i> • Record weight obtained at each clinic visit, along with weeks gestation and total of pounds gained during pregnancy • To calculate pounds/month gained, use the following formula: <ul style="list-style-type: none"> <i>Today's weight – prenatal weight / weeks gestation = lbs gained/week X 4.3 = lbs gained/mo.</i> • Assess if weight gain is within normal limits (WNL). Weight gain will be within normal limits if her weight gain plots between the lines on the prenatal weight gain grid which correspond to her prenatal weight category (based on prepregnancy BMI). Weight gain will not be WNL for the following: <ul style="list-style-type: none"> Low maternal weight gain: Assign risk factor 131 if weight gain is: <ul style="list-style-type: none"> < 1 lb per month for obese women (pre-pregnancy BMI > 29.0) < 2 lb per month for normal/overweight women (pre-pregnancy BMI 19.8-29.0) < 4 lb per month for underweight women (pre-pregnancy BMI < 19.8) High maternal weight gain: Assign risk factor 133 if weight gain is >7 lb/month. Maternal weight loss: Assign risk factor 132 if woman has any weight loss below prepregnancy weight during the first trimester OR if there is weight loss of ≥2 lbs. in the 2nd or 3rd trimesters (14-40 weeks).
Weight Management	<ul style="list-style-type: none"> • Discuss recommended weight gain with pregnant woman. Ask what her feelings are about the weight gain recommendations. Assess whether or not she is comfortable with the weight gain goals. Ask <i>"How do you feel about the idea of gaining this amount of weight?"</i> Discuss woman's efforts to keep weight gain within normal limits. • If she was pregnant before, find out what her weight gain was for previous pregnancy(ies). • If she desires to <i>limit weight gain</i>, reinforce the need for adequate weight gain during pregnancy for the health of the baby. Refer her to MD to talk about need for adequate weight gain for baby's growth. • If prepregnancy BMI is high and/or she has a high rate of weight gain for weeks gestation, or if she gained more than the recommended weight in a previous pregnancy, discuss implications: <ul style="list-style-type: none"> --weight gained during pregnancy may become weight she will have difficulty losing after her pregnancy, increasing the risk of later overweight/obesity. --high rate of weight gain increases the risk for having a high birth weight infant. This may lead to delivery complications. --<i>Discuss strategies for increasing nutrient-rich foods while limiting empty calorie foods in her diet. Examples include: substitute soda with 1% or skim milk; replace empty calorie snacks such as chips or candy bars with fresh fruit or vegetables; replace fried food items with baked or broiled foods; increase vegetable intake at meals with salads, stir fry, or cut up vegetables.</i> • Ask if she is physically active. <ul style="list-style-type: none"> --If she is currently physically active, ask about preferred activities and how often she does them. Advise her to consult with her physician about her physical activity (PA) plans if she has not already done so. --If she is not physically active, explain that, according to the American College of Obstetrics and Gynecology, pregnant women can and should try to exercise moderately for at least 30 minutes on most, if not all, days <i>unless there are medical reasons to avoid it (such as risks of preterm labor or if mother suffers from serious ailment).</i>

Weight Management (con't)

--The benefits of regular exercise include:

- Stronger muscles, bones and joints
- Calories burned increase, helping to prevent excess weight gain
- Lower risk of heart disease and other chronic as well as premature death
- Feel better physically and emotionally
- May help to prevent gestational diabetes
- For those with gestational diabetes, blood sugars may be easier to control
- Stress relief
- Increased stamina needed for labor and delivery
- Regular exercise habits may help her to cope better in the postpartum period

She should not start a new exercise program or increase PA before the 14th week or after the 28th week of her pregnancy. Before week 14, overheating may adversely affect the development of the neural tube. After week 28, the baby must compete for oxygen and glucose if she overexerts herself. Encourage her to choose things she will enjoy—suggest walking, dancing, hiking, swimming, or aerobics or yoga classes specifically for pregnant women. Stress that she should increase her level of activity **gradually** (start 15 min. 3 times/week, progress to 15-30 min 4-5 times/week), avoid exercising in warm, humid places, and drink plenty of fluids before, during and after PA. A variety of activity may help increase her motivation to keep with it. Stress avoidance of sports that carry a high risk of injury (downhill skiing, ice hockey, or horseback riding). Pregnant women should never scuba dive, since this can cause the dangerous formation of gas bubbles in the baby's circulatory system. *After the third month, it is important to avoid exercises that require her to lie flat on her back, since that can restrict the flow of blood to the uterus. If she experiences any problems at all while exercising (like vaginal bleeding, dizziness, headache, chest pain, decreased fetal movement, pain or contractions), she should stop right away and consult her physician.*

