

## **Training Tool for Postpartum Woman Assessment Questions**

Туре	Question	Purpose/Risk Code
Participant Centered Conversation	<ul> <li>As a part of WIC services, I'm going to ask you a variety of questions about your health and eating.</li> <li>Before we get started, what health, nutrition, or other topics would you like to be sure we talk about today?</li> </ul>	<ul> <li>Sets the stage for the nutrition assessment</li> <li>Begins the assessment in a conversational manner to engage the participant</li> <li>Provides the opportunity for the participant to bring up topics for discussion</li> </ul>
<ul> <li>100's Anthropometric</li> <li>Height/weight, %tiles</li> <li>Anything related to weight gain, loss</li> </ul>	How are you feeling about changes to your body since your pregnancy ended?	<ul> <li>Helps understand participant's attitude about her changing body</li> <li>May provide direction of counseling regarding weight changes</li> </ul>
<ul> <li>200's Biochemical</li> <li>Blood tests</li> <li>Anything related to blood- anemia, lead</li> </ul>	<ul> <li>(If low Hgb) What has your doctor said about your iron?</li> <li>(If low Hgb) What do you know about anemia?</li> </ul>	<ul> <li>Helps determine if participant has been diagnosed with anemia or has had low iron in the past</li> <li>Provides opportunity to reinforce information or treatment given by MD</li> <li>Provides opportunity to build upon understanding that participant already has about anemia</li> </ul>

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300's Clinical  Health/Medical Conditions  Anything related to medical history, medical conditions, MD access	<ul> <li>What concerns do you have about your health?</li> <li>Tell me about any medical or nutrition conditions</li> </ul>	<ul> <li>Participant can discuss any health concerns that may be important at that time</li> <li>May indicate participant's concern and may influence direction of counseling</li> <li>Helps you discuss postnatal health care</li> </ul>
	that you are currently being treated for such as food allergies, lactose intolerance, weight loss surgery, diabetes, or hypertension.	<ul> <li>Helps determine risk code assignment for medical risk conditions</li> <li>Risk codes 342, 343, 345, 353, 358, 359, others possible depending on medical condition</li> </ul>
	What medications are you currently taking?	<ul> <li>Helps assess potential for drug-nutrient interactions</li> <li>Risk code 357 may apply</li> <li>May provide opportunity for participant to share health status if not responding to previous question</li> </ul>
	<ul> <li>Are you experiencing depression? Has a healthcare provider suggested treatment for depression for you?</li> </ul>	<ul> <li>Helps to determine if participant is eligible for risk code</li> <li>Risk code 361 may apply</li> <li>Helps determine if participant needs referral to health care provider for further assessment</li> </ul>
	Tell me about any street drug use. (Asking this when asking about smoking/alcohol use seems to flow nicely)	<ul> <li>Helps determine if participant is eligible for risk code</li> <li>Helps determine if participant needs referrals</li> <li>Risk codes 372 or 901 may apply</li> </ul>
400's Diet and Nutrition	<ul> <li>How do you feel about your eating? PROBE for eating pattern, milk intake &amp; type, beverages/water</li> </ul>	<ul> <li>Provides opportunity to explore challenges and support successes</li> <li>Helps you to encourage healthy eating practices</li> </ul>
	How is your appetite?	<ul> <li>May indicate possible stress in participant's life</li> <li>May provide opportunity to discuss eating strategies while caring/nursing baby</li> </ul>
	What vitamins or supplements are you taking?	<ul> <li>Find out whether participant is taking appropriate supplements</li> <li>Can lead to nutrition education about food as source of vitamins and minerals</li> <li>Refer to MD if excessive medications or herbal supplements/teas</li> <li>Evaluate herbal remedies for potential harmful effects on infant</li> <li>Risk codes 427D and/or 427A may apply</li> </ul>

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	Tell me about any special diet or diet restrictions you have.	<ul> <li>Could affect intake of different food groups</li> <li>Could show food allergies, possible eating disorder</li> <li>May need to refer for high risk follow-up</li> <li>May need to refer to food shelf or food stamps if needed</li> <li>Risk Code 427B may apply</li> </ul>
	What questions do you have about breastfeeding?	<ul> <li>Provides an opportunity for participant to ask about concerns not covered when assessing breastfed infant's diet</li> <li>Risk code 602 may apply if complications identified</li> </ul>
900's Environmental/ Other Factors	What are some physical activities that you enjoy?	<ul> <li>An active lifestyle is important for overall health</li> <li>Regular activity (Ok from MD) is part of a healthy lifestyle</li> </ul>
	What concerns do you have about your safety?     Probe for safety/abuse, drug/alcohol abuse	<ul> <li>Give appropriate referrals</li> <li>Determine if your local agency requires mandatory reporting</li> <li>Risk code 901, 902 may apply</li> </ul>
	<ul> <li>Do you feel your family could use support from other programs for housing or food at this time? Within the past 12 months, have you worried whether your food would run out before you got money to buy more?</li> <li>Within the past 12 months, has the food you bought run out and you didn't have money to get more?</li> </ul>	<ul> <li>Helps to show food security or insecurity</li> <li>May indicate need for referrals</li> </ul>

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