

Individual Counseling Guide – Breastfeeding Women

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">101 Underweight</p> <p>Prepregnancy or current BMI <18.5</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">NOTE:</p> <p>As of 10-01-02, this risk code applies to breastfeeding women who meet the criteria and are <6 months postpartum.</p> <p>For breastfeeding women ≥6 months postpartum, use code 102.</p> </div>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • insufficient calories or insufficient resources for food • recent illness, chronic medical conditions or genetic disorders • depression or postpartum depression <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Talk with the participant about a healthy weight-range goal for her (refer to BMI chart in Appendix I to determine normal weight range based on her height). • Explain that gaining weight and eating plenty of healthy foods can help her feel better (reduce fatigue, irritability, and risk for infection). Also, feeling better will help her care for her baby. • Reinforce any special diet instructions from the participant’s health care provider. If participant reveals high-risk eating habits, refer her to an R.D. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions for gaining weight, such as: <ul style="list-style-type: none"> - eating adequate portions. - aiming for the higher number of recommended servings from all of the food groups. - eating plenty of calorie-dense foods (see Appendix B). - adding nuts, dried fruit, dry milk powder, grated cheese and other ingredients to foods. - eating more often (five or six smaller meals rather than two or three large meals). - eating fewer empty-calorie foods (soft drinks, fruit drinks, candies, frozen pops, etc.). • If participant seems to be neglecting herself to attend to her infant, review nutritious foods that can be prepared quickly and easily (see Appendix H). Postpartum women are typically overwhelmed with the demands of a newborn, and this may lead to poor food choices. • Suggest moderate activities/exercise to help increase her appetite and intake (with physician’s approval to begin activities and exercise). Suggest a daily walk with the baby. • If participant indicates she is depressed, refer to physician for further evaluation. For information and referrals related to postpartum depression, see “Other Topics,” following code 903. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p style="text-align: center;">***Making the Connection***</p>	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Refer to Food Stamps, Food Pantry, etc. if: insufficient food or resources for food.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Basic Nutrition Module [13-33] (refer to weight management section, page 3-3) • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/

Ask participant what concerns or questions she has about breastfeeding, her diet, or her weight. Ask her to list several things she would be willing to do to try to increase her weight. Help her set goals.

wichd/bf/faqs.htm

- Breastfeeding Kardex
- LLL Breastfeeding Answerbook

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>102 Postpartum Underweight BMI <18.5</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>NOTE: As of 10-01-02, this risk code applies only to breastfeeding women who are ≥6 months postpartum.</p> </div> <p>For breastfeeding women <6 months postpartum, use code 101.</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • insufficient calories or insufficient resources for food • recent illness, chronic medical conditions or genetic disorders • depression or postpartum depression <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Talk with the participant about a healthy weight-range goal for her (refer to BMI chart in Appendix I to determine normal weight range based on her height). • Explain that gaining weight and eating plenty of healthy foods can help her feel better (reduce fatigue, irritability, and risk for infection). Also, feeling better will help her care for her baby. • Reinforce any special diet instructions from the participant’s health care provider. If participant reveals high-risk eating habits, refer her to an R.D. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions for gaining weight, such as: <ul style="list-style-type: none"> - eating adequate portions. - aiming for the higher number of recommended servings from all of the food groups. - eating plenty of calorie-dense foods (see Appendix B). - adding nuts, dried fruit, dry milk powder, grated cheese and other ingredients to foods. - eating more often (five or six smaller meals rather than two or three large meals). - eating fewer empty-calorie foods (soft drinks, fruit drinks, candies, frozen pops, etc.). • If participant seems to be neglecting herself to attend to her infant, review nutritious foods that can be prepared quickly and easily (see Appendix H). Postpartum women are typically overwhelmed with the demands of a newborn, and this may lead to poor food choices. • Suggest moderate activities/exercise to help increase her appetite and intake (with physician’s approval to begin activities and exercise). Suggest a daily walk with the baby. • If participant indicates she is depressed, refer to physician for further evaluation. For information and referrals related to postpartum depression, see “Other Topics,” following code 903. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). 	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Refer to Food Stamps, Food Pantry, etc. if: insufficient food or resources for food.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Basic Nutrition Module [13-33] • Breastfeeding Frequently Asked Questions –

*****Making the Connection*****

Ask participant what concerns or questions she has about breastfeeding, her diet, or her weight. Ask her to list several things she would be willing to do to try to increase her weight. Help her set goals.

<http://www.tdh.state.tx.us/wichd/bf/faqs.htm>

- *Breastfeeding Kardex*
- *LLL Breastfeeding Answerbook*

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="170 201 338 269">111 Overweight</p> <p data-bbox="165 300 327 365">Prepregnancy BMI \geq25</p> <div data-bbox="113 477 401 914" style="border: 1px solid black; padding: 5px;"> <p data-bbox="207 509 302 537">NOTE:</p> <p data-bbox="138 553 378 748">As of 10-01-02, this risk code applies to breastfeeding women who meet the criteria and are <6 months postpartum.</p> <p data-bbox="155 789 361 914">For breastfeeding women \geq6 months postpartum, use code 112.</p> </div>	<p data-bbox="422 201 1136 228">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="449 238 1041 378" style="list-style-type: none"> • excessive weight gain during pregnancy • over consumption of foods and/or beverages • very little or no physical activity • chronic medical conditions or genetic disorders <p data-bbox="422 402 905 430">Counseling Topics and Considerations:</p> <ul data-bbox="449 440 1577 1430" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Offer encouragement. Suggest that now is a good time to set goals for reaching a healthy weight. Losing weight can help her feel better, take better care of her baby, and she can also reduce her risk for diabetes, high blood pressure, and heart disease. • Losing weight is also important for future pregnancies. Women who are overweight during pregnancy and delivery have more complications, plus studies now show that overweight and obese women are at higher risk of having children with major birth defects, including spina bifida and anencephaly (refer to March of Dimes Report listed under Staff Resources). • Talk with participant about a healthy weight range for her (refer to BMI chart in Appendix I to determine normal weight range based on her height). Help her set a long-term goal. • Discuss losing weight at a slow, healthy rate (1- 2 pounds per week). Emphasize that quick weight loss schemes can be dangerous and they generally don't have lasting results, if any. The best approach is to eat healthy foods and, at the same time, increase activity level. • Reinforce any diet instructions from her health-care provider. Review the Food Guide Pyramid (see Appendix A) and make appropriate suggestions for losing weight, such as: <ul data-bbox="485 976 1545 1105" style="list-style-type: none"> - eating moderate serving sizes and using low-fat cooking methods and ingredients. - drinking fat-free or reduced-fat milk and including plenty of fresh fruits and vegetables. - avoiding fried foods, high-fat foods, and empty-calorie foods and drinks (candies, pastries, cake, fruit drinks, punch, sodas, etc.). • If participant seems to be neglecting herself to attend to her infant, discuss nutritious foods that can be prepared quickly and easily (see Appendix H). Postpartum women are typically overwhelmed with the demands of a newborn, and this may lead to poor food choices. • Emphasize increasing activity level with moderate activities/exercise (based on physician's approval to begin activities and exercise). Suggest a daily walk with the baby. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see "Other Topics" following code 903). <p data-bbox="422 1455 821 1482">***Making the Connection***</p> <p data-bbox="449 1490 1535 1516"><i>Ask participant what questions she has about breastfeeding, her diet, or her weight. Ask</i></p>	<p data-bbox="1589 201 1982 370">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1589 410 1927 509">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1589 553 1730 581">Resources:</p> <ul data-bbox="1589 589 1990 865" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1589 906 1793 933">Staff Resources:</p> <ul data-bbox="1589 941 1990 1507" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Basic Nutrition Module [13-33] (see weight management section, page 3-3) • "Nutrition Today Matters Tomorrow (March of Dimes Report). See summary at: http://modimes.org/318_1578.htm • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i>

her to list things she's willing to do to improve her diet and/or increase activity level.

• LLL Breastfeeding Answerbook

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="172 284 338 389">112 Postpartum Overweight</p> <p data-bbox="193 414 304 446">BMI \geq25</p> <div data-bbox="115 479 399 860" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p data-bbox="210 592 304 625">NOTE:</p> <p data-bbox="136 633 378 795">As of 10-01-02, this risk code applies only to breastfeeding women who are \geq6 months postpartum.</p> <p data-bbox="157 836 357 966">For breastfeeding women <6 months postpartum, use code 111.</p> </div>	<p data-bbox="424 284 1134 316">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="451 324 1039 462" style="list-style-type: none"> • excessive weight gain during pregnancy • over consumption of foods and/or beverages • very little or no physical activity • chronic medical conditions or genetic disorders <p data-bbox="424 487 903 519">Counseling Topics and Considerations:</p> <ul data-bbox="451 527 1575 1510" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Offer encouragement. Suggest that now is a good time to set goals for reaching a healthy weight. Losing weight can help her feel better, take better care of her baby, and she can also reduce her risk for diabetes, high blood pressure, and heart disease. • Losing weight is also important for future pregnancies. Women who are overweight during pregnancy and delivery have more complications, plus studies now show that overweight and obese women are at higher risk of having children with major birth defects, including spina bifida and anencephaly (refer to March of Dimes Report listed under Staff Resources). • Talk with participant about a healthy weight range for her (refer to BMI chart in Appendix I to determine normal weight range based on her height). Help participant set a long-term goal. • Discuss losing weight at a slow, healthy rate (1- 2 pounds per week). Emphasize that quick weight loss schemes can be dangerous and they generally don't have lasting results, if any. The best approach is to eat healthy foods and, at the same time, increase activity level. • Reinforce any diet instructions from her health-care provider. Review the Food Guide Pyramid (see Appendix A) and make appropriate suggestions for losing weight, such as: <ul data-bbox="483 1055 1543 1193" style="list-style-type: none"> - eating moderate serving sizes and using low-fat cooking methods and ingredients. - drinking fat-free or reduced-fat milk and including plenty of fresh fruits and vegetables. - avoiding fried foods, high-fat foods, and empty-calorie foods and drinks (candies, pastries, cake, fruit drinks, punch, sodas, etc.). • If participant seems to be neglecting herself to attend to her infant, discuss nutritious foods that can be prepared quickly and easily (see Appendix H). Postpartum women are typically overwhelmed with the demands of a newborn, and this may lead to poor food choices. • Emphasize increasing activity level with moderate activities/exercise (based on physician's approval to begin activities and exercise). Suggest a daily walk with the baby. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see "Other Topics" following code 903). 	<p data-bbox="1591 284 1984 454">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1591 495 1921 592">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1591 633 1732 665">Resources:</p> <ul data-bbox="1596 673 1995 950" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1591 990 1795 1023">Staff Resources:</p> <ul data-bbox="1596 1031 1995 1518" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Basic Nutrition Module [13-33] (refer to weight management section, page 3-3) • "Nutrition Today Matters Tomorrow (March of Dimes Report). See summary at: http://modimes.org/318_1578.htm • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/

	<p>***Making the Connection*** <i>Ask participant what questions she has about breastfeeding, her diet, or her weight. Have her list things she's willing to do to improve her diet and/or increase activity level.</i></p>	<p>wichd/bf/faqs.htm</p> <ul style="list-style-type: none"> • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>
--	---	---

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>133 High Gestational Weight Gain in Most Recent Pregnancy (Singleton Only)</p> <p>Prepregnancy Underweight (BMI <19.8): gained >40 lbs.</p> <p>Prepregnancy Normal Weight: (BMI 19.8 to 26.0): gained >35 lbs.</p> <p>Prepregnancy Overweight (BMI 26.1 to 29.0): gained >25 lbs.</p> <p>Prepregnancy Obese: (BMI ≥29.1): gained >15 lbs.</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • inappropriate diet/overconsumption of calories • chronic medical conditions <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • If weight loss is needed, discuss losing weight at a slow, healthy rate (1- 2 pounds per week). It took 9 months to gain the weight, so she should allow herself plenty of time to lose it. • Offer encouragement. Suggest that now that the baby has arrived, it's a great time to set goals for reaching a healthy weight. Losing weight can help her to feel better, take better care of her baby, and she can also reduce her risk for diabetes, high blood pressure, and heart disease. • Losing weight is also important for future pregnancies. Women who are overweight during pregnancy and delivery have more complications, plus studies now show that overweight and obese women are at higher risk of having children with major birth defects, including spina bifida and anencephaly (refer to March of Dimes Report listed under Staff Resources). • Talk with participant about a healthy weight range for her (refer to BMI chart in Appendix I to determine normal weight range based on her height). Help her set a long-term goal. • Emphasize that quick weight loss schemes can be dangerous and they generally don't have lasting results, if any. The best plan is to eat healthy foods and increase activity level. • Reinforce any diet instructions from her health-care provider. Review the Food Guide Pyramid (see Appendix A) and make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating moderate serving sizes and using low-fat cooking methods and ingredients. - including plenty of fresh fruits and vegetables and drinking fat-free or reduced-fat milk. - avoiding fried foods, high-fat foods, and empty-calorie foods and drinks (candies, pastries, cake, fruit drinks, punch, sodas, etc.). • Emphasize increasing activity level with moderate activities/exercise (based on physician's approval to begin activities and exercise). Suggest a daily walk with the baby. • If participant seems to be neglecting herself to attend to her infant, review nutritious foods that can be prepared quickly and easily (see Appendix H). Postpartum women are typically overwhelmed with the demands of a newborn, and this may lead to poor food choices. 	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Basic Nutrition Module [13-33] (refer to weight management section, page 3-3) • "Nutrition Today Matters Tomorrow (March of Dimes Report). See summary at: http://modimes.org/318_1578.htm

