Maine CDC WIC Nutrition Program
Pregnant Participant Nutrition Assessment

Topic	Guidance
Weight Gain	• If pre-pregnancy weight is unknown, do the following: -- *Visually assess participant's weight status category. Use professional judgment to decide if they were most likely underweight, normal weight, overweight or obese prior to conception.* *-- 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 person in their weight category.* *-- Subtract the expected weight gain from the participant's current weight. This is an estimate of pre- pregnancy weight.* • 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: *Today's weight – prenatal weight / weeks gestation = lbs gained/week X 4.3 = lbs gained/mo.* • Assess if weight gain is within normal limits (WNL). Weight gain will be within normal limits if their weight gain plots between the lines on the prenatal weight gain grid which correspond to their prenatal weight category (based on pre-pregnancy BMI). Weight gain will **not** be WNL for the following: ***Low maternal weight gain:*** **Assign risk factor 131 if weight gain is**: < 1 lb per month for obese participants (pre-pregnancy BMI > 29.0) < 2 lb per month for normal/overweight participants (pre-pregnancy BMI 19.8-29.0) < 4 lb per month for underweight participants (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 pre-pregnancy 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	• Discuss recommended weight gain with pregnant participants. Ask what their feelings are about the weight gain recommendations. Assess if they are comfortable with the weight gain goals. *Ask "How do you feel about the idea of gaining this amount of weight?"* Discuss participant's efforts to keep weight gain within normal limits. • If they were pregnant before, find out what their weight gain was for previous pregnancy(ies). • If they desire to *limit weight gain*, reinforce the need for adequate weight gain during pregnancy for the health of the baby. Refer to MD to talk about need for adequate weight gain for baby's growth. • If pre-pregnancy BMI is high and/or they has a high rate of weight gain for weeks gestation, or if they gained more than the recommended weight in a previous pregnancy, discuss implications: --weight gained during pregnancy may become weight they will have difficulty losing after their 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. --D*iscuss strategies for increasing nutrient-rich foods while limiting empty calorie foods in their 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.*** • Ask if they are physically active. --If they are currently physically active, ask about preferred activities and how often they do them. Advise them to consult with their physician about their physical activity (PA) plans if they have not already done so. --If they are not physically active, explain that, according to the American College of Obstetrics and Gynecology, pregnant people can and should try to exercise moderately for at least 30 minutes on most, if not all, days *unless there are medical reasons to avoid it (such as risks of preterm labor or if individual suffers from serious ailment)*.

Weight Management (cont.)	--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 **They should not start a new exercise program or increase PA before the 14th week or after the 28th week of their 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 they overexert themself.** Encourage them to choose things they will enjoy—suggest walking, dancing, hiking, swimming, or aerobics or yoga classes specifically for pregnant people. Stress that they should increase their 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 their motivation to keep with it. Stress avoidance of sports that carry a high-risk of injury (downhill skiing, ice hockey, or horseback riding). Pregnant people 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 them to lie flat on their back, since that can restrict the flow of blood to the uterus.* ***If they experiences any problems at all while exercising (like vaginal bleeding, dizziness, headache, chest pain, decreased fetal movement, pain or contractions), they should stop right away and consult her physician.*** • For more information on physical activity guidelines for pregnant people, 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 participant 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 person. Give reassurance that **some days food intake will be better than others**, and that they should strive to eat to the best of their ability on most days. • Find out if non-food items are an issue. Ask ***"Often pregnant people 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 the participant 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 participant to physician if needed. **Assign Risk 427.** • Offer strategies that may assist them in improving dietary quality. Some examples include: --if they have 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 the participant 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 they report taking children's vitamins, it is necessary to find out the specific one they are using to assess adequacy (*specifically iron and folic acid levels*). **Refer participant 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. Individuals *receiving methadone therapy can breastfeed. Assessment of the individual situation—maternal HIV status, their mental health status, their social situation, and if they are 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 participant 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 participant 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 participant increase water intake (10-12 cups/day) as well as fresh fruit, vegetable and whole grain intake. Ask about physical activity and encourage they 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 participant 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 they can 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 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 the participant's barriers to quitting—for example, increased food cravings, weight gain, or being around others who smoke. Emphasize the benefits for both them and their 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 their baby of SIDS and asthma; they will feel good that they have done this for themself and her baby. Help participant to arrive at what goals are realistic for them. --**Assist** them 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 secondhand smoke, discuss need to have all smoke to stay outside the home. Also advise participant that all smokers must wash hands and change clothes prior to holding baby to avoid exposing infant to secondhand smoke. **Assign Risk 904.** • Ask about date of last dental visit, and if participant has problems with decay or bleeding gums. Discuss poor oral health and increased risk of preterm birth risk. Refer to dental provider. Review things they can do to improve the condition of their 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 the 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 they have never flossed before, or flossed infrequently, it is normal that their gums may be sore and bleed. If they have brushed infrequently in the past, it is normal that their gums may be sore and bleed when they begin to brush more frequently. Things will improve over time. Mouthwashes and rinses are* ***not*** *a substitute for brushing and/or flossing. Encourage them to change to her 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 participant is around others who drink, since being around others who drink can make it difficult for the participant 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 participant 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.**

BF	• Ask participant's knowledge about breastfeeding—what they have heard, read or know about it. Ask about their perceptions—what they think about breastfeeding. *Ask "What do you know about BF? How do you feel about that for yourself?"* If they have had children before, ask *"What personal breastfeeding experience do you have?*" Frequently, knowledge and perception are very different. It is perceptions that are important and will guide a participant in the decision-making process. • Find out if they have family members or friend(s) with any positive BF experiences. Emphasize that anyone within their family circle or circle of friends can be a good support person if they have had a positive experience. • Ask if they want to learn more about BF so that they may make an informed decision about infant feeding. This will help you to understand their readiness to change, especially if they are closed to the idea of breastfeeding their 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).
WIC Concerns	• Record additional concerns noted during interview but not discussed; these may be discussed at future appointments. Document additional applicable risk codes.
Notes	• 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. ***<u>It is recommended that discussions be limited to no more than two topics.</u>*** 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: *Increase milk intake to 3 8-ounce glasses/day.* *Use milk in cereal, smoothies, cooking, etc. 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.* *Take prenatal every day.* ***It is acceptable if participant 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: o **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) o **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) o **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) o **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) o **M—Maintenance** (behavior change has successfully taken place, skills developed to maintain behavior and prevent relapse) Follow up assessment at next visit(s).

