Maine CDC WIC Nutrition Program
Child Nutrition Assessment Guidance

Topic	Guidance	
Growth	***Sharing growth information with parents:*** • *If parent desires*, show plotted measurements; ***If parent desires,*** print growth chart ***only*** if there are a minimum of 3 plots that have been obtained. • 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 • Adjust for gestational age for babies born ≤ 37 weeks until child turns 24 months; if needed, print out chart and adjust plots manually ***If measurements obtained are different than what parent reports MD obtained:*** • Point out measuring technique used by WIC staff (child measured using board with flat surface for head and feet; child undressed to dry diaper; child weighed without heavy clothing, shoes) • Scales routinely calibrated • Growth corrected for gestational age until 24 months ***Child with inconsistent growth*** (increase *or* decrease of >2 channels in wt/length or BMI/age over 6 mo): • Refer file to LA Nutritionist for review • Send a nutrition assessment to the physician which communicates concern, stating plan and requesting feedback • ***NOTE:*** *Inconsistent growth is not: <5th%ile weight/height, >95th%ile weight/height, or single growth plots at >95th%ile or <5th%ile.*	
Child's Eating Pattern	• ***Number Meals/Snacks:*** *Ask "How many meals and how many snacks does ___ eat/day?" Ask for details about the snack schedule.*	• Children thrive with structure in all areas of their lives. Regular feeding routines are example of this. • Since stomachs are still small, they need to eat every 2-3 hours. A daily schedule of 3 meals and 2-3 snacks is important. • When provided with a structured feeding schedule, children will learn to trust that, if they do not eat much at a meal, there will be another feeding in a reasonable time period.
	• ***Between meals and snacks:*** *Ask "Does ___ have anything to eat/drink between meals and snacks? If so, what? How is it offered?"*	• Toddler appetites can be erratic and vary from day to day. In order to support a healthy appetite, encourage parent to avoid ad lib beverages or snacks close to meal time. 4-6 oz of milk at each meal and snack, and 4 oz of juice per day is plenty. **Assign Risk 425 as appropriate**
	• ***Child is interested in eating meals and snacks.*** *Ask "How does ___ show interest in eating when it is meal or snack time?"*	• Because toddler growth is slowing down, appetites will naturally decrease. Preschoolers have an increased appetite and interest in foods.
	• ***Child is allowed to choose whether to eat or not.*** *Ask "How do you let ___ decide what to eat from what you're serving at a meal? What do you do if ___ refuses to eat what you have offered?"*	• It's normal for amounts eaten to vary from meal to meal and day to day. Offer small servings of food and allow the child to determine how much he/she wants to eat. • Remind parent not to struggle with child over food. **Assign Risk 425 as appropriate.**
	• ***Child is allowed to choose how much to eat.*** *Ask "What do you do if your child doesn't eat everything on*	• Reassure parent that if the child does not eat everything on the plate at a meal, it's ok to trust that he/she is full. **Assign Risk 425 as appropriate.**

	his/her plate? How do you let ___ decide what to eat from what you're serving at a meal? How do you determine when ___ is done with a meal?"	
Family Meal/Snack Practices	• ***Meal Location:*** *Ask "Where do you usually eat your meals and snacks? Where does ___ eat meals/snacks?*	• Well balanced meals and snacks + Positive eating environment = Well nourished child. Children need a pleasant, structured mealtime environment. • Avoid letting child eat/drink in the car • Pull high chair up to the table to include young toddler in family meal.
	• ***Pleasant conversation—includes everyone in conversation during a meal.*** *Ask "What is conversation like during mealtimes? Is your child included?"*	• Pleasant conversation will help the child associate mealtime with a safe place that he looks forward to. • Although young toddlers may not be able to carry on a conversation, they are watching and learning from those around them.
	• ***Distractions are minimized.*** *Ask "Are there any distractions for your child, such as television or nearby toys, during mealtime? How do you help ___ focus on mealtime?"*	• Children have short attention spans. Parents can help them eat well by minimizing distractions, like turning off the television or loud music.
	• ***Seated to eat or drink.*** *Ask ""Does ___ get up and wander away from the table during meals? If so, what do you do about it?"*	• Let child leave table when finished eating but don't allow him/her to come back to graze and pick.
	• ***Family enjoys same prepared meal.*** *Ask "Do you prepare one meal for all family members, or do you fix special items for certain individuals in the family?"*	• Children can be expected to eat the same foods as everyone else in the family. This helps them to feel included in the family, and exposes them to new tastes and textures. Avoid catering, or "short order cooking" to their preferences.
	• ***Parent eats with child during meals/snacks.*** *Ask "Who usually eats with ___ during meals? Snacks? How often do you sit down with your child and eat together? How do you help ___ learn good table manners?"*	• Parents can role model for their child by eating a variety of foods and practicing desired mealtime behaviors. *If necessary*, *ask about the parent's food preferences and eating habits.* • If the child is aware of the parent's specific food likes/dislikes, the child has too much information. • Because mealtime is also a social time, children eat better when they eat with others. • Impose limits on unacceptable mealtime behavior without controlling amount of food child wants to eat.
	• ***Parent avoids using food as reward or punishment.*** *Ask "Does your child ever view food as a prize for good behavior? Examples of "prizes" include trips to McD's, candy, dessert, etc.*	• Discuss using things other than food to reward or discipline child, such as stickers, trips to the playground, a new game, etc.