	<ul style="list-style-type: none"> • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p>***Making the Connection*** <i>Ask participant what concerns or questions she has about breastfeeding, her diet, or her weight. Ask her to state several things she’s willing to do to improve her diet and/or increase activity level.</i></p>	<ul style="list-style-type: none"> • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • Breastfeeding Kardex • LLL Breastfeeding Answerbook
--	--	--

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>201 Low Hematocrit/Low Hemoglobin</p> <p>12 through 14 years: Hct <36% or Hgb <11.8 g/dL</p> <p>15 years or older: Hct <36% or Hgb <12.0 g/dL</p>	<p>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • excessive blood loss during delivery • insufficient iron in the diet • underweight • pica • excessive coffee or tea consumption • recent illness or chronic medical condition <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Explain that if left untreated, low iron stores can make a person feel tired, weak, and irritable, plus increase risk of infection. • If physician has prescribed an iron supplement, discuss the importance of taking the prescribed dosage on a consistent basis. If participant feels that the iron supplements are causing nausea, decreased appetite and/or constipation, suggest taking the supplement before bed or between meals, or suggest that she talk with her health care provider. • Reinforce any special diet instructions from the participant’s health care provider. Identify areas of the diet that need attention and make appropriate suggestions, such as: <ul style="list-style-type: none"> - consuming iron-rich foods (see Appendix C). The body absorbs the type of iron in meats better than the type of iron found in plant foods. - consuming sources of vitamin C along with sources of iron (see Appendix D). Foods high in vitamin C help the body absorb iron. - avoiding coffee and tea during meals. Tea and coffee, even decaffeinated, contain tannic acid, which limits iron absorption. - cooking acidic foods, such as tomato sauce, in cast-iron cookware to add iron to the food. • If participant seems to be neglecting herself to attend to her infant, discuss foods with iron that can be prepared quickly and easily (see Appendix H). Postpartum women are typically overwhelmed with the demands of a newborn, and this may lead to poor food choices. 	<p>Follow local agency protocol for referral to doctor or clinic and rechecks.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Prevent Anemia With Iron-Rich Foods [13-67, 13-67(a)] • Foods with Iron [1-89] • Vitamin C Foods [1-38] • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 11, Iron Deficiency [06-10104] • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Breastfeeding Frequently

	<ul style="list-style-type: none"> • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p>***Making the Connection*** <i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Ask her to identify iron-rich and vitamin C-rich foods that she can include in her diet. Ask participant to state one thing she is willing to do to improve her iron status.</i></p>	<p>Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm</p> <ul style="list-style-type: none"> • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>
--	---	---

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>211 Lead Poisoning</p> <p>Blood lead level of ≥ 10 mcg/dL within the past 12 months</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • anemia • pica • poor diet • insufficient resources for food • use of dishware/cookware with lead-based glazes <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Infants receiving breastmilk from mothers with high lead levels should be closely monitored by a doctor, although lead poisoning is unlikely as a result of breastfeeding. Refer for follow-up testing if indicated. • Breastfeeding mothers undergoing chelation therapy to remove lead should not breastfeed during the treatment period, unless the chelator is succimer. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - consuming an adequate number of servings from each food group because eating a balanced diet decreases lead absorption. - consuming foods high in iron and calcium, which helps to decrease lead absorption (see Appendix C). - eating vitamin C-rich foods with iron-rich foods to increase iron absorption (see Appendix D). - cooking acidic foods, such as tomato sauce, in cast-iron cookware, to add iron to the food. - preparing foods to decrease lead absorption (see Get the Lead Out: Intervention [1-301, 1-301(a)]). • The participant should talk to her physician before taking any non-prescribed supplements or 	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Get the Lead Out: Intervention [1-301, 1-301(a)] • Get the Lead Out: Prevention [1-302, 1-302(a)] • Get the Lead Out: Renovation [1-303, 1-303(a)] • Foods with Iron [1-89] • Calcium [13-8, 13-8(a)] • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet -

	<p>nutrition therapy products. Some substances can pass into breastmilk and may affect the baby.</p> <ul style="list-style-type: none"> • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p>***Making the Connection*** <i>Ask participant what concerns or questions she has about breastfeeding, her diet, or her eating habits. Incorporate the diet recall into the counseling session. If the diet reflects low iron and/or calcium intake, ask participant to state one way she can add more calcium and/or iron to her diet.</i></p>	<p>Lead Poisoning, No. 10</p> <ul style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>
--	---	--

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>303 Gestational Diabetes in Most Recent Pregnancy</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • history of large infant (≥ 9 pounds) • history of pre-pregnancy overweight • family history of diabetes <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Women who have had gestational diabetes have a 25% – 60% increased risk of developing Type 2 diabetes later in life. The risk is higher if the woman is obese or belongs to an ethnic group with a higher prevalence of Type 2 diabetes (Hispanic, African American, and Native American). Discuss her risk of Type 2 diabetes and describe key symptoms (see Appendix E). • Achieving and/or maintaining a healthy weight (a BMI between 18.5 and 24.9) will help lower her risk of Type 2 diabetes. Reinforce any special diet instructions from the participant’s health care provider and review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating a well-balanced diet, which includes fresh fruits and vegetables, whole grain foods, and fat-free or reduced-fat milk. - eating fewer empty-calorie foods (candies, pastries, cake, fruit drinks, sodas, etc.). - using low-fat cooking methods and ingredients instead of frying, adding cream sauces, etc. • Being physically active can also lower her diabetes risk. Suggest a daily walk with the baby or other moderate activities/exercise (based on physician’s approval to begin activities and exercise). 	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Could You Have Diabetes? [10-27, 10-27(a)] • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p>

- Women with a history of gestational diabetes also tend to develop gestational diabetes in future pregnancies, and it's often more severe with each pregnancy. Explain that if she becomes pregnant in the future, it will be very important for her health care provider to know that she previously had gestational diabetes (refer to Appendix F for more information).
- The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby.
- Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see "Other Topics" following code 903).

*****Making the Connection*****

Ask participant what concerns or questions she has about breastfeeding, her diet, or her eating habits. Help her set goals to reduce her risk of future diabetes by having her identify something she is willing to do to improve her diet or lifestyle.

- Appendices
- Nutrition Fact Sheet No.12, Gestational Diabetes
- Powers and Moore's Food-Medication Interactions, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA
- Postpartum Nutrition Module (planned availability, 1/03)
- Breastfeeding Frequently Asked Questions – <http://www.tdh.state.tx.us/wichd/bf/faqs.htm>
- *Breastfeeding Kardex*
- *LLL Breastfeeding Answerbook*

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>311 History of Preterm Delivery ≤37 weeks gestation most recent pregnancy</p> <p>312 History of Low Birth Weight Infant Weighed ≤5 lbs., 8 oz. (≤2500 grams) most recent pregnancy</p>	<p><i>Note: A participant who has just experienced one of these outcomes may feel like she did something to cause the situation. This woman will most likely need extra reassurance and support, and she may also need the specialized help of a lactation consultant or peer counselor.</i></p> <p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • underweight prior to pregnancy • inadequate weight gain during pregnancy • teenage participant • participant over age 40 • previous premature birth • smoker • other substance abuse <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Explain that breastmilk is especially important for her preterm or low birth weight infant since it is easily digested and because it helps to boost her baby’s immune system. Also, in the case of a premature infant, the mother’s milk is specifically formulated to meet the special nutritional needs of her premature baby. • Emphasize the importance of taking care of herself and eating right so that she can be strong and healthy to provide the extra support and attention that her baby may need. • Evaluate the mother’s need for a multi-user breast pump. This is the only pump that is appropriate for a mom whose newborn is unable to latch on to the breast. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • Dental problems during pregnancy can be associated with prematurity and low birth weight. Encourage good oral hygiene and refer to a dentist if needed. • If participant smokes or abuses drugs or alcohol, refer her to an appropriate cessation program or health-care provider. • The participant should talk to a physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p>***Making the Connection***</p>	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care.</p> <p>If participant abuses drugs or alcohol: refer to a doctor, social services, or rehab. program. For area programs, contact the Partnership for Drug-Free Texas at 1-877-966-3784.</p> <p>If participant smokes: refer to doctor/smoking cessation program; and the American Cancer Society Quit Line, 1-877-937-7848.</p> <p>Refer to dentist if needed: For area services, contact the TDH Regional Dental Program at www.tdh.state.tx.us/dental/regions.htm</p> <p>Resources:</p> <ul style="list-style-type: none"> • Mother’s Milk for Premature Babies [13-46, 13-46a] • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • For pump info: http://www.tdh.state.tx.us/wichd/bf/bfpumps.htm • Postpartum Nutrition Module (planned availability, 1/03) • Breastfeeding FAQs -

Ask what concerns or questions she has about breastfeeding or her diet. Emphasize that her breastmilk can really help her baby. Help her set a goal to improve her health by having her identify something she is willing to do to improve her diet or lifestyle.

<http://www.tdh.state.tx.us/wichd/bf/faqs.htm>

- *Breastfeeding Kardex*
- *LLL Breastfeeding Answerbook*

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>321 History of Fetal Death (20 weeks or greater gestation)</p> <p>or</p> <p>History of Neonatal Death (28 days or less of life)</p> <p>in most recent pregnancy in which there was a multifetal gestation and one or more infants are still living</p>	<p><i>Note: A participant who has just experienced one of these outcomes may feel like she did something to cause the situation. This woman will most likely need extra support, understanding and reassurance during the postpartum period.</i></p> <p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • underweight prior to pregnancy • inadequate weight gain during pregnancy • teenage participant • participant over age 40 • complications related to multifetal gestation • smoker • other substance abuse <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • The participant will pass through the various stages of grief before finally letting go (see “Stages of Grief” in Class 4, WIC Peer Counselor Training Manual). Don’t attempt to compare the mother’s grief with anything you have experienced. This takes the focus off her and puts it on you. Avoid statements like “I know how you feel” since she’ll think “No, you don’t.” If you’ve had a similar experience, you may want to say, “I lost a child, too. I remember how hard it is.” But remember to stop there. It’s not the time to share your story. Use your experience to listen to her grief. • Work with the mother to begin/continue breastfeeding the surviving infant(s). • Encourage her to take care of herself and eat regular meals. Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • In some cases, a fetal or neonatal death can be an indicator of a possible neural tube defect in a future pregnancy, so an increased folic acid intake is recommended (see Appendix D). • Emphasize that she take vitamin supplements as prescribed by her doctor. For more on folic acid’s role in preventing neural tube defects, refer to the “Other Topics” section following risk code 903. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind participant to keep all postpartum appointments. <p>***Making the Connection*** <i>Ask participant what concerns or questions she has about breastfeeding, her diet, or her eating habits. Help her set a goal to improve her health by having her identify something</i></p>	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on <i>Health History</i>.</p> <p>Refer to social worker, grief counseling services or support group if needed and available.</p> <p>If participant abuses drugs or alcohol: refer to a doctor, social services, or rehab. program. For area programs, contact the Partnership for Drug-Free Texas at 1-877-966-3784.</p> <p>If participant is a smoker: refer to a doctor or smoking cessation program, and the American Cancer Society Quit Line 1-877-937-7848.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • WIC Peer Counselor Training Manual, # 13-06-11342 (Class 4, Stages of Grief), http://www.tdh.state.tx.us/lactate/peer.htm

she is willing to do to improve her diet or lifestyle.