Maine CDC WIC Nutrition Program
Breastfeeding and Non-Breastfeeding Participant Nutrition Assessment

Weight	• Ask participant about their thoughts on their current weight. State: "*After delivery, many people are concerned about their weight. How do you feel about your current weight?"* If they desire a change ask, *"What change with your weight would you like to see happen?"* **If the participant's current BMI is high and they do not desire a change, respect their state of precontemplation.** • If the participant desires a change, ask what their weight goal is, and how they hope to achieve it. Ask if they need ideas or suggestions to achieve their goal and provide appropriate resources. • Ask about physical activity—type and frequency. Remind participant to discuss any physical activity plans with their MD if they iare <6 weeks PP.
Diet	• Ask what changes have been made in diet since delivery. Many common things that happen to parents after delivery include: grazing, skipping meals, preparing unbalanced meals due to lack of time to cook and "forgetting" to eat. *Provide participants 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 participant that their body needs a balanced diet to recover and heal from pregnancy/delivery.* **Assign Risk 427 as appropriate.** • 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 *habits that will lead to healthy feeding relationships with child/children*: Ask about *family meals*. Discuss importance they play in good eating habits for children. Ask how they *plan for meals and snacks*. Discuss how important planning is to ensure healthy habits and food budgeting. Query about *variety of foods. Ask questions such as "What are the vegetables you usually eat during a typical week?*" Discuss need for including a variety of colors with fruits and vegetables.
Health	• 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 and 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 Medications and Mothers' Milk for information of specific supplements and their compatibility with breastfeeding. **Assign Risk 427 as appropriate** • Query about prescribed medications. If BF, consult Medications and Mothers' Milk to identify any medications that are contraindicated for BF individuals. **Ask about birth control; advise breastfeeding participants to talk to their doctor about progesterone-only birth control pills if that is the birth control chosen. If the participant is using Depo Provera for birth control, advise them to make sure their 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).** Individuals *receiving methadone therapy can breastfeed. Assessment of the individual situation—maternal HIV status, mental health status, social situation, and if they are stable in their 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 if participant 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 they have any problems with decay and/or bleeding gums when they brush. 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.**

Health (cont.)	• Ask about other health problems listed: ➢ 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.
Substance Abuse	• Approach smoking issues using the 3 A's: --**Assess:** Ask about tobacco use. If participant is smoking, ask if the amount they smoked changed during their pregnancy. Assess interest in quitting. **Assign Risk 371.** --**Agree:** Work together with pregnant participant 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 their barriers to quitting—for example, increased food cravings, weight gain, or being around others who smoke. Emphasize the benefits for both them and their 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 their baby of SIDS and asthma; they will feel good that they have done this for themself and their baby. Help participant to arrive at what goals are realistic for them. --**Assist** participant 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 secondhand smoke exposure. If participant 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 secondhand 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 participant that alcohol passes into breastmilk and will have an effect on baby. If participant is around others who drink, ask how being around others who drink makes her feel. Refer them to **The Women's Project** (800-698-4959) as appropriate. If participant 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 they are around others who drink. **Assign Risk 372 as appropriate.** • If any street drugs are being used, refer to recovery program. **Assign Risk 372.**
Breastfeeding	• Ask participant what their breastfeeding duration plans are, and who they have for support. • Ask participant about any plans to return to work or school, and how they will plan to feed their baby. Discuss pumping if needed, including type of pump to meet their needs. • Ask participant about their perception of how breastfeeding is going. If they need help, ask what specific problems they are having. If necessary, refer participant to CLC or IBCLC in agency/area. • Ask participant about their perception of their milk supply (*subjective*). Ask specific questions about breastfeeding (*objective*) that will help to validate milk supply: ➢ *Ask how often baby is breastfeeding in 24 hours.* ➢ *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.* ➢ *Ask about the number of wet/dirty diapers per day and assess for adequacy.* ➢ *Ask if participant pumps. If they do, ask what type of pump they are using, how often they are pumping, and what their results are. If they are exclusively pumping, ask about plans to get baby to go to breast. Refer to CLC or IBCLC as needed.* ➢ *Ask if baby has been weighed since discharge from hospital, and what that weight was. Compare to weight obtained at clinic visit.* • 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. ***<u>It is recommended that discussions be limited to no more than two topics</u>.*** • Client goals—let the participant set realistic goals for themself between the first and second visit. Examples include: *Increase milk intake to 3 8-ounce glasses/day.* *Use milk in cereal, smoothies, cooking, etc. 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 act 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).

Participant Health Assessment Form
Guidance

Question	Suggested Action
Participant'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— • 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— • 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: • Stillborn • Born early/premature • Weigh 5 lb 8 oz or less at birth • Weigh 9 lb or more at birth	 • assign risk factor 321 • assign risk factor 311 if baby born $\geq$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 *National Mental Health Association* or go to http://www.nmha.org/infoctr/factsheets/23.cfm for more information. **Refer to MD or area mental health provider as needed.**