- For more information on physical activity guidelines for pregnant women, consult any of the following websites:
 - www.marchofdimes.com/printableArticles/159_515.asp
 - www.healthunit.org/pregnancy/pregnancy/pregnancy_physical_activity.htm
 - <http://www.webmd.com/baby/guide/exercise-during-pregnancy>
 - <http://www.webmd.com/baby/guide/pregnancy-safe-exercises>

Diet

- Find out how eating has changed since the woman has become pregnant.
- If 24-hour intake is used to assess normal food intake, comment on findings. **Assign Risk 427 as appropriate.**
- Discuss cravings. Emphasize that cravings are **normal** and that they are **different** for every woman. Give reassurance that **some days food intake will be better than others**, and that she should strive to eat to the best of her ability on most days.
- Find out if non-food items are an issue. Ask **“Often pregnant women have cravings for non-food items. Have you experienced anything like that?”** If pica (ingestion of non-food items such as ice, dirt, clay, cornstarch, laundry soap or starch, ashes, paint chips, baking soda, paper) identified, reassure her that this is not unusual and that it may be a sign of dietary deficiencies. Encourage replacement behaviors, including: **when craving a non-food item, try chewing sugarless gum, take a short walk or read to a child; or try freezing fruit juice cubes to chew instead of ice.** Refer woman to physician if needed. **Assign Risk 427.**
- Offer strategies that may assist her in improving dietary quality. Some examples include:
 - if she has difficulty getting 3 glasses of milk per day, encourage intake of dairy products in different forms, including flavored milk, smoothies, yogurt, with cereal, or as a bedtime snack with graham crackers.
 - if vegetables are not a favorite, talk about eating a variety of colors. Include salads with several colored veggies; shred vegetables into casseroles; home made vegetable soups; snack on cut up vegetables.
 - include fresh fruits for snacks.
 - look for whole grain items, including cereals with whole grains, whole wheat bread and brown rice.

Health

- Ask about prenatal vitamin intake. If not using a prenatal vitamin, ask about brand of vitamin used. Discuss need for adequate vitamin/mineral intake during pregnancy and the need to use a prenatal supplement. If woman cannot tolerate prenatal because of nausea, suggest taking the supplement before bedtime, or ½ in the morning and ½ in the evening at bedtime. If she reports taking children's vitamins, it is necessary to find out the specific one she is using in order to assess adequacy (*specifically iron and folic acid levels*). **Refer woman to physician re: prenatal vitamin usage. Assign Risk 427 if daily intake of iron from supplements is <30 mg iron.**
- Ask about use of any other supplements, including herbal preparations and teas. Refer to the NIH website <http://nccam.nih.gov/health/herbsataglance.htm> to get information on specific herbal supplements and their safety for use in pregnancy. **Assign Risk 427 if appropriate.**
- Ask about any prescribed medications—record name of medication and dosage. Ask what the medication(s) have been prescribed for, and fill in the medical condition in “Experiencing” section. Refer to [Medications and Mother's Milk](#) to find out if medication is contraindicated in pregnancy and/or breastfeeding. *Women receiving methadone therapy can breastfeed. Assessment of the individual situation—maternal HIV status, her mental health status, her social situation, and whether or not she is stable in her recovery program, will need to be considered when recommending breastfeeding. Refer physicians to the AAP paper “The Transfer of Drugs and Other Chemicals Into Human Milk (PEDIATRICS Vol. 108 No. 3 September 2001, pp. 776-789) for more information.*
- Ask about other medical problems listed:
 - **Heartburn:** refer woman to discuss antacid use with physician. Suggest the following: *5-6 small frequent meals throughout the day; eat slowly; avoid eating close to bedtime or lying down shortly after eating, avoid spicy, rich or greasy foods; when sleeping, use pillows under the shoulders to keep the upper body propped up; wear loose clothing.*
 - **Nausea/vomiting:** Reassure that this is very common during the first trimester. Assess severity and refer to physician if the woman is unable to eat sufficiently to gain weight or is losing weight, or vomiting more than 3-4 times/day. Offer specific strategies that may help: *get out of bed slowly in the morning; keep crackers or dry cereal at the bedside to eat before getting up; eat small amounts frequently, even every 2-3 hours; drink a lot of fluids, especially if solid food will not stay down; avoid cooking smells, foods with strong odors or highly spiced foods, or any other odors that lead to nausea; avoid brushing teeth immediately after eating, as this may lead to vomiting. Assign Risk 301 if appropriate.*
 - **Constipation:** recommend woman increase water intake (10-12 cups/day) as well as fresh fruit, vegetable and whole grain intake. Ask about physical activity and encourage she increase after discussing with MD. Avoid laxative use unless recommended by MD.
 - **Headaches:** refer to physician. Emphasize the need for adequate rest, plenty of liquids as well as frequent well-balanced meals. Headaches in the third trimester may be indicative of high blood pressure, so refer woman to notify MD as appropriate.
 - **Dizziness:** refer to MD. Emphasize need for *adequate food and liquids and frequent feedings, avoiding long periods of time between meals; avoid hot baths or showers; do not stand in one place for long periods of time; if standing is required, make sure to keep feet moving to increase circulation; get up slowly when lying down; do not lie down on back after middle of 2nd trimester; wear loose comfortable clothing that will not constrict circulation.*
 - Swallowing difficulties: ask what types of foods/beverages she is able to consume; refer to physician if special formula required for adequate nutrition.
 - Ask if there are any other medical problems. List medical conditions not specified above for which medications have been prescribed.
 - **Ask at each visit: “Are there any other medical conditions affecting your overall health?”**
- Ask if special diet has been prescribed by physician. If so, find out what diet prescription is. Refer to RD as needed. If being followed by RD, request nutrition plan in order to offer consistent support.