- BF FAQs – <http://www.tdh.state.tx.us/wichd/bf/faqs.htm>
- *Breastfeeding Kardex*
- *LLL Breastfeeding Answerbook*

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>331 Pregnancy at a Young Age</p> <p>Conception at ≤17 years of age (most recent pregnancy)</p> <p><i>Codes 321 - 331</i></p>	<p><i>Note: It is important to be sensitive, encouraging and non-judgmental toward teens, as they often face many stresses. See tips for counseling teens in “Other Topics” section following code 903.</i></p> <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Ask what type of support she has from family, friends, the baby’s father, the community, etc. Help her think of specific ways she can use this support (i.e., friends/family can help prepare meals, run errands, and/or baby-sit; some communities offer free parenting classes, etc.). • Many teens have concerns about weight and body image, especially after delivery. Provide realistic, health-promoting advice. Encourage moderate activity and exercise, based on physician approval. Emphasize the importance of healthy, balanced diet and discuss the dangers and ineffectiveness of quick weight loss schemes. Remind her that it took nine months to gain the weight, so she needs to herself plenty of time to lose it (about 1-2 lbs/week). • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Adolescent mothers are still growing, so nutrient intake is especially important. Also, prior to pregnancy, many teens are poorly nourished. Make appropriate suggestions, such as: <ul style="list-style-type: none"> - eating appropriate serving sizes and adequate servings from each group. Compared to adults, teens need additional calories (on a per pound basis) to sustain normal growth. - eating fewer empty-calorie foods and drinks (candies, pastries, cake, fruit drinks, punch, sodas, etc.). - eating plenty of foods containing calcium (see Appendix C). Teens are still growing and need extra calcium because of increasing bone density. • If participant seems to be neglecting herself to attend to her infant, review nutritious foods that can be prepared quickly and easily (see Appendix H). Postpartum teens are typically overwhelmed with the demands of a newborn, and this may lead to poor food choices. • Encourage the participant to talk with a health care provider or family planning clinic about birth control methods that are compatible with breastfeeding. • If participant indicates she is depressed, refer to physician for further evaluation. For information and referrals related to postpartum depression, see “Other Topics,” following code 903. • The participant should talk to her physician before taking any non-prescribed supplements or 	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>To locate area family planning clinic(s) go to http://www.tdh.state.tx.us/women/fampln.stm</p> <p>Parenting classes</p> <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • Let’s Talk About Teen Moms and Breastfeeding [13-102, 13-102a] (for teen moms only) • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] • Family Planning and Breast-feeding [13-101, 13-101a] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices

	<p>nutrition therapy products. Some substances can pass into breastmilk and may affect the baby.</p> <ul style="list-style-type: none"> • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p>***Making the Connection*** <i>Ask participant what concerns or questions she has about breastfeeding, her diet, or her eating habits. Help her set a goal to improve her health by having her identify something she is willing to do to improve her diet or lifestyle.</i></p>	<ul style="list-style-type: none"> • Postpartum Nutrition Module (planned availability, 1/03) • BF Fact Sheet: Contraception and Breastfeeding [13-6] • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>
--	--	---

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>332 Closely Spaced Pregnancies</p> <p>Conception before 16 months postpartum (most recent pregnancy)</p> <p>333 High Parity and Young Age</p> <p>Woman, younger than 20 years at conception of most recent pregnancy, who has had three or more previous pregnancies of 20 weeks or more duration, regardless of birth outcome.</p>	<p><i>Note for risk code 333: It is very important to be sensitive, encouraging and non-judgmental toward teens. Teen participants often face many special stresses. Refer to the tips for counseling teens in the “Other Topics” section following risk code 903.</i></p> <p>Counseling Topics and Considerations for codes 332 and 333:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Explain that her body needs time to replenish its nutrient stores before becoming pregnant again. Encourage the mother to talk with a health care provider or family planning clinic about birth control methods that are compatible with breastfeeding. • Women with closely spaced or numerous pregnancies have an increased risk of delivering a low-birth weight baby in future pregnancies. • Good nutrition is important for restoring depleted nutrients. Emphasize that she follow her doctor’s instructions on taking a postpartum supplement, and talk with participant about the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p>***Making the Connection*** <i>Ask participant what concerns or questions she has about breastfeeding, her diet, or her eating habits. Help her set a goal to improve her health by having her identify something she is willing to do to improve her diet or lifestyle.</i></p>	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>To locate area family planning clinic(s) go to http://www.tdh.state.tx.us/women/fampln.stm</p> <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] • Family Planning and Breast-feeding [13-101, 13-101a] • Let’s Talk About Teen

<div data-bbox="113 418 401 727" style="border: 1px solid black; height: 190px; width: 137px;"></div>		<p>Moms and Breastfeeding [13-102, 13-102a] (for teen moms only)</p> <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • BF Fact Sheet: Contraception and Breastfeeding [13-6] • Postpartum Nutrition Module (planned availability, 1/03) • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>
---	--	---

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">335 Multi-Fetal Gestation in Most Recent Pregnancy</p> <p><u>NOTE:</u> This risk code will be updated, effective 10-01-02. However, the information on this Codes 332 - 335 page from your counseling guide.</p>	<p><i>Note: A breastfeeding mother who has had a multiple birth will need extra support and follow up. If possible, have a lactation consultant or peer counselor conduct regular follow-up.</i></p> <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Discuss the principle of breastmilk supply and talk about ways to tell if her babies are getting enough to eat. • Review the basics of the Food Guide Pyramid (Appendix A), and make appropriate suggestions. Explain that: <ul style="list-style-type: none"> - nursing multiples means she needs to eat more than if she was nursing only one baby. - eating a balanced diet can help her feel better, and reduce fatigue and irritability. - because she had more than one baby, a healthy diet is especially important to help her replenish the nutrients her body has lost. • In addition to a Lactation Consultant or Peer Counselor, encourage the participant to use other resources such as the Texas Breastfeeding and Information Hotline 1-800-514-6667, or local support groups such as a Mothers of Multiples group or local La Leche League chapter. 	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Refer to area support groups, if available:</p> <ul style="list-style-type: none"> • To locate a Moms of Multiple group, go to NOMOTC (National Organization of Mothers of Twins Clubs, Inc.) web site at www.nomotc.org • To locate a local La Leche League chapter, go to http://lalecheleague.org/Web/

	<ul style="list-style-type: none"> • Suggest that she sleep when her babies sleep and tell her not to worry about housework. Suggest asking relatives, friends and neighbors for help. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the babies. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p>***Making the Connection*** <i>Ask participant what concerns or questions she has about breastfeeding, her diet, or her eating habits. Ask her how you can help her continue to breastfeed (i.e., by scheduling a home visit, arranging for a consultation with Peer Counselor or Lactation Consultant; scheduling weekly visits to the WIC clinic to assess the latch-on, positioning and weight gain, etc.).</i></p>	<p>Texas.html</p> <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • Nursing More Than One [13-06-11289, [13-06-11289(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>
--	--	---

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>337 History of Birth of a Large for Gestational Age Infant</p> <p>Any history of birth of an infant weighing ≥ 9 lbs. (≥ 4000 grams), or $\geq 90^{\text{th}}$ percentile weight for gestational age at birth</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • gestational diabetes in previous pregnancies • family history of diabetes • pre-pregnancy weight status • excessive pregnancy weight gain <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • Giving birth to a large infant may be an indicator of diabetes or a predictor of future 	<p>Refer to doctor, clinic or family planning services if:</p> <ul style="list-style-type: none"> • participant is not under regular medical care, as indicated on the <i>Health History</i>. • participant is experiencing any symptoms of diabetes (see Appendix E). <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That

diabetes.

Discuss the risk factors and symptoms of Type 2 diabetes (see Appendix E). Also, in preparation for future pregnancies, discuss the risk factors and symptoms of gestational diabetes (see Appendix F).

- The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby.
- Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903).

*****Making the Connection*****

Ask participant what concerns or questions she has about breastfeeding, her diet, or her eating habits. Help her set a goal to improve her health by having her identify something she is willing to do to improve her diet or lifestyle.

Your Baby is Here [13-66, 13-66(a)]

- Eat Well, Be Well... [13-169, 13-169(a)]
- An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)]

Staff Resources:

- Nutrition Fact Sheet No.12, Gestational Diabetes, [06-10252]
- Appendices
- Postpartum Nutrition Module (planned availability, 1/03)
- Breastfeeding Frequently Asked Questions – <http://www.tdh.state.tx.us/wichd/bf/faqs.htm>
- *Breastfeeding Kardex*
- *LLL Breastfeeding Answerbook*

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="113 215 401 386">339 Birth to an Infant with Nutrition Related Birth Defect (most recent pregnancy)</p> <p data-bbox="113 427 401 557">Inappropriate nutritional intake (e.g., inadequate zinc, folic acid, or excess vitamin A)</p>	<p data-bbox="426 215 1455 313"><i>Note: A participant who has had an infant born with a birth defect may feel like she did something to cause the defect. This woman may need extra support, understanding and reassurance during the postpartum period.</i></p> <p data-bbox="426 354 1100 378">Review health history and diet for contributing factors:</p> <p data-bbox="426 386 1486 451">Excessive or inadequate vitamin/mineral supplementation either before conception or during pregnancy.</p> <p data-bbox="426 492 905 516">Counseling Topics and Considerations:</p> <ul data-bbox="453 524 1570 987" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Reinforce any special diet instructions from the participant’s health care provider. If participant reveals high-risk eating habits, refer her to an R.D. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • A woman who has had a baby with a neural tube defect (NTD) should be taking a much higher dose of folic acid to prevent future NTDs. Emphasize that she follow her doctor’s instructions about taking a postpartum supplement. Also, talk with her about food sources of folic acid (see Appendix D). For more on folic acid’s role in preventing neural tube defects, refer to the “Other Topics” section following risk code 903. • Remind participant to keep all postpartum appointments. <p data-bbox="426 1060 821 1084">***Making the Connection***</p> <p data-bbox="453 1092 1535 1190"><i>Ask participant what concerns or questions she has about breastfeeding, her diet, or her eating habits. Help her set a goal to improve her health by having her identify something she is willing to do to improve her diet.</i></p>	<p data-bbox="1593 215 1976 280">Refer to doctor, clinic or family planning services if:</p> <p data-bbox="1593 289 1955 378">participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 418 1955 483">Refer to R.D. if: available and deemed appropriate.</p> <p data-bbox="1593 524 1986 621">Refer to Lactation Consultant or Peer Counselor if: available and deemed appropriate.</p> <p data-bbox="1593 654 1724 678">Resources:</p> <ul data-bbox="1593 686 1990 1304" style="list-style-type: none"> • Folic Acid [13-173] • Foods with Folic Acid For Women [1-205(a)] • Folic Acid is Important for All Women [1-202] • Women, Get Folic Acid From Your Food [1-204(a)] • WIC For You - Folic Acid Helps Prevent Birth Defects, Vol.8/6 • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 1336 1787 1360">Staff Resources:</p> <ul data-bbox="1593 1369 1976 1507" style="list-style-type: none"> • Fact Sheet No. 17: Folic Acid and Women...[06-10411] • Appendices • Postpartum Nutn. Module

(1/03)

- BF FAQs <http://www.tdh.state.tx.us/wichd/bf/faqs.htm>
- *Breastfeeding Kardex*
- *LLL Breastfeeding Answerbook*

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="380 269 428 293">341</p> <p data-bbox="228 305 579 332">Nutrient Deficiency Diseases</p> <p data-bbox="243 342 564 367">Includes, but not limited to:</p> <ul data-bbox="249 396 457 570" style="list-style-type: none"> • malnutrition • scurvy • rickets • hypocalcemia • osteomalacia <p data-bbox="380 675 428 699">342</p> <p data-bbox="249 711 558 738">Gastrointestinal Diseases</p> <p data-bbox="243 748 564 773">Includes, but not limited to:</p> <ul data-bbox="249 802 594 1049" style="list-style-type: none"> • ulcers • liver diseases • gallbladder diseases • malabsorption syndromes • bowel diseases • pancreatitis • GER <p data-bbox="380 1130 428 1154">343</p> <p data-bbox="296 1166 512 1193">Diabetes Mellitus</p> <p data-bbox="258 1203 550 1260">Either Type 1 diabetes or Type 2 diabetes</p>	<p data-bbox="726 280 1104 342">Counseling and Referral Notes for Codes 341, 342, 343:</p> <ul data-bbox="772 363 1976 1284" style="list-style-type: none"> • Breastfeeding women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition/ breastfeeding questions and offer general information that supports instructions from a physician or R.D. The following materials provide information for breastfeeding clients: <ul data-bbox="926 513 1976 610" style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(a)] - An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] - Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] • If you are not an R.D., determine if the client has any specific nutrition questions/problems requiring referral. If so, refer her to a physician or R.D. • If medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • If needed, refer to <i>Medications and Mothers' Milk</i>, by Thomas Hale, Ph.D. <u>Note</u>: WIC staff are not qualified or authorized to provide medical advice, but staff members can photocopy information from this reference and give it to the participant to pass along to her health-care provider. • Review possible food-medication interactions (suggested reference: <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsny, MS, RD, FADA). • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="289 240 520 302">344 Thyroid Disorders</p> <p data-bbox="319 415 491 477">345 Hypertension</p> <p data-bbox="268 591 537 721">346 Renal Disease Does not include urinary-tract infections</p> <p data-bbox="210 834 600 964">347* Cancer Refers to cancer that is severe enough to affect nutritional status</p> <p data-bbox="193 1078 621 1370">348 Central Nervous System Disorders Includes, but not limited to:</p> <ul data-bbox="247 1201 533 1370" style="list-style-type: none"> • epilepsy • cerebral palsy • multiple sclerosis • Parkinson’s Disease • spina bifida 	<p data-bbox="726 240 1104 302">Counseling and Referral Notes for Codes 344 through 348</p> <ul data-bbox="768 324 1986 1243" style="list-style-type: none"> • Breastfeeding women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition/ breastfeeding questions and offer general information that supports instructions from a physician or R.D. The following materials provide information for breastfeeding clients: <ul data-bbox="928 470 1986 568" style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(a)] - An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] - Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] • If you are not an R.D., determine if the client has any specific nutrition questions/problems requiring referral. If so, refer her to a physician or R.D. • If medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • If needed, refer to <i>Medications and Mothers’ Milk</i>, by Thomas Hale, Ph.D. <u>Note</u>: WIC staff are not qualified or authorized to provide medical advice, but staff members can photocopy information from this reference and give it to the participant to pass along to her health-care provider. • Review possible food-medication interactions (suggested reference: <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA). • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50. <p data-bbox="747 1325 1944 1386">*Additional Counseling Note For Code 347 (Cancer): Chemotherapy and treatment with radioactive compounds are incompatible with breastfeeding. Temporary or permanent weaning will be necessary.</p>