New foods	• ***Child's typical reaction: accepts, wary, refuses.*** *Ask "How does your child react when you offer a new food? What do you do if she doesn't like a particular food?"*	• It is normal for children to be wary of trying new foods—they may need to touch, smell, feel and *then* taste before eating. Be prepared to offer new/challenging foods many times before they agree to eat it. Offer new food even if child has rejected it in the past • Reassure parent that it's ok for toddler to get familiar with new food by putting it into and taking it back out of the mouth—this is the process of becoming familiar with a food. • Introduce new food in a neutral way. Talk about the color, shape, aroma and texture, but not how it tastes. • Trying new foods takes time, so mealtimes should be relaxed but never prolonged.
	• ***New foods offered alongside familiar foods.*** *Ask "Do you offer new foods with other foods ___ is already familiar with? When a new food is offered, what else is served with it?"*	• Reassure parent that it's ok if child has control over whether or not he tries a new/challenging food; parent may tell him it's ok if he doesn't want to eat it today…next time he might feel differently. Be assured he may eventually be willing to try the food. • Offer a "safe food" with every meal—this is a food your child is familiar with and has liked in the past. • By offering a safe food at every meal, it will remove the urge to cater to the child.

Diet

- Meals should include the following to help the child be successful at eating:
  1. Two starches (pasta, potato, rice, grains).
  2. Meat/poultry/fish/eggs/legumes/egg
  3. Fruit/vegetable or both

  } Basic rule of thumb for serving size: 1 Tbsp/year of age

  4. Bread— ½ slice
  5. Milk— ½ to ¾ cup
  6. Butter, margarine, salad dressing
- Make a distinction between foods offered to the child and foods selected by the child; it is *not* the parent's job to make sure food gets *into* the child. It is ok if child eats only 1-2 foods at a meal.
- Emphasize variety—children love a variety of color and texture.
- Serve milk at every meal in a cup. Water is a great beverage in between meals. If juice is offered, 4 ounces/day at a snack is the most that should be provided.
- *Dessert*—Children do not understand why dessert items come after the rest of a meal. When offered separately, dessert is viewed as something special or a "treat". When this becomes an issue, try serving one age-appropriate dessert portion alongside the meal, so it does not become the "reward". The child will soon learn that dessert alone will not fill them up *as long as parents will not give in to "hunger cries" soon after the meal.* Parents must remain consistent with regular meal and snack times.
- Dessert does not always mean "sweet things". Fruit can be considered a dessert item.
- Make sure foods offered are healthy choices; avoid high sugar empty calorie foods.
- If toddler is still breastfeeding, congratulate mom on continuing with this relationship, and share that the World Health Organization (WHO) goal for breastfeeding is to 2 years of age.
- Ask about typical meal patterns, using 24 hour recall information if desired. List comments about diet quality.
- Query about potentially hazardous foods **(Assign Risk 425.05 as appropriate)** such as:
  unpasteurized juices or dairy products
  raw or undercooked meat, fish, poultry and eggs
  foods potentially contaminated with bacteria, including unwashed produce
- Avoid choking hazard foods <u>with toddlers</u>: **(Assign Risk 425.04 as appropriate)**

hard candy	spoonfuls of peanut butter	raisins	marshmallows
nuts	popcorn	other dried fruits	seeds
whole grapes	pretzels	large chunks of food	raw carrots
chips	hot dogs		

<table>
<tr><td rowspan="2">Feeding Skills</td><td>12-17 months—
• May eat less—growth slowing down
• grasps/releases foods with fingers
• can hold spoon but hasn't mastered how to use
• can turn spoon in mouth
• can hold cup but may have difficulty letting go
• wants food others are eating
• likes to eat with hands and make a mess

• Ask the following questions:
"How are beverages served?"<br>"What are your weaning plans?"
• Encourage use of open-mouth cup rather than spill-proof or sip cup.</td><td>18-23 months—
• may eat less—growth slowing down
• likes to eat with hands
• likes trying foods of varying textures
• prefers routine
• has favorite foods
• gets distracted easily

• Reassure parent that it's ok if toddler makes a mess—this is how she learns and it helps her enjoy eating.