Preterm Birth Risks

- Approach smoking issues using the 3 A's:
 - Assess:** Ask about tobacco use. If woman is smoking, ask if smoking has changed since she found out about being pregnant. Assess interest in quitting. **Assign Risk 371.**
 - Agree:** Work together with pregnant woman on short and long-term goals. Begin discussion by saying “**The recommendation for you and your baby is for you to quit smoking. What are your thoughts about that?**” Focus on her barriers to quitting—for example, increased food cravings, weight gain, or being around others who smoke. Emphasize the benefits for both her and her baby, including: more energy; able to breathe more easily; more money to spend on other things; clothes, hair, home will smell better; food will taste better; less risk for low birth weight/preterm baby (specify dangers of babies being born too early and/or too small—undeveloped lungs, potentially lengthy hospitalization after delivery); less risk for her baby of SIDS and asthma; she will feel good that she has done this for herself and her baby. Help her to arrive at what goals are realistic for her.
 - Assist** her with a cessation plan—provide support, self-help materials and referrals for other support, including the Maine Tobacco Helpline (800-207-1230). **Follow up at each visit.**
- If exposed to second hand smoke, discuss need to have all smoke to stay outside the home. Also advise woman that all smokers must wash hands and change clothes prior to holding baby to avoid exposing infant to second hand smoke. **Assign Risk 904.**
- Ask about date of last dental visit, and if woman has problems with decay or bleeding gums. Discuss poor oral health and increased risk of preterm birth risk. Refer to dental provider. Review things she can do to improve the condition of her gums and overall oral health, including: *brush teeth at least twice a day with a fluoride toothpaste, being sure to reach all tooth surfaces as well as her tongue; floss at least once each day. It is normal for gums to become more sensitive during pregnancy. This is a result of the hormone changes and the resulting reaction to plaque in her mouth. If she has never flossed before, or flossed infrequently, it is normal that her gums may be sore and bleed. If she has brushed infrequently in the past, it is normal that her gums may be sore and bleed when she begins to brush more frequently. Things will improve over time. Mouthwashes and rinses are **not** a substitute for brushing and/or flossing. Encourage her to change to a new toothbrush every 3-4 months, or sooner if bristles begin to fray.* **Assign Risk 381 if appropriate.**

Other Fetal Risks

- Inquire about alcohol use and if woman is around others who drink, since being around others who drink can make it difficult for the woman to abstain. If there is *any* alcohol use, discuss risk of Fetal Alcohol Spectrum Disorders (FASD). Emphasize that no amount of alcohol is safe. Refer to substance abuse counselor as needed. **Assign Risk 372.**
- FASD includes an entire spectrum of potential disorders, including: prenatal and postnatal growth retardation; characteristic facial features; central nervous system (CNS) dysfunction; learning disabilities; problems with memory, attention and judgment; hyperactivity and behavioral problems. Prenatal alcohol use does not always result in FASD, but there is no way of knowing which babies will be born with problems. Some babies will exhibit no symptoms, others may have mild symptoms, while others will have many problems. **A baby will never outgrow FASD—it will be with the child for a lifetime. This disorder is 100% preventable.** Refer her to **The Women’s Project** (800-698-4959) as appropriate.
- Ask about use of street drugs. If any drugs are being used, ask about plans/thoughts to D/C. Refer to **The Women’s Project** (800-698-4959) or recovery/rehab program as appropriate. See **Health** section for information on methadone treatment and breastfeeding. **Assign Risk 372.**