Topic/Risk Condition	Counseling and Referral Information
<p style="text-align: center;">349</p> <p>Genetic and Congenital Disorders Includes, but not limited to:</p> <ul style="list-style-type: none"> • cleft lip or palate • Down’s syndrome • thalassemia major • muscular dystrophy • sickle-cell anemia (not sickle-cell trait) <p style="text-align: center;">351*</p> <p>Inborn Errors of Metabolism Includes, but not limited to:</p> <ul style="list-style-type: none"> • PKU • hyperlipoproteinemia • galactosemia 	<p>Counseling and Referral Notes for Codes 349 and 351</p> <ul style="list-style-type: none"> • Breastfeeding women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition/ breastfeeding questions and offer general information that supports instructions from a physician or R.D. The following materials provide information for breastfeeding clients: <ul style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(a)] - An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] - Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] • If you are not an R.D., determine if the client has any specific nutrition questions/problems requiring referral. If so, refer her to a physician or R.D. • If medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • If needed, refer to <i>Medications and Mothers’ Milk</i>, by Thomas Hale, Ph.D. <u>Note</u>: WIC staff are not qualified or authorized to provide medical advice, but staff members can photocopy information from this reference and give it to the participant to pass along to her health-care provider. • Review possible food-medication interactions (suggested reference: <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA). • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50. <p><u>*Additional Counseling Note For Code 351 (Inborn Errors of Metabolism):</u> A baby with galactosemia should not breastfeed. A baby with PKU can breastfeed but a physician needs to carefully monitor the infant to be sure the amount of phenylalanine in the blood does not rise above safe levels. Make sure the mother is keeping regular appointments with RD or doctor.</p>

Topic/Risk Condition	Counseling and Referral Information
<p style="text-align: center;">352</p> <p>Infectious Diseases within Past Six Months Includes, but not limited to:</p> <ul style="list-style-type: none"> • bronchiolitis (three episodes in the past six months) • TB • pneumonia • meningitis • parasitic infections • HIV or AIDS • Hepatitis 	<p>Counseling and Referral Notes for Code 352:</p> <ul style="list-style-type: none"> • HIV or AIDS – A mother who is HIV positive or has AIDS should not breastfeed. HIV can pass into breastmilk. • Hepatitis C – The risk of transmission of Hepatitis C from mother to baby is the same whether breast or bottle-fed. However, if a woman who is positive for hepatitis C has cracked or bleeding nipples, her breastfeeding infant may be at a higher risk of contracting hepatitis C. A mother in an active phase of hepatitis C should discuss the risks and benefits of breastfeeding with her doctor. • HTLV-1 – Women with human T-cell leukemia virus type 1 (HTLV-1) should not breastfeed because of the risk of transmission to the child. • Breastfeeding women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition/ breastfeeding questions and offer general information that supports instructions from a physician or R.D. The following materials provide information for breastfeeding clients: <ul style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(a)] - An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] - Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] • If you are not an R.D., determine if the client has any specific nutrition questions/problems requiring referral. If so, refer her to a physician or R.D. • If medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • If needed, refer to <i>Medications and Mothers' Milk</i>, by Thomas Hale, Ph.D. <u>Note</u>: WIC staff are not qualified or authorized to provide medical advice, but staff members can photocopy information from this reference and give it to the participant to pass along to her health-care provider. • Review possible food-medication interactions (suggested reference: <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA). • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="296 269 516 402">353 Food Allergy Wheat, eggs, milk, corn, or peanuts</p> <p data-bbox="289 513 522 678">354 Celiac Disease Celiac sprue, gluten enteropathy, or nontropical sprue</p>	<p data-bbox="730 269 1104 329">Counseling and Referral Notes for Codes 353 and 354</p> <ul data-bbox="772 350 1976 1271" style="list-style-type: none"> <li data-bbox="772 350 1976 483">• Breastfeeding women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition/ breastfeeding questions and offer general information that supports instructions from a physician or R.D. The following materials provide information for breastfeeding clients: <ul data-bbox="930 500 1976 597" style="list-style-type: none"> <li data-bbox="930 500 1707 529">- Foods for You Now That Your Baby is Here [13-66, 13-66(a)] <li data-bbox="930 532 1976 561">- An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <li data-bbox="930 565 1976 594">- Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <li data-bbox="772 634 1864 695">• If you are not an R.D., determine if the client has any specific nutrition questions/problems requiring referral. If so, refer her to a physician or R.D. <li data-bbox="772 732 1829 792">• If medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). <li data-bbox="772 829 1927 922">• If needed, refer to <i>Medications and Mothers' Milk</i>, by Thomas Hale, Ph.D. <u>Note</u>: WIC staff are not qualified or authorized to provide medical advice, but staff members can photocopy information from this reference and give it to the participant to pass along to her health-care provider. <li data-bbox="772 959 1919 1019">• Review possible food-medication interactions (suggested reference: <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsny, MS, RD, FADA). <li data-bbox="772 1057 1940 1117">• If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. <li data-bbox="772 1154 1976 1271">• If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="132 215 380 277">355 Lactose Intolerance</p>	<p data-bbox="426 215 1100 245">Review health history and diet for contributing factors:</p> <ul data-bbox="453 253 1245 428" style="list-style-type: none"> • recent gastrointestinal illness • chronic medical conditions • use of medications or herbal medicinals • eating dairy foods or foods made with milk that cause symptoms • ethnic background <p data-bbox="426 472 905 501">Counseling Topics and Considerations:</p> <ul data-bbox="453 509 1577 967" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Reinforce any special diet instructions from the participant’s health care provider, including instructions about vitamin or mineral supplements. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Emphasize non-dairy sources of calcium to help maintain calcium intake (see Appendix C). • If participant tolerates small amounts of lactose, recommend small servings of dairy products such as milk, yogurt, cheese and foods made with milk (soups, pancakes, casseroles, etc.). • Consider issuing a lactose-reduced food package, based on the severity of the intolerance and the participant’s preference. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 1040 821 1070">***Making the Connection***</p> <p data-bbox="453 1078 1457 1198"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Incorporate the diet recall into the counseling session. Ask her to identify calcium-rich foods in the recall and have her suggest at least one other source of calcium she can include in her diet.</i></p>	<p data-bbox="1593 215 1982 386">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 427 1982 524">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 565 1730 594">Resources:</p> <ul data-bbox="1593 602 1982 919" style="list-style-type: none"> • Calcium [13-8, 13-8(a)] • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 959 1803 989">Staff Resources:</p> <ul data-bbox="1593 997 1982 1455" style="list-style-type: none"> • Nutrition Fact Sheet No. 5, Lactose Intolerance • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>

Topic/Risk Condition

Counseling and Referral Information

356

Hypoglycemia

A low level of glucose in the blood; can occur as a complication of diabetes.

357

Drug-Nutrient Interactions

Some medications can affect the absorption and metabolism of various nutrients.

358

Eating Disorders

Anorexia nervosa and bulimia

359

Recent Major Surgery, Trauma, Burns in Past Two Months

Occurrences more than two months previous must have the continued need for nutritional support diagnosed by a physician.

360

Other Medical Conditions

Includes, but not limited to:

- cardiorespiratory diseases,
- heart disease,
- cystic fibrosis
- cardiorespiratory disease
- persistent asthma
- lupus erythematosus

361*

Clinical Depression

Counseling and Referral Notes for Codes 356, 357, 358, 359, 360, and 361

- Breastfeeding women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer *general* nutrition/breastfeeding questions and offer general information that supports instructions from a physician or R.D. The following materials provide information for breastfeeding clients:
 - Foods for You Now That Your Baby is Here [13-66, 13-66(a)]
 - An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)]
 - Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)]
- If you are not an R.D., determine if the client has any specific nutrition questions/problems requiring referral. If so, refer her to a physician or R.D.
- If medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B).
- If needed, refer to *Medications and Mothers’ Milk*, by Thomas Hale, Ph.D. Note: WIC staff are not qualified or authorized to provide medical advice, but staff members can photocopy information from this reference and give it to the participant to pass along to her health-care provider.
- Review possible food-medication interactions (suggested reference: *Powers and Moore’s Food-Medication Interactions*, 11th ed., by Zaneta M. Pronsky, MS, RD, FADA).
- If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician.
- If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

***Additional Counseling Note For Code 361 (Clinical Depression)**

Decreased appetite is a common symptom of clinical depression, so be sure to encourage the participant to eat nutrient-dense foods and snacks (see Appendix B). Also, refer participant to other appropriate health care and social service programs that offer assistance for clinical depression. For information and resources specifically related to postpartum depression, refer to the “Other Topics” section following risk code 903.

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="380 228 432 253" style="text-align: center;">362</p> <p data-bbox="138 261 646 326">Developmental Delays, Sensory or Motor Delays Interfering with the ability to eat</p> <p data-bbox="184 350 625 448">Disabilities that restrict the ability to chew or swallow food or require tube-feeding to meet nutritional needs.</p> <p data-bbox="239 488 562 513">Includes, but not limited to:</p> <ul data-bbox="239 529 659 773" style="list-style-type: none"> • minimal brain function, • developmental disability such as pervasive developmental disorder (PDD) which includes autism • brain damage, • head trauma • birth injury 	<p data-bbox="726 237 1272 261">Counseling and Referral Notes for Code 362</p> <ul data-bbox="768 285 1976 1211" style="list-style-type: none"> • Breastfeeding women with these medical conditions may require in-depth nutritional intervention beyond the scope and training of most WIC staff. However, WIC staff can answer <i>general</i> nutrition/ breastfeeding questions and offer general information that supports instructions from a physician or R.D. The following materials provide information for breastfeeding clients: <ul data-bbox="926 431 1976 537" style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(a)] - An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] - Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] • If you are not an R.D., determine if the client has any specific nutrition questions/problems requiring referral. If so, refer her to a physician or R.D. • If medical condition necessitates a higher calorie intake, review calorie-dense foods (see Appendix B). • If needed, refer to <i>Medications and Mothers' Milk</i>, by Thomas Hale, Ph.D. <u>Note</u>: WIC staff are not qualified or authorized to provide medical advice, but staff members can photocopy information from this reference and give it to the participant to pass along to her health-care provider. • Review possible food-medication interactions (suggested reference: <i>Powers and Moore's Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronsny, MS, RD, FADA). • If a participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise her to discuss these with her physician. • If applicable, refer to Policy CR 07.0, which addresses accommodations for families with special health care needs. For these clients, nutrition education provided by an outside, qualified source, such as an R.D., L.D., or gastroenterologist, serves as a nutrition education contact. Document this contact with NE code SN-000-50.