• If still on bottle, ask "What are your weaning plans?"
.</td><td>24-36 months—
• can hold own cup
• can use spoon by self
• will spill a lot
• can chew more foods well
• has definite likes/dislikes
• will insist on doing things himself
• prefers routine
• may dawdle during meals
• may have food jags
• may prefer foods in certain shapes
• will like to help in kitchen

• Provide child-sized utensils
• Provide opportunities for child to help with meals</td></tr>
<tr><td>3 to 4 years—
• Can pour liquids from a small pitcher
• Can use own fork
• Can chew most foods
• Has increased appetite and interest in foods
• Likes foods in various shapes and colors
• Will be influenced by television
• Will like to imitate the cook</td><td>4 to 5 years—
• Able to use knife and fork
• Able to use cup well
• More interested in talking than eating
• May have food jags
• Can be motivated to eat
• Likes to help prepare food
• Interested in where food comes from
• Increasingly influenced by peers, media</td><td></td></tr>
<tr><td>Dental Care</td><td colspan="3">• Encourage <u>parent</u> to brush the child's teeth a minimum of twice/day. Children are not capable of doing an adequate job of brushing by themselves until they are about 7 or 8 years old. After mealtimes, if a toothbrush is not available, have child drink water to rinse the mouth.
• Include date of last hygiene visit, including WIC dental visit if hygiene clinics are provided at WIC.
• Ask parent what, if anything, child drinks to fall asleep. If a beverage is provided to child when he is falling asleep: (Assign Risk 425.03 as appropriate)
✓ ask what it is provided in (bottle, sip cup)
✓ remind parent that, after brushing the teeth at night before bedtime, the only beverage that should be offered is plain water.</td></tr>
<tr><td>Topics Discussed</td><td colspan="3">• Record which topics were covered—there may be several things checked off in the various sections, but the counselor chooses to limit the discussion to no more than three topics to avoid overloading the parent.</td></tr>
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Parent Goal/Stage of Change	**Assist parent** in identifying plans for the upcoming months. Question parent about possible plan in a non-judgmental manner. **Let the parent state the goal.** Provide supporting information that parent may need to follow though with the goal. List handouts used to share information with parent.
	• 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).

WIC Concerns	Record additional concerns noted during interview but not discussed; these may be discussed at future appointments. Document additional applicable risk codes.
At next appt	• Record what should be checked on at follow-up, including immunization records, Fl tests, lead tests, etc.

Child Health Assessment Form

Question	Suggested Action
Child's doctor/dentist	If no MD—refer to local hospital physician referral service If no dentist—if child enrolled in MaineCare, refer to MaineCare member services (1-800-977-6740 option 2) for dentist who will accept new MaineCare patients. If not receiving MaineCare, refer to area clinics.
Child's Birth Weight	If birth weight was < 5 ½ lbs., assign **risk factor 141 *for children <24 months.*** Query parent about child's gestational age at birth—***if child was born >3 weeks premature***, adjust plots on growth chart until child is 24 mo. **If child was both low birth weight and premature, assign both risk factors (141 and 142)**
Health Insurance	If none, refer to MaineCare
Does your child have any current medical/dental problems?	If **yes** selected— • Refer as needed to primary care provider or dentist/dental clinic • Send for confirmation of diagnosis when needed to apply appropriate nutrition risk.
Does your child drink a special formula, nutrition supplement or herbal beverage?	If **yes** selected— • Request prescription for special formula as needed • Consult with physician when nutrition supplement is being used and the child is able to eat normally. *WIC cannot provide a nutrition supplement unless the child's ability to eat is precluded or restricted by a medical condition.* • Provide information to parent re: specific herbs as needed. • Apply nutrition risk factor as appropriate.
Does your child take any medications, vitamins or supplements (including herbs)?	If **yes** selected— • Research nutrition implications of specific medications as well as vitamins or supplements. • Apply risk factors as appropriate.
Are there any foods your child cannot eat because they cause problems?	If **yes** selected— • Adjust food package accordingly • Apply risk factor if appropriate.
Are there any foods your child cannot eat because of religious reason?	If **yes** selected, review details with parent. Adjust food package if needed.
Do any of your child's family members have a history of food allergy?	Be sure to have parent include family members of both biological parents in the response. If **yes** selected— • Counsel parent to delay introduction of common allergenic foods (peanuts, tree nuts, shellfish, eggs, citrus, and possibly wheat, corn or dairy for those especially sensitive) for toddlers. • **Assign risk code 353 after medical documentation received**
Does your child 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— • 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 young children
Is your child around people who smoke cigarettes, pipes or cigars?	If **yes** selected— • 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— • Give referral information for area resources, including Food Stamps, Food Banks

Do you have problems refrigerating or heating/cooking your food?	If **yes** is selected— • Adjust food package accordingly • Refer to area resources for assistance

Does your drinking water come from a well?	If **yes** selected—
	• Ensure safety of water supply
	• Provide information for fluoride testing
	• Assign **Risk 425.08** if fluoride supplementation:
	  ○ is <0.25 mg/day when water supply contains less than 0.3 ppm for children aged 12-36 months
	  ○ is <0.50 mg/day when water supply contains less than 0.3 ppm for children aged 36-60 months