<p style="text-align: center;">BF</p>	<ul style="list-style-type: none"> • Ask woman's knowledge about breastfeeding—what she has heard, read or knows about it. Ask about her perceptions—what she thinks about breastfeeding. Ask <i>"What do you know about BF? How do you feel about that for yourself?"</i> If she has had children before, ask <i>"What personal breastfeeding experience do you have?"</i> Frequently, knowledge and perception are very different. It is perceptions that are important and will guide a woman in the decision-making process. • Find out if she has family members or friend(s) with any positive BF experiences. Emphasize that anyone within her family circle or circle of friends can be a good support person if they have had a positive experience. • Ask if she wants to learn more about BF so that she may make an informed decision about infant feeding. This will help you to understand her readiness to change, especially if she is closed to the idea of breastfeeding her baby—pre-contemplating (doesn't want any information), contemplating (will think about it and will be willing to take information), preparation (wants information, ready to read whatever you will give her).
<p style="text-align: center;">WIC Concerns</p>	<ul style="list-style-type: none"> • Record additional concerns noted during interview but not discussed; these may be discussed at future appointments. Document additional applicable risk codes.
<p style="text-align: center;">Notes</p>	<ul style="list-style-type: none"> • Record topics discussed. There may be several things checked off in the various sections, but the counselor chooses to limit the discussion to avoid overloading the participant. <i>It is recommended that discussions be limited to no more than two topics.</i> Remember that assessments initially done in the 1st trimester will cover different topics than those done in the third trimester. • Ask about infant feeding plan at each visit. • Client goals—let the participant set realistic goals for herself between the first and second visit. Examples include: <ul style="list-style-type: none"> <i>Increase milk intake to 3-8 ounce glasses/day.</i> <i>Use milk in cereal, smoothies, cooking, etc. in order to increase Ca intake.</i> <i>Consider BF as infant feeding option.</i> <i>Call Tobacco Help Line for help with d/c smoking.</i> <i>Brush and floss twice daily; call dentist for cleaning appt.</i> <i>Limit low-nutrient foods (such as soda, candy, etc.) in diet.</i> <i>Take prenatal every day.</i> • <i>It is acceptable if woman does NOT decide on any goal(s)—it's ok to leave this blank.</i> • 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>

Maine WIC Nutrition Program BF/PP Woman Nutrition Assessment Guidance

Weight	<ul style="list-style-type: none"> • Ask woman her thoughts about her current weight. State: “<i>After delivery, women are frequently concerned about their weight. How do you feel about your current weight?</i>” If she desires a change ask “<i>What change with your weight would you like to see happen?</i>” If her current BMI is high and she does not desire a change, respect her state of precontemplation. • If she desires a change, ask what her weight goal is, and how she hopes to achieve it. Ask if she needs ideas or suggestions to achieve her goal and provide appropriate resources. • Ask about physical activity—type and frequency. Remind her to discuss any physical activity plans with her MD if she is <6 weeks PP.
Diet	<ul style="list-style-type: none"> • Ask what changes have been made in diet since delivery. Many common things that happen to moms after delivery include: grazing, skipping meals, preparing unbalanced meals due to lack of time to cook and “forgetting” to eat. <i>Provide her with appropriate tips for improved nutrition, including: smoothies; cereal with milk and fruit; cheese and crackers; cut up vegetables; toast with peanut butter; hummus with crackers. Remind her that her body needs a balanced diet to recover and heal from pregnancy/delivery. Assign Risk 427 as appropriate.</i> • Query about special diet Rx or foods that are being avoided. • If 24 hour recall is used to assess normal intake, comment on findings. • Ask about <u>habits that will lead to healthy feeding relationships with child/children</u>: Ask about <u>family meals</u>. Discuss importance they play in good eating habits for children. Ask how she <u>plans for meals and snacks</u>. Discuss how important planning is to ensure healthy habits and food budgeting. <p>Query about <u>variety of foods</u>. Ask questions such as “<i>What are the vegetables you usually eat during a typical week?</i>” Discuss need for including a variety of colors with fruits and vegetables.</p>
Health	<ul style="list-style-type: none"> • Ask about folic acid intake. Discuss sources of adequate folic acid, which can come from supplements or foods. Point out the WIC cereals that contain 100% DV folic acid, which are identified on the foods list with an asterisk (*). Discuss folic acid’s role in possibly preventing birth defects, and the need to consume adequate folic acid to protect future pregnancies. Assign Risk 427 if daily folic acid intake is <400 µgm. • Ask about other vitamin or supplement intake, including herbal supplements. Refer to the NIH website http://nccam.nih.gov/health/herbsataglance.htm, or <u>Medications and Mothers’ Milk</u> for information of specific supplements and their compatibility with breastfeeding. Assign Risk 427 as appropriate • Query about prescribed medications. If BF, consult <u>Medications and Mothers’ Milk</u> to identify any medications that are contraindicated for BF women. Ask about birth control; advise breastfeeding women to talk to their doctor about progesterone-only birth control pills if that is the birth control chosen. If the woman is using Depo Provera for birth control, advise her to make sure her calcium intake is sufficient (recommend at least 3 servings of dairy products or alternatives each day, since long-term use of Depo Provera may cause significant bone loss). <i>Women receiving methadone therapy can breastfeed. Assessment of the individual situation—maternal HIV status, her mental health status, her social situation, and whether or not she is stable in her recovery program, will need to be considered when recommending breastfeeding. Refer physicians to the AAP paper “The Transfer of Drugs and Other Chemicals Into Human Milk (PEDIATRICS Vol. 108 No. 3 September 2001, pp. 776-789) for more information.</i> • Ask if woman had a C-section this delivery. If yes, ask if there are any problems with healing of the incision. Refer to MD as necessary. Assign Risk 357 if appropriate. • Ask about date of last dental visit, and if she has any problems with decay and/or bleeding gums when she brushes. Discuss need for good oral health of mother to help prevent transmission of decay-causing bacteria to baby. Emphasize the need to avoid practices that will lead to transfer of bacteria to baby’s mouth, including: cleaning pacifier in the mouth; testing baby’s food temperature before feeding; sharing spoons, cups and other utensils; kissing baby’s hands and mouth. Refer to dental provider as needed. Assign Risk 381 as appropriate.

<p>Health (con't)</p>	<ul style="list-style-type: none"> • Ask about other health problems listed: <ul style="list-style-type: none"> ➢ Diarrhea: ask about frequency and duration. Remind about need for adequate fluid intake. Refer to MD if needed. ➢ Constipation: discuss need for adequate fluids and fiber-rich foods. Refer to MD if needed. ➢ If headaches or dizziness are a problem, refer to MD. Emphasize need for adequate liquids as well as regular meals.
<p>Substance Abuse</p>	<ul style="list-style-type: none"> • Approach smoking issues using the 3 A's: <ul style="list-style-type: none"> --Assess: Ask about tobacco use. If woman is smoking, ask if the amount she smokes changed during her pregnancy. Assess interest in quitting. Assign Risk 371. --Agree: Work together with pregnant woman on short and long-term goals. Begin discussion by saying "The recommendation for you and your baby is for you to quit smoking. What are your thoughts about that?" Focus on <u>her</u> barriers to quitting—for example, increased food cravings, weight gain, or being around others who smoke. Emphasize the benefits for both her <u>and</u> her baby, including: more energy; able to breathe more easily; more money to spend on other things; clothes, hair, home will smell better; food will taste better;; less risk for her baby of SIDS and asthma; she will feel good that she has done this for herself and her baby. Help her to arrive at what goals are realistic for her. --Assist her with a cessation plan—provide support, self-help materials and referrals for other support, including the Maine Tobacco Helpline (800-207-1230). Follow up at each visit. • Ask about second hand smoke exposure. If woman is a smoker, emphasize that it will be more difficult to quit with other smokers around. Discuss need for smoke-free environment for baby. Stress that second hand smoke will stay on clothing and hands, and that all smokers should change clothes and wash hands prior to holding baby. Assign Risk 904. • Ask about alcohol use. If BF, remind mom that alcohol passes into breastmilk and will have an effect on baby. If woman is around others who drink, ask how being around others who drink makes her feel. Refer her to The Women's Project (800-698-4959) as appropriate. If she has other questions, discuss risk of FASD for future pregnancies and the need to avoid alcohol use, and the fact that it may be difficult to stay sober if she is around others who drink. Assign Risk 372 as appropriate. • If any street drugs are being used, refer to recovery program. Assign Risk 372.
<p>Breastfeeding</p>	<ul style="list-style-type: none"> • Ask mom what her breastfeeding duration plans are, and who she has for support. • Ask her about any plans to return to work or school, and how she will plan to feed her baby. Discuss pumping if needed, including type of pump to meet her needs. • Ask mom about her perception of how breastfeeding is going. If she needs help, ask what specific problems she is having. If necessary, refer her to CLC or IBCLC in agency/area. • Ask mom about her perception of her milk supply (<i>subjective</i>). Ask specific questions about breastfeeding (<i>objective</i>) that will help to validate milk supply: <ul style="list-style-type: none"> ➢ <i>Ask how often baby is breastfeeding in 24 hours.</i> ➢ <i>Ask how long baby stays at breast at each feeding, and ask about active suck/swallowing at feedings if baby stays at the breast for extended periods of time.</i> ➢ <i>Ask about the number of wet/dirty diapers per day and assess for adequacy.</i> ➢ <i>Ask if mom pumps. If she does, ask what type of pump she is using, how often she is pumping, and what her results are. If she is exclusively pumping, ask about plans to get baby to go to breast. Refer to CLC or IBCLC as needed.</i> ➢ <i>Ask if baby has been weighed since discharge from hospital, and what that weight was. Compare to weight obtained at clinic visit.</i> • If there are specific breastfeeding problems detected, SOAP note the visit and refer as needed. Assign Risk 602. • Query if there are any of the problems listed. Refer to lactation help (CLC or IBCLC) if needed.

- Record topics discussed. There may be several things checked off in the various sections, but the counselor chooses to limit the discussion to avoid overloading the participant. ***It is recommended that discussions be limited to no more than two topics.***
- Client goals—let the participant set realistic goals for herself between the first and second visit. Examples include:
 - Increase milk intake to 3-8 ounce glasses/day.*
 - Use milk in cereal, smoothies, cooking, etc. in order to increase Ca intake.*
 - Consider BF as infant feeding option.*
 - Call Tobacco Help Line for help with d/c smoking.*
 - Brush and floss twice daily; call dentist for cleaning appt.*
 - Limit low-nutrient foods (such as soda, candy, etc.) in diet.*

It is acceptable if woman does NOT decide on any goal(s)—it's ok to leave this blank.
- Assess stage of readiness to change to desired behavior and goal discussed. Stages of Change include:
 - **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)
- Follow up assessment at next visit(s).

Women Health Assessment Form Guidance

Question	Suggested Action
Woman's OB Doctor	If no MD—refer to local hospital physician referral service If no dentist—refer to area clinics.
Health Insurance	If none, refer to MaineCare
What services do you currently receive?	Enter appropriate code in "Other Services" field.
Do you 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 of baby 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 young children.
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— Give referral information for area resources, including Food Stamps, Food Banks and/or other area resources.
Do you have problems refrigerating or heating/cooking your food?	If yes is selected— <ul style="list-style-type: none"> • Adjust food package accordingly Refer to area resources for assistance
Are there any foods you cannot eat because of religious reason?	If yes selected, review details with participant. Adjust food package if needed.
Do you feel unsafe for yourself or your children in your current relationship?	If yes selected, refer to area shelters for women.
Do you have any medical issues?	If yes selected, ask for specific details. If needed, send to physician for diagnosis and assign appropriate risk code.
For those who have been pregnant before: Did you have problems during any pregnancy or delivery?	If yes , assign appropriate risk code.
Were any of your babies: <ul style="list-style-type: none"> • Stillborn • Born early/premature • Weigh 5 lb 8 oz or less at birth • Weigh 9 lb or more at birth 	<ul style="list-style-type: none"> • assign risk factor 321 • assign risk factor 311 if baby born ≥ 3 weeks early • assign risk factor 312 • assign risk factor 337
For those who have recently given birth: Did you have problems during this pregnancy or delivery?	If yes , assign appropriate risk code.
Over the past 2 weeks, have you ever felt down, depressed, or hopeless? Over the past 2 weeks, have you felt little interest or pleasure in doing things?	Stress that it is normal for women to experience changes in mood after delivery. See attached reference from <i>National Mental Health Association</i> or go to http://www.nmha.org/infoctr/factsheets/23.cfm for more information. Refer to MD or area mental health provider as needed.