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>371 Maternal Smoking Any current daily smoking of tobacco products</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Maternal smoking has been linked to fussiness, colic, lower milk production, interference with milk let-down, and early weaning. The less the participant smokes, the less likely it is that these problems will arise. • Smoking can also affect the mother’s nutrient status and can interfere with dietary intake. Emphasize that she can help her baby and herself by quitting smoking or at least cutting back. • While the ideal goal is for the participant to entirely quit smoking, the participant may be unreceptive or claim that she’s been unable to quit. Suggest that she continue to breastfeed but also try to: <ul style="list-style-type: none"> - cut down on the number of cigarettes she smokes per day; - smoke after breastfeeding rather than before to reduce the amount of nicotine in her milk during nursing; and - smoke outside or in a different room, away from the baby. • For participants who want to quit smoking or to cut back, refer them to the American Cancer Society “Quit Line,” at 1-877-937-7848. • Review the basics of a healthy diet, using the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p>***Making the Connection*** <i>Ask participant about her smoking (times of day she smokes, situations or emotions that prompt her to smoke, etc.). Help her set a goal for quitting or reducing the number of cigarettes she smokes per day and have her suggest two things she could do instead of smoking. Ask participant what concerns or questions she has about breastfeeding, her diet, or her eating habits.</i></p>	<p>Refer to Smoking Cessation Program.</p> <p>Refer to doctor, clinic if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>American Cancer Society Quit Line, 1-877-937-7848.</p> <p>Resources:</p> <ul style="list-style-type: none"> • WIC For You - Tobacco Hurts Unborn, Newborn, Kids and Mom, Vol.10/Issue 1 • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • American Cancer Society toll free number: 1-800-227-2345 • TDH Office of Tobacco Prevention: http://www.tdh.state.tx.us/otpc/resources.htm • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="226 215 281 240">372</p> <p data-bbox="205 248 302 272">Alcohol</p> <p data-bbox="111 321 401 459">Current routine use of two or more drinks per day, binge drinking or heavy drinking</p>	<p data-bbox="426 215 905 240">Counseling Topics and Considerations:</p> <ul data-bbox="453 248 1577 1101" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Mothers who drink heavily or who routinely consume two or more drinks per day should not breastfeed. Explain that alcohol passes into the mother’s milk and, at high levels, can affect the baby. The infant may experience problems such as a weak suck, irritability, excess drowsiness, weakness, and/or decreased linear growth. • While it is ideal for a mother to quit drinking entirely, if the mother is unreceptive to this idea, suggest she drink after breastfeeding, rather than before, to cut down on the amount of alcohol in her milk during nursing. Likewise, a mother who occasionally binge drinks should wait several hours after a binge before nursing again. • Discuss other potential hazards related to alcohol use (even at moderate levels): <ul data-bbox="485 613 1577 776" style="list-style-type: none"> - alcohol can take the place of important nutrients. - alcohol adds extra calories to the diet. - alcohol can potentially impair a mother’s ability to care for her infant. - alcohol can impair a person’s ability to drive car. If a woman drinks and drives, she poses a very serious risk to herself, her infant, and others. • For a new mother with an alcohol addiction, having a new baby to care for may be a key factor that motivates her to seek help. Emphasize that there is help and support available for her. Make appropriate referrals. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="436 1141 1577 1304"><i>Note: While it’s ideal for a nursing mother to avoid alcohol completely, regular light drinking (one or fewer drinks per day) has not been found harmful to a nursing baby. Alcohol passes into the mother’s milk and peaks about 30-60 minutes after consumption (60-90 minutes when taken with food). A woman will have little or no alcohol present in her breastmilk 2 hours after consuming one drink.</i></p> <p data-bbox="426 1344 821 1369">***Making the Connection***</p> <p data-bbox="453 1385 1503 1507"><i>Ask participant if she feels that drinking alcohol affects her own health or her ability to care for her infant. Find out if she is interested in a program to help her stop using alcohol. Ask participant what concerns she has about breastfeeding, her diet, or her eating habits.</i></p>	<p data-bbox="1593 215 1990 459">Refer to Social Services or appropriate alcohol rehabilitation program if: available and deemed appropriate Call the Partnership for Drug-Free Texas at 1-877-966-3784 to find area treatment programs.</p> <p data-bbox="1593 500 1990 670">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 711 1728 735">Resources:</p> <ul data-bbox="1593 743 1990 1027" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 1101 1801 1125">Staff Resources:</p> <ul data-bbox="1593 1133 1990 1523" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="121 253 390 318">373 Any Illegal Drug Use</p>	<p data-bbox="426 253 905 280">Counseling Topics and Considerations:</p> <ul data-bbox="453 293 1577 1036" style="list-style-type: none"> • A mother who takes illegal drugs should <u>not</u> breastfeed her baby. Explain to the participant that illegal drugs will pass through her milk and can seriously harm her baby. • Emphasize that using drugs, even on an occasional basis, poses serious risks to her own health and her baby’s health, and it can affect her ability to care for her infant. • The safest recommendation is to abstain from all illegal drugs. However, if the participant indicates that she’s not willing or able to quit, make it clear that she should not breastfeed her baby. • Reinforce what participant is doing right and commend her on her desire to breastfeed, However, because she uses illegal drugs, she should not breastfeed her baby. • For a new mother with a drug addiction, having a new baby to care for may be a key factor that motivates her to seek help. Emphasize that there is help and support available if she’s willing to take it. Make appropriate referrals. • Consider the possibility that participant is also drinking alcohol and smoking. Ask how many drinks (including beer) she has each day and how many cigarettes she smokes per day. Discuss potential hazards and emphasize the importance of being able to care for her baby. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 1073 821 1101">***Making the Connection***</p> <p data-bbox="453 1109 1499 1170"><i>Find out if she is interested in a program to help her stop using illegal drugs Ask participant what concerns she has about breastfeeding, her diet, or her eating habits..</i></p>	<p data-bbox="1593 253 1982 423">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 464 1902 526">Refer to social services if needed.</p> <p data-bbox="1593 570 1982 773">Refer to substance abuse counselor or program. Call the Partnership for Drug-Free Texas at 1-877-966-3784 to find area treatment programs.</p> <p data-bbox="1593 816 1730 844">Resources:</p> <ul data-bbox="1598 852 1992 1130" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 1170 1803 1198">Staff Resources:</p> <ul data-bbox="1598 1206 1982 1521" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="233 215 279 240">381</p> <p data-bbox="153 250 359 277">Dental Problems</p> <p data-bbox="128 321 384 451">periodontal disease, tooth decay, tooth loss or ineffectively replaced teeth</p>	<p data-bbox="426 215 1098 243">Review health history and diet for contributing factors:</p> <ul data-bbox="453 253 863 391" style="list-style-type: none"> • inappropriate snacks/beverages • lack of dental care/hygiene • injury to teeth/mouth • chronic medical conditions <p data-bbox="426 431 905 459">Counseling Topics and Considerations:</p> <ul data-bbox="453 469 1577 1243" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Stress the importance of seeing a dentist in order to deal with dental problems and avoid complications, such as loss of teeth. Also, if left untreated, dental problems can lead to complications in future pregnancies such as prematurity and low birth weight. • Encourage daily brushing and flossing. • It's possible for the participant to unintentionally pass tooth decay bacteria from her mouth to her infant, so she should avoid things like sharing utensils, biting off or chewing pieces of food for the baby, putting a pacifier or bottle in her own mouth, etc. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions, such as: <ul data-bbox="501 824 1556 992" style="list-style-type: none"> - eating healthy snacks that don't stick to teeth, such as fresh fruits and vegetables, eggs, cheese, cottage cheese, and plain yogurt with fruit. - avoiding foods that lead to decay, especially foods that stick to the teeth and/or are high in sugar. These include, but aren't limited to: caramels, chocolates and other candies, peanut butter with added sugar; fruit drinks; doughnuts; sugar-coated cereals; and soft drinks. • If pain related to tooth decay is affecting intake, ask the participant what foods, textures or temperatures of foods bother her. Softer foods or foods at room temperature may be easier to manage. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see "Other Topics" following code 903). <p data-bbox="426 1284 821 1312">***Making the Connection***</p> <p data-bbox="453 1320 1528 1409"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Incorporate the diet recall into the counseling session. Ask her to write down or suggest one or two things she is willing to do to improve her intake and/or dental health.</i></p>	<p data-bbox="1593 215 1976 243">Refer to dentist or dental clinic</p> <p data-bbox="1593 285 1976 456">Contact your TDH Regional Dental Program for information on area dental care services and coverage (go to www.tdh.state.tx.us/dental/regions.htm)</p> <p data-bbox="1593 496 1728 524">Resources:</p> <ul data-bbox="1593 534 1990 813" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 886 1793 914">Staff Resources:</p> <ul data-bbox="1593 924 1986 1203" style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="226 215 281 240">402</p> <p data-bbox="180 248 331 280">Vegan Diets</p> <p data-bbox="121 321 390 418">No meat, poultry, fish, eggs, milk, cheese, or other dairy products</p>	<p data-bbox="426 215 1041 248">Review health history and history of vegan intake:</p> <ul data-bbox="453 256 1247 358" style="list-style-type: none"> • long-term vegan (was eating a vegan diet prior to her pregnancy) • following a fad diet • began a vegan diet during pregnancy <p data-bbox="426 399 905 431">Counseling Topics and Considerations:</p> <ul data-bbox="453 440 1583 1105" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Assess the participant’s knowledge/ability to plan a vegan diet that provides the nutrients she needs. Because vegan diets do not include any animal or dairy products, vegans must rely on other sources to obtain the following key nutrients: iron, calcium, vitamin B12, vitamin D, zinc, protein (i.e., essential amino acids) and calories. See Appendix G for sources of these nutrients. • As needed, review the basics of a healthy vegan diet. Make appropriate suggestions, such as: <ul data-bbox="485 651 1507 821" style="list-style-type: none"> - choosing a variety of whole grains, vegetables, fruits, legumes, nuts and seeds. - choosing whole, unrefined foods that offer plenty of vitamins, minerals and complex carbohydrates. - including a routine source of vitamin B-12 from fortified foods and/or supplements. - including a source of vitamin D if the participant doesn’t get much sun. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Infants of vegan mothers who are exclusively breastfed should get vitamin B-12 supplements. Also, breastfed infants of vegetarian mothers need a dietary source of iron (infant cereal, tofu) or iron supplements at 4 to 6 months of age. These infants also need a source of vitamin D if they have limited sun exposure. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 1146 821 1179">***Making the Connection***</p> <p data-bbox="453 1187 1524 1300"><i>Ask participant what foods she eats in order to get key nutrients such as iron, calcium and vitamin B-12. Find out her what concerns she has about breastfeeding, her diet, or her eating habits. If needed, ask her to identify something she is willing to do to improve her intake.</i></p>	<p data-bbox="1593 215 1986 280">Refer to doctor, clinic or family planning services if:</p> <p data-bbox="1593 289 1976 386">participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 427 1923 524">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 565 1730 597">Resources:</p> <ul data-bbox="1593 605 1986 881" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 922 1803 954">Staff Resources:</p> <ul data-bbox="1593 963 1986 1520" style="list-style-type: none"> • Basic Nutrition Module (Stock No. 13-33) • Appendices • Vegetarian Diets – Position of ADA, J Am Diet Assoc. 1997;97:1317-1321. To see all ADA info about vegetarian diets, go to www.eatright.org and search for “vegetarian.”) • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="226 215 279 240">403</p> <p data-bbox="107 248 405 280">Highly Restrictive Diets</p> <p data-bbox="107 321 405 418">Very low in calories or involving high-risk eating patterns</p>	<p data-bbox="426 248 1098 280">Review health history and diet for contributing factors:</p> <ul data-bbox="447 289 1276 500" style="list-style-type: none"> • participant is trying to rapidly lose weight gained during pregnancy • insufficient resources for food • participant is misinformed or following a fad diet • self-imposed restriction in response to a medical condition • cultural/religious practices • eating disorder <p data-bbox="426 540 905 573">Counseling Topics and Considerations:</p> <ul data-bbox="447 581 1577 1182" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Explore the reasons for the restriction. Remind participant that food does much more than satisfy hunger. Her body needs specific nutrients to readjust after pregnancy and delivery, and the key to getting these nutrients is eating a variety of foods from all the food groups. • If participant reveals high-risk eating habits requiring referral, refer her to an R.D. • If participant’s restriction is self-imposed as a way to treat or prevent a medical condition, refer her to a health care provider. • If participant is restricting her diet as a way to quickly lose weight gained during pregnancy, remind her that it took nine months to gain the weight, so it makes sense to allow herself plenty of time to lose it, at a rate of about 1 – 2 pounds per week. Also emphasize that quick weight loss schemes can be dangerous and they generally don’t have lasting results, if any. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 1255 821 1287">***Making the Connection***</p> <p data-bbox="447 1295 1518 1385"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Use food models to show appropriate serving sizes. Ask participant to state one thing she is willing to do to try to improve her intake.</i></p>	<p data-bbox="1593 215 1982 280">Refer to doctor, clinic or family planning services if:</p> <p data-bbox="1593 289 1982 386">participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 427 1923 524">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 605 1728 638">Resources:</p> <ul data-bbox="1593 646 1992 914" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 987 1801 1019">Staff Resources:</p> <ul data-bbox="1593 1027 1982 1304" style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • Breastfeeding Kardex • LLL Breastfeeding Answerbook

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="233 215 279 240">420</p> <p data-bbox="142 250 367 313">Excessive Routine Caffeine Intake</p> <p data-bbox="107 355 403 488">≥3 cups of coffee/ day or the caffeine equivalent from other beverages containing caffeine</p>	<p data-bbox="426 215 1100 240">Review health history and diet for contributing factors:</p> <ul data-bbox="453 250 1310 354" style="list-style-type: none"> • family or cultural practices • sleep deprivation as a result of baby’s schedule • drinking as a stimulant for performance at job, school or other activity <p data-bbox="426 396 905 420">Counseling Topics and Considerations:</p> <ul data-bbox="453 430 1570 1175" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Review some of the issues related to caffeine intake: <ul data-bbox="485 505 1556 672" style="list-style-type: none"> - caffeine consumed by the mother is transferred into breastmilk. - while modest amounts of caffeine probably don’t cause any problems in a breastfed infant, large amounts of caffeine can cause wakefulness, hyperactivity, or irritability in the infant. - some breastfed babies may be sensitive to very small amounts of caffeine. • Review sources of caffeine (see Appendix J). In addition to coffee, sodas and chocolate, caffeine is found in various over-the-counter drugs, and a number of frozen desserts. Also, caffeine content varies considerably depending on brands, brewing method, brewing time, etc. • Remember that serving sizes vary. While some people drink a small 5 ounce cup of coffee, others fill up a 16 oz. mug for their morning “cup” of coffee. • Help the participant set goals for cutting back on the amount of caffeine she consumes. If coffee is the main culprit, suggest making coffee that is ½ regular and ½ decaffeinated. • Reinforce any special diet instructions from the participant’s health care provider. Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 1247 821 1271">***Making the Connection***</p> <p data-bbox="453 1281 1545 1373"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Use measuring cups or drinking cups to show appropriate serving sizes. Ask her to state at least one thing she’s willing to do to help decrease her caffeine intake.</i></p>	<p data-bbox="1593 215 1982 279">Refer to doctor, clinic or family planning services if:</p> <p data-bbox="1593 289 1969 381">participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 461 1969 553">Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p data-bbox="1593 638 1730 662">Resources:</p> <ul data-bbox="1593 672 1990 948" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 992 1801 1016">Staff Resources:</p> <ul data-bbox="1593 1026 1982 1302" style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • Breastfeeding Kardex • LLL Breastfeeding Answerbook

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="226 215 285 277">421 Pica</p> <p data-bbox="107 321 405 488">Includes but not limited to eating clay, dirt, baking soda, starch, ashes, paint chips or large quantities of ice</p>	<p data-bbox="426 215 1100 245">Review health history and diet for contributing factors:</p> <ul data-bbox="453 253 1314 391" style="list-style-type: none"> • family or cultural practices • dietary deficiency of (a) particular nutrient(s) • hormonal fluctuations • psychopathologic mechanisms, such as obsessive-compulsive behavior <p data-bbox="426 440 905 469">Counseling Topics and Considerations:</p> <ul data-bbox="453 477 1570 902" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Reinforce any special diet instructions from the participant’s health care provider, including instructions about vitamin or mineral supplements. • Explain that eating paint chips, starch, dirt, clay or other similar substances can displace nutritious foods and cause serious problems such as lead poisoning, anemia, small bowel obstruction, and infections from parasites. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. Encourage participant to talk to her doctor about cravings for non-food substances. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind participant that it is important to keep all postpartum appointments. <p data-bbox="426 935 821 964">***Making the Connection***</p> <p data-bbox="453 972 1520 1065"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Incorporate the diet recall into the counseling session. Ask participant to identify two potential risks associated with pica.</i></p>	<p data-bbox="1593 215 1982 277">Refer to doctor, clinic or family planning services if:</p> <ul data-bbox="1600 285 1990 496" style="list-style-type: none"> • participant is not under regular medical care, as indicated on the <i>Health History</i>. • participant has not previously told her health care provider about the pica. <p data-bbox="1593 529 1969 634">Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p data-bbox="1593 708 1730 737">Resources:</p> <ul data-bbox="1600 745 1990 1024" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 1065 1801 1094">Staff Resources:</p> <ul data-bbox="1600 1102 1982 1382" style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>



Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="155 215 357 277">422 Inadequate Diet</p> <p data-bbox="174 321 338 383">Three or more deficiencies</p>	<p data-bbox="426 215 1136 245">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 253 1041 427" style="list-style-type: none"> • insufficient resources for food • participant misinformed or following a fad diet • recent illness • dental problems • chronic medical conditions <p data-bbox="426 472 905 501">Counseling Topics and Considerations:</p> <ul data-bbox="453 509 1577 857" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • Remind participant that food does much more than satisfy hunger. Her body needs specific nutrients to readjust after pregnancy and delivery. The key to getting these nutrients is eating a balanced variety of foods from all the food groups. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 932 821 961">***Making the Connection***</p> <p data-bbox="453 969 1528 1089"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Incorporate the diet recall into the counseling session, and use food models to show appropriate serving sizes. Ask participant to write down or suggest something she is willing to do to improve her intake.</i></p>	<p data-bbox="1593 215 1982 277">Refer to doctor, clinic or family planning services if:</p> <p data-bbox="1593 285 1969 383">participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 428 1969 526">Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p data-bbox="1593 604 1730 633">Resources:</p> <ul data-bbox="1593 641 1990 915" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 961 1801 990">Staff Resources:</p> <ul data-bbox="1593 998 1982 1377" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03) • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="226 215 279 240">423</p> <p data-bbox="121 248 386 350">Inappropriate or Excessive Intake of Dietary Supplements</p> <p data-bbox="142 391 369 488">Includes vitamins, minerals and herbal remedies</p> <p data-bbox="117 529 394 664">(This code does not apply to the regular use of a daily multivitamin-mineral supplement.)</p>	<p data-bbox="422 215 1545 313"><i>Note: The Food and Drug Administration does not approve herbal preparations and over-the-counter supplements before they are sold. Some supplements can be toxic, and some may cause harmful nutrient and/or drug interactions.</i></p> <p data-bbox="422 354 1136 383">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 391 1041 529" style="list-style-type: none"> • insufficient resources for food • participant misinformed or following a fad diet • recent illness • chronic medical conditions <p data-bbox="422 570 905 599">Counseling Topics and Considerations:</p> <ul data-bbox="453 607 1570 1070" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • If a physician has prescribed a vitamin or mineral supplement, verify that participant is clear about the dosage and frequency. Participant should only take the amount prescribed or recommended by doctor. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. Emphasize that getting nutrients from actual foods is a safe, effective, and balanced way to get the nutrients that she needs. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Some cultures commonly use herbal teas to treat gastrointestinal problems. WIC does not generally recommend this practice, since there are a number of issues/cautions related to using herbal teas. For more information, refer to Nutrition Fact Sheet No. 9, Herbal Teas. • Remind participant that it is important to keep all postpartum appointments. <p data-bbox="422 1110 821 1140">***Making the Connection***</p> <p data-bbox="453 1148 1524 1268"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Incorporate the diet recall into the counseling session, focusing on healthy foods that the participant ate, and emphasizing the importance of getting nutrients from a healthy, balanced diet rather than supplements.</i></p>	<p data-bbox="1589 215 1980 280">Refer to doctor, clinic or family planning services if:</p> <p data-bbox="1589 289 1969 386">participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1589 427 1969 524">Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p data-bbox="1589 597 1728 626">Resources:</p> <ul data-bbox="1600 634 1990 919" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1589 959 1801 989">Staff Resources:</p> <ul data-bbox="1600 997 1980 1346" style="list-style-type: none"> • Appendices • Nutrition Fact Sheet No. 9, Herbal Teas • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="113 215 386 418">426 Inadequate Folic Acid Intake to Prevent Neural Tube Defects (NTDs), Spina Bifida and Anencephaly</p>	<p data-bbox="426 215 1528 451">Folic acid can help prevent up to 70% of neural tube defects (NTDs), a class of birth defects involving the brain and spinal column. The neural tube of the fetus develops and closes within the first 30 days of pregnancy, so an adequate intake of folic acid is crucial just before conception and during the first few weeks of pregnancy. Experts recommend that <u>all</u> women of childbearing age get adequate amounts of folic acid on a continuous basis from foods and/or daily multivitamins. That way, if a woman does get pregnant, she'll be getting the folic acid she needs in the early weeks.</p> <p data-bbox="426 492 1136 524">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 532 1570 630" style="list-style-type: none"> • lack of knowledge about folic acid and it's role in preventing NTDs • previously gave birth to infant with an NTD, and is not currently taking a higher dose to help prevent future NTDs. <p data-bbox="426 670 877 703">Counseling Tips and Considerations:</p> <ul data-bbox="453 711 1570 1385" style="list-style-type: none"> • Discuss why folic acid is important and review the recommended intake for women of child-bearing age (400 mcg. per day). Encourage her to take a vitamin supplement as instructed by her doctor. • A woman who has had a baby with a neural tube defect (NTD) should be getting a much higher dose of folic acid to help prevent future NTDs. She should follow her doctor's instructions about taking a supplement. • Daily multivitamin supplements typically supply 400 mcg. of folic acid, which is the same amount as a serving of cereal that supplies 100% DV for folic acid. Prenatal vitamins typically contain 800 – 1000 mcg of folic acid. • Discuss sources of folic acid, such as fortified breads and cereals, legumes, and leafy greens (see Appendix D). Items in the breastfeeding food package that provide folic acid include orange juice, beans, and cereals fortified with folic acid. (Note: Folic acid content varies among different brands of cereals. Check labels for serving sizes and folic acid levels). • Discuss reading the Nutrition Facts Label of food products and daily multivitamins to determine folic acid content. The Daily Value (DV) for folic acid is 400 micrograms, so a food that provides 100% DV for folic acid provides 400 micrograms of folic acid. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. <p data-bbox="426 1417 821 1450">***Making the Connection***</p> <p data-bbox="453 1458 1486 1515"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Have participant identify at least two things she is willing to do to improve her</i></p>	<p data-bbox="1593 215 1982 386">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 410 1730 443">Resources:</p> <ul data-bbox="1600 451 1990 1092" style="list-style-type: none"> • Folic Acid [13-173] • Foods with Folic Acid For Women [1-205(a)] • Folic Acid is Important for All Women [1-202] • Women, Get Folic Acid From Your Food [1-204(a)] • WIC For You - Folic Acid Helps Prevent Birth Defects, Vol.8/Issue 6 • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 1117 1793 1149">Staff Resources:</p> <ul data-bbox="1600 1157 1982 1507" style="list-style-type: none"> • Appendices • Nutrition Fact Sheet No. 17, Folic Acid and Women of Childbearing Age [0610411] • Postpartum Nutrition Module (planned availability, 1/03) • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/

folic acid intake.

wichd/bf/faqs.htm

- *Breastfeeding Kardex*
- *LLL Breastfeeding Answerbook*

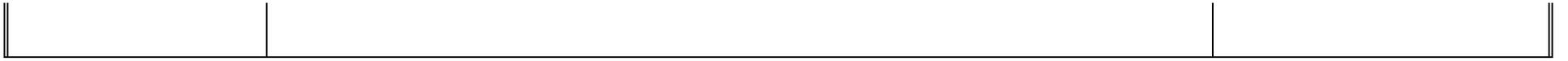
Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="170 228 342 326">501 Possibility of Regression</p> <p data-bbox="102 508 407 573">502 Transfer of Certification</p>	<p data-bbox="426 228 1255 256">Counseling Topics and Considerations (for risk codes 501 and 502):</p> <ul data-bbox="453 266 1577 618" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Discuss the participant’s previous risk condition (any current nutritional issues and/or her improvement with regard to the condition). Or talk with her about any current questions she has about breastfeeding, her health or her diet. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 691 821 719">***Making the Connection***</p> <p data-bbox="453 727 1528 818"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Help her set a goal to improve her health by having her identify something she is willing to do to improve her diet or lifestyle.</i></p>	<p data-bbox="1593 228 1982 396">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 440 1730 467">Resources:</p> <ul data-bbox="1593 477 1990 753" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 797 1801 824">Staff Resources:</p> <ul data-bbox="1593 834 1982 1110" style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="117 228 394 358">601 Breastfeeding Mother of an Infant at Nutritional Risk</p>	<p data-bbox="422 228 1524 293"><i>Note: A breastfed infant is dependent on the mother's milk as the primary source of nutrition. This risk condition must only be used when the mother qualifies for no other risk conditions.</i></p> <p data-bbox="422 334 905 367">Counseling Topics and Considerations:</p> <ul data-bbox="453 375 1577 618" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see "Other Topics" following code 903). <p data-bbox="422 659 821 691">***Making the Connection***</p> <p data-bbox="453 691 1524 781"><i>Ask participant what concerns she has about breastfeeding, her diet, or eating habits. If needed, help her set goals by having her identify something she is willing to change in her diet, lifestyle or breastfeeding practices.</i></p>	<p data-bbox="1593 228 1982 399">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 440 1730 472">Resources:</p> <ul data-bbox="1593 480 1992 756" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 797 1803 829">Staff Resources:</p> <ul data-bbox="1593 837 1982 1114" style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="233 215 279 240">602</p> <p data-bbox="138 248 348 386">Breastfeeding Complications or Potential Complications</p> <ul data-bbox="121 427 394 922" style="list-style-type: none"> • severe engorgement • recurrent plugged ducts • mastitis • flat/inverted nipples • cracked/bleeding/severely sore nipples • ≥ age 40 • milk coming in after four days postpartum • tandem nursing of non-twins 	<p data-bbox="426 215 1507 280">Note: A mom with breastfeeding complications will need a lot of reassurance, encouragement and close follow-up.</p> <p data-bbox="426 321 905 354">Counseling Topics and Considerations:</p> <ul data-bbox="453 362 1577 995" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Observe mom and baby nursing, if possible. Assess mom and baby for proper positioning and latch on and correct any problems. • Determine if mother has breastfeeding support at home. • Remind the mother that the first few weeks of breastfeeding can be difficult for some women and that the breastfeeding experience will improve. Suggest that she sleeps when her baby sleeps and tell her not to worry about housework. Encourage her to ask relatives, friends and neighbors for help. • Teach the mother about the principle of breastmilk supply and ways to tell if her baby is getting enough to eat. • Evaluate the mother’s need for a breast pump. • Remind participant that it is important she eat well and take care of herself so she can be healthy enough to take care of her baby. Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 1036 821 1068">***Making the Connection***</p> <p data-bbox="453 1076 1539 1198"><i>Ask the mother what concerns she has about breastfeeding or her infant's eating patterns and growth. Ask the mother how you can help her continue to breastfeed (i.e., home visit, consultation with Peer Counselor or Lactation Consultant; weekly visits to the WIC clinic to assess latch, positioning and baby's weight gain, etc.)</i></p>	<p data-bbox="1593 215 1982 280">Refer to doctor, clinic or family planning services if:</p> <ul data-bbox="1598 289 1992 492" style="list-style-type: none"> • participant is not under regular medical care, as indicated on the <i>Health History</i>. • participant has symptoms that may require medical attention <p data-bbox="1593 573 1730 597">Resources:</p> <ul data-bbox="1598 605 1997 1092" style="list-style-type: none"> • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm Staff can print pages from FAQ section to use as handouts. • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] <p data-bbox="1593 1141 1801 1166">Staff Resources:</p> <ul data-bbox="1598 1174 1988 1515" style="list-style-type: none"> • Fact Sheet: Normal Breast Fullness, Engorgement, Plugged Ducts and Breast Infections [#13-06-11018] • Breastfeeding Promotion and Support Module [13-27-1] • La Leche League web site, section on breastfeeding information, see http://www.lalecheleague.org

- *Breastfeeding Kardex*
- *LLL Breastfeeding Answerbook*
- *Appendices*

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="170 215 342 277">801 Homelessness</p> <p data-bbox="195 461 317 522">802 Migrancy</p>	<p data-bbox="426 215 1255 245">Counseling Topics and Considerations (for risk codes 801 and 802):</p> <ul data-bbox="453 253 1577 500" style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 537 821 566">***Making the Connection***</p> <p data-bbox="453 574 1528 662"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Help her set a goal to improve her health by having her identify something she is willing to do to improve her diet or lifestyle.</i></p>	<p data-bbox="1593 215 1919 277">Refer to Social Services if: deemed appropriate.</p> <p data-bbox="1593 321 1982 490">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 534 1730 563">Resources:</p> <ul data-bbox="1600 571 1992 846" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 889 1803 919">Staff Resources:</p> <ul data-bbox="1600 927 1982 1201" style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>



Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p align="center">901 Recipient of Abuse/Battering within Past Six Months</p>	<p>Counseling Topics and Considerations</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • If participant indicates she is depressed, refer to physician for further evaluation. For information and referrals related to postpartum depression, see “Other Topics,” following code 903. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p>***Making the Connection*** <i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Help her set goals to improve her health by having her identify something she is willing to do to improve her diet or lifestyle.</i></p>	<p>Refer to Social Services if appropriate.</p> <p>Refer to shelter for battered women if needed.</p> <p>National Domestic Violence Hotline: 1-800-799-7233</p> <p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>



Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="226 215 279 240">902</p> <p data-bbox="107 248 405 386">Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food</p> <p data-bbox="100 427 365 492">Examples may include individuals who are:</p> <ul data-bbox="107 500 411 954" style="list-style-type: none"> <li data-bbox="107 500 338 565">• 17 years or younger* <li data-bbox="107 573 411 703">• Mentally disabled or delayed, or mental illness such as clinical depression <li data-bbox="107 711 411 841">• Physical disability which restricts or limits ability to prepare food <li data-bbox="107 849 386 954">• Current use or history of abusing alcohol or other drugs <p data-bbox="100 1060 411 1442">*Note – Do not assign this risk code based solely on the applicant’s age. It is the responsibility of the CPA to determine through client interview if the young age of the applicant limits her ability to made feeding decisions and/or prepare food.</p>	<p data-bbox="426 215 1528 313"><i>Note: If talking with a teen, keep in mind that it is very important to be sensitive, encouraging and non-judgmental. Teen participants often face many special stresses. Refer to the tips for counseling teens in the “Other Topics” section following risk code 903.</i></p> <p data-bbox="426 354 1255 386">Counseling Topics and Considerations (for risk codes 801 and 802):</p> <ul data-bbox="453 394 1577 678" style="list-style-type: none"> <li data-bbox="453 394 1524 427">• Reinforce what participant is doing right and commend her on her decision to breastfeed. <li data-bbox="453 435 1545 467">• Determine what sort of support system is in place and whether any referrals are necessary. <li data-bbox="453 475 1560 540">• Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. <li data-bbox="453 548 1577 613">• The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. <li data-bbox="453 621 1577 678">• Remind her to keep postpartum appointments and take vitamins as prescribed. Emphasize the importance of folic acid during childbearing years (see “Other Topics” following code 903). <p data-bbox="426 743 825 776">***Making the Connection***</p> <p data-bbox="453 784 1528 873"><i>Ask participant what concerns she has about breastfeeding, her diet, or her eating habits. Help her set a goal to improve her health by having her identify something she is willing to do to improve her diet or lifestyle.</i></p>	<p data-bbox="1593 215 1917 280">Refer to Social Services if appropriate.</p> <p data-bbox="1593 313 1980 483">Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p data-bbox="1593 508 1969 613">Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p data-bbox="1593 654 1728 686">Resources:</p> <ul data-bbox="1593 695 1990 971" style="list-style-type: none"> <li data-bbox="1593 695 1990 792">• Foods for You Now That Your Baby is Here [13-66, 13-66(a)] <li data-bbox="1593 800 1938 865">• Eat Well, Be Well... [13-169, 13-169(a)] <li data-bbox="1593 873 1990 971">• An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p data-bbox="1593 1011 1801 1044">Staff Resources:</p> <ul data-bbox="1593 1052 1990 1328" style="list-style-type: none"> <li data-bbox="1593 1052 1833 1084">• Appendices <li data-bbox="1593 1092 1990 1214">• Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm <li data-bbox="1593 1222 1959 1255">• <i>Breastfeeding Kardex</i> <li data-bbox="1593 1263 1917 1328">• <i>LLL Breastfeeding Answerbook</i>



Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>903 Foster Care During previous 6 months</p>	<p><i>Note: If talking with a teen, keep in mind that it is very important to be sensitive, encouraging and non-judgmental. Teen participants often face many special stresses. Refer to the tips for counseling teens in the “Other Topics” section following this risk code.</i></p> <p>Counseling Topics and Considerations :</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right and commend her on her decision to breastfeed. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • The participant should talk to her physician before taking any non-prescribed supplements or nutrition therapy products. Some substances can pass into breastmilk and may affect the baby. • Remind participant and foster parent that it is important to take postpartum supplements as prescribed by her doctor and to keep all postpartum appointments. <p>***Making the Connection*** <i>Ask participant (or foster parent) what concerns she has about breastfeeding, her diet, or her eating habits. Help her set a goal to improve her health by having her identify something she is willing to do to improve her diet or lifestyle.</i></p>	<p>Refer to doctor, clinic or family planning services if: participant is not under regular medical care, as indicated on the <i>Health History</i>.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well... [13-169, 13-169(a)] • An Instructional Guide for Giving Your Baby the Best [13-06-10954, 13-06-10954(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • Breastfeeding Frequently Asked Questions – http://www.tdh.state.tx.us/wichd/bf/faqs.htm • <i>Breastfeeding Kardex</i> • <i>LLL Breastfeeding Answerbook</i>

Topic	Counseling Information	Referral Information and Resources
<p>Other Topics: Postpartum Blues and Postpartum Depression</p>	<p><i>NOTE: Because WIC staff have the opportunity to talk with so many postpartum women, it's important to be aware of the basics of postpartum depression. However, staff members are not qualified or authorized to diagnose postpartum depression or try to distinguish between the "baby blues" and other more severe forms of depression in clients. If a client indicates she is depressed, WIC staff should offer general support and then refer the participant to her physician.</i></p> <p>Feelings of anxiety or depression after delivery can affect a woman's appetite, intake and overall health. These feelings range from common, mild anxieties to more severe forms of depression:</p> <p>Postpartum Blues (or the "baby blues") – About 75% of new mothers experience symptoms such as mood swings, crying for no reason, irritability, restlessness, difficulty sleeping, difficulty eating, and uncertainty about caring for a new baby. Symptoms usually appear three to four days after delivery and then go away within several days to several weeks. For many women, it helps to know that these feelings are normal and very common. Also, support from family and friends is important, as well as getting plenty of rest, eating healthy foods, taking a shower and getting dressed each day, getting out of the house, taking walks, etc.</p> <p>Postpartum depression – This more severe form of depression occurs in about 10% of postpartum women. These women often experience:</p> <ul style="list-style-type: none"> • severe sadness or emptiness • withdrawal from family, friends, or pleasurable activities • constant fatigue, trouble sleeping • overeating or loss of appetite • a strong feeling of failure or inadequacy • intense concern and worry about the baby, or a lack of interest in the baby • thoughts about suicide; and or fears of harming the baby <p>Postpartum psychosis – This is a rare but very severe form of postpartum depression, which occurs in 1-3 cases for every 1000 births. Symptoms include:</p> <ul style="list-style-type: none"> • delusions (false beliefs) • hallucinations (hearing voices or seeing things that are not real) • thoughts of harming the baby • severe depressive symptoms <p>A woman is at higher risk for postpartum depression if she has experienced a previous psychiatric illness or case of postpartum depression, or if she's experienced a recent stressful event such as a death in the family or moving to a new city. The good news is that the symptoms of postpartum depression, both mild and severe, can be treated with skilled professional help and support.</p>	<p>Refer to doctor, clinic or family planning services if: participant indicates that she is feeling depressed.</p> <p>Depression After Delivery, Inc. 1-800-944-4773, www.depressionafterdelivery.com This organization will send information on pregnancy and postpartum disorders, a professional referral list, and a list of volunteer telephone contact and support groups.</p> <p>The National Women's Health Information Center (US Department of Health and Human Services) 1-800-994-9662 www.4women.gov</p> <p>Texas Department of Mental Health and Mental Retardation (TDMHMR) offers services for teens with mental illness up to age 18, and services for adults who have severe mental illnesses. Contact the MHMR office in your area.</p> <p>Staff Resources:</p> <ul style="list-style-type: none"> • Nutrition Fact Sheet No. 8, Postpartum Issues and Counseling Tips [06-10112] • Postpartum Nutrition Module (planned availability,

Treatment often involves a combination of medical, psychological and social interventions.

1/03)

Topic	Counseling Information	Referral Information and Resources
<p>Other Topics: Folic Acid</p>	<p>Folic acid can help prevent up to 70% of neural tube defects (NTDs), a class of birth defects involving the brain and spinal column. The neural tube of the fetus develops and closes within the first 30 days of pregnancy, so an adequate intake of folic acid is crucial just before conception and during the first few weeks of pregnancy. Experts recommend that <u>all</u> women of childbearing age get adequate amounts of folic acid on a continuous basis from foods and daily multivitamins. That way, if a woman does get pregnant, she'll be getting the folic acid she needs in the early weeks.</p> <p>Counseling Tips and Considerations:</p> <ul style="list-style-type: none"> • The recommended intake of folic acid for women of childbearing age is 400 mcg/day. • Daily multivitamin supplements typically supply 400 mcg. of folic acid, while prenatal vitamins often contain higher levels (800 – 1000 mcg.). • Folate, the naturally occurring form of the vitamin, is found in a variety of foods, including legumes and leafy greens (see Appendix D). The body only absorbs about 50 percent of food folate, while synthetic folic acid, found in fortified foods and vitamin supplements, is nearly 100 percent absorbed by the body. • Items in the postpartum food package that provide folic acid include orange juice, beans, and cereals fortified with folic acid. (Note: Folic acid content varies among different brands of cereals. Check the labels for specific serving sizes and folic acid levels). • Discuss reading the Nutrition Facts Label of food products and daily multivitamins to determine folic acid content. The Daily Value (DV) for folic acid is 400 micrograms, so a food that provides 100% DV for folic acid provides 400 micrograms of folic acid. • Encourage participant to follow doctor's instructions about taking a postpartum or multi-vitamin supplement. Daily multivitamin supplements typically supply 400 mcg. of folic acid, which is the same amount as a serving of cereal that supplies 100% DV for folic acid. • A woman who has had a baby with a neural tube defect (NTD) should be getting a much higher dose of folic acid to help prevent future NTDs. A participant should follow her doctor's directions on the use of prescribed folic acid supplements. • Participants should avoid taking non-prescribed supplements or targeted nutrition therapy products. <p>***Making the Connection*** <i>Ask the participant what concerns or questions she has about her eating habits, weight gain, or pregnancy. Have participant identify at least two things she is willing to do to improve or maintain her folic acid intake.</i></p>	<p>Resources:</p> <ul style="list-style-type: none"> • Folic Acid [13-173] • Foods with Folic Acid For Women [1-205(a)] • Folic Acid is Important for All Women [1-202] • Women, Get Folic Acid From Your Food [1-204(a)] • WIC For You – Folic Acid Helps Prevent Birth Defects, Vol.8/Issue 6 <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • Nutrition Fact Sheet No. 17, Folic Acid and Women of Childbearing Age [06-10411]

Topic	Counseling Information	Referral Information and Resources
<p>Other Topics: Tips for Counseling Teens</p>	<p>Counseling Tips for Teens Teens are a special group of WIC participants that require some specific knowledge and counseling skills.</p> <ul style="list-style-type: none"> • Greet and call teens by their names each time you see them. • An attitude of acceptance is extremely important in teaching teens. They don't want to hear how they have "messed up" their lives by having a baby too early. Teens want to know what to do to care for their baby and care for themselves. • If possible, counsel the teen individually, without friends or family present. (This may not be possible in all situations.) This allows a supportive, non-judgmental tone to be set. This may be one of the few times the teen gets individual attention separate from others. • Ask what type of support she has from family, friends, the baby's father, community, etc. Help her think of specific ways she can use this support (i.e., friends/family can help prepare meals, run errands, and/or baby-sit; some communities offer free parenting classes, etc.). • Allow the teen choices when possible; this allows her to feel independent and that she is making her own decisions. • Teens are often not very interested in what an adult or health professional has to say. Allow the teen to offer her own ideas and suggestions before presenting information. Or, let her choose among several ideas or strategies you present. • If participant indicates she is depressed, refer to physician for further evaluation. For information and referrals related to postpartum depression, see "Other Topics," following code 903. • Focus on positive changes that teens can make rather than a long list of things they can't do or eat. If a teen does need to make changes in her behavior, try to reach a compromise with her by suggesting she "cut down" instead of insisting that she "cut out" a food or behavior. 	<p>Refer to PEP program or other school-based parenting programs</p>

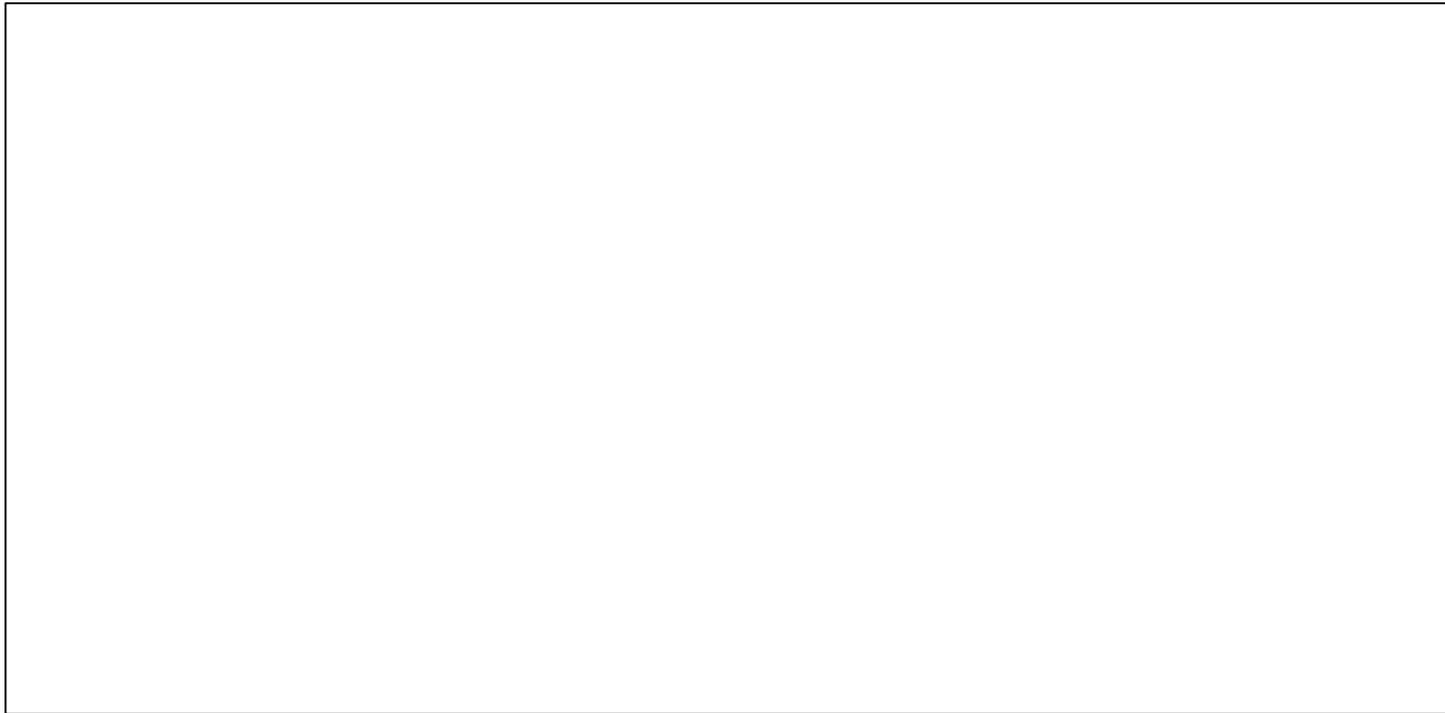
Appendices

Individual Counseling Guide – Breastfeeding Women

- Appendix A Food Guide Pyramid for Breastfeeding Women
- Appendix B Calorie-Dense and Nutrient-Dense Foods
- Appendix C Food Sources of Iron and Calcium
- Appendix D Food Sources of Vitamin A, Vitamin C, and Folic Acid
- Appendix E Type 2 Diabetes: Risk Factors and Symptoms
- Appendix F Gestational Diabetes: Risk Factors and Symptoms
- Appendix G Food Sources of Nutrients for Vegetarians
- Appendix H Quick and Healthy Food-Fixes for New Moms
- Appendix I BMI Table for Determining Weight Classifications for
Non-Pregnant Women
- Appendix J Caffeine Content of Common Beverages
- Appendix K Breastfeeding Resources for Participants
- Appendix L Breastfeeding Resources for Staff

Food Guide Pyramid for Breastfeeding Women

A Guide to Daily Food Choices



Bread, Cereal, Rice & Pasta

1 piece bread, tortilla, roll, muffin, pancake, biscuit or waffle
½ cup cooked cereal, rice, spaghetti, macaroni, noodles or vermicelli
4 squares saltine crackers
2 squares graham crackers
¾ cup ready-to-eat cereal

Fruits & Vegetables

½ cup cooked or canned fruit or vegetable
1 cup raw fruit or vegetable
¾ cup fruit or vegetable juice
¼ cup dried fruit

Milk, Yogurt & Cheese

8 ounces milk
1½ ounces cheese
1½ cups cottage cheese
1 cup yogurt
1 cup pudding, custard or flan (all made with milk)
1½ cups soup made with milk

Meat, Poultry, Fish, Dry Beans, Eggs & Nuts

2-3 ounces cooked lean beef, chicken, turkey, fish or pork
¾ - 1 cup dry beans or peas
4 tablespoons peanut butter
2 eggs
¼ cup nuts

Calorie-Dense and Nutrient-Dense Foods

<u>High Calorie-Dense Foods:</u>	<u>High-Protein Foods</u>	<u>High-Fiber Foods</u>	<u>Examples of Nutrient-Dense Dishes:</u>
<ul style="list-style-type: none"> - Milk - Yogurt - Cheese - Puddings made with milk - Powdered milk (added to foods like mashed potatoes, cream soups, etc.) - Eggs - Meats - Peanut Butter - Nuts and Seeds - Dry beans and peas - Sauces, gravies, spreads, sour cream, avocado 	<ul style="list-style-type: none"> - Eggs - Cheese - Yogurt - Beef - Chicken - Fish - Pork - Dried beans - Peas - Lentils - Tofu - Peanut Butter 	<ul style="list-style-type: none"> - Broccoli - Carrots - Cauliflower - Bananas - Blueberries - Dried beans - Peas - Lentils - Strawberries - Whole grain or other breads with >2 grams fiber/slice 	<ul style="list-style-type: none"> - Pasta dishes (with sauce, vegetables and/or lean meat) - Casseroles (vegetable casseroles, meat casseroles) - Pizza (topped with vegetables, cheese and lean meats) - Main dish salads with lean meat, cheese, vegetables, and low-fat dressing - Sandwiches (meat and/or cheese and vegetables on whole grain bread, also peanut butter and banana sandwiches) - Hearty soups, especially bean soups, vegetables soups and soups with rice, noodles or pasta - Stew or chili made with, beans, lean meats, vegetables - Enchiladas, tacos and chalupas made with beans, vegetables, lean meats and low-fat cheeses. - Macaroni and cheese with vegetables - Omelets with vegetables and cheese and/or lean meat - Milkshakes or smoothies made with skim or low-fat milk or yogurt, with added fruit, cereal or peanut butter
<p><u>Medium Calorie-Dense Foods:</u></p> <ul style="list-style-type: none"> - Breads - Cereal - Rice - Pasta - Vegetables 			

Appendix A (Food Guide Pyramid)
Appendix B (Calorie-Dense and Nutrient-Dense Foods)

Appendix C

Food Sources of Iron and Calcium

Sources of nutrient data: USDA Nutrient Database for Standard Reference (Release 13), plus product labels

Iron-Rich Foods ^{1, 2}

mg. of iron

Total® cereal	¾ cup	18.0
Soybeans, cooked	½ cup	4.4
Blackstrap molasses.....	1 tbsp.	3.5
Lentils, cooked	½ cup	3.3
Potato, baked with skin.....	1 medium.....	2.7
Kidney Beans, cooked.....	½ cup	2.6
Garbanzo Beans, cooked.....	½ cup	2.4
Navy Beans, cooked	½ cup	2.3
Beef (ground, extra lean, cooked).....	3 oz	2.3
Pinto Beans, cooked.....	½ cup	2.2
Blackeye Peas, cooked.....	½ cup	2.2
Figs, dried	5 medium.....	2.0
Northern Beans, cooked.....	½ cup	1.9
Tofu, firm.....	½ cup	1.8
Black Beans, cooked.....	½ cup	1.8
Apricots, dried.....	10 halves	1.6
Almonds.....	¼ cup	1.5
Split Peas, cooked.....	½ cup	1.3
Sesame seeds	1 tbsp	1.3
Prunes	5 medium.....	1.0
Chicken (without skin, cooked)	3 oz	1.0
Raisins	¼ cup packed.....	0.9
Bread	1 slice	0.9
Pork (cooked)	3 oz	0.9
Turnip greens, cooked.....	½ cup	0.6
Peanut Butter.....	2 tbsp.	0.6
Mustard greens, cooked	½ cup	0.5
Fish (cooked).....	3 oz	0.5

Calcium-Rich Foods ³

mg. of calcium

Dairy Sources of Calcium:

Low-fat yogurt.....	1 cup	320
Cheddar cheese	1.5 oz.	305
Skim Milk.....	1 cup	300
Ice cream	½ cup	85
Low-fat Cottage cheese (2% milkfat).....	½ cup	75
Parmesan cheese	1 tbsp	70

Non-Dairy Sources of Calcium:

Calcium-fortified orange juice	8 oz.	350
Firm tofu (set with calcium sulfate)	1 cup	300
Canned sardines with bones.....	3 oz.	265
Total® cereal.....	¾ cup	260
Blackstrap Molasses	1 tbsp	170
Pudding, made with milk	½ cup	150
Calcium-fortified bread	1 slice	150
Spinach, cooked.....	½ cup	120
Turnip Greens, cooked	½ cup	100
Corn tortillas (made with lime processed corn).....	2 tortillas	90
Almonds	¼ cup	90
Sesame Seeds.....	1 tbsp	90
Soybeans, cooked.....	½ cup	90
Navy Beans, cooked.....	½ cup	65
Northern Beans, cooked	½ cup	60
Okra, sliced, cooked.....	½ cup	50
Pinto beans, cooked.....	½ cup	40
Broccoli, cooked	½ cup	35

¹ The recommended intake for iron for women is 15 mg/day for 14 -18 years old; 18 mg/day for 19-50 years old.

² The iron in meat products is better absorbed compared to the type of iron in foods of plant origin.

³ The recommended calcium intake for women (both breastfeeding and non-breastfeeding) is 1300 mg/day for ≤18 years old; 1000 mg/day for 19-50 years old.

Appendix D

Food Sources of Vitamin A, Vitamin C and Folate

Source of nutrient data: USDA Nutrient Database for Standard Reference (Release 13)

<u>Foods containing Vitamin A</u> ¹	mcg. of Retinol Equivalents	<u>Foods containing Vitamin C</u> ²	mg. of vitamin C	<u>Foods containing Folate</u> ³	mcg. of folic acid or folate ⁴
Sweet potato, cooked.....	1 medium..... 2490	Guavas	½ cup..... 150	Fortified Cereals*	½ - ¾ cup 100 to 400
Carrot, raw	1 medium..... 1715	Orange Juice.....	8 oz..... 95	Lentils	½ cup 180
Spinach, cooked	½ cup cooked..... 735	Red Bell Pepper, raw	½ cup sliced 85	Pinto Beans.....	½ cup 150
Cantaloupe.....	1 cup cubes..... 515	Kiwifruit	1 medium 75	Garbanzo Beans.....	½ cup 140
Mango	½ medium..... 405	Orange	1 medium 70	Spinach, cooked.....	½ cup 130
Turnip greens, cooked	½ cup cooked..... 395	Cantaloupe	1 cup cubes 70	Asparagus	½ cup 130
Winter Squash, cooked.....	½ cup cubes..... 365	Broccoli, cooked.....	½ cup chopped 60	Black beans	½ cup 130
Collard Greens, cooked	½ cup 300	Strawberries	8 medium 55	Kidney beans	½ cup 115
Spinach, raw	1½ cups 300	Grapefruit juice	6 oz..... 55	Orange juice	8 oz..... 110
Red Bell Pepper, raw.....	½ cup sliced..... 260	Vegetable Juice, canned	6 oz..... 50	Spinach, raw.....	1½ cups..... 90
Apricots, dried	10 halves..... 250	Brussels sprouts, cooked.....	½ cup..... 50	Collard greens, cooked.....	½ cup 90
Chinese Cabbage, cooked ...	½ cup 220	Grapefruit.....	½ medium 45	Romaine Lettuce.....	1 cup 80
Apricots, fresh	½ cup sliced..... 215	Papaya	½ cup cubes 45	Sunflower seeds.....	¼ cup 75
Vegetable Juice	6 oz. 215	Green Bell Pepper, raw	½ cup sliced 40	Split peas.....	½ cup 65
Milk, skim.....	1 cup 150	Potato w/ skin, baked.....	1 medium 30	Wheat germ	2 tbsp. 50
Romaine Lettuce	1 cup shredded 145	Sweet potato w/ skin, baked.....	1 medium 30	Broccoli, cooked.....	½ cup 40
Pumpkin, cooked.....	½ cup mashed 130	Cauliflower, cooked.....	½ cup..... 25		
Broccoli, cooked.....	½ cup chopped..... 110	Tomato, raw	1 medium 25		
Egg	1 large 85	Mango.....	½ cup sliced 25		
		Green or red hot chiles	¼ cup canned 25		
		Green Cabbage, raw	1 cup shredded 20		
		Chinese Cabbage, cooked.....	½ cup..... 20		
		Turnip greens, cooked.....	½ cup cooked 20		
		Collard greens, cooked.....	½ cup cooked 15		

**Folic acid content varies among different brands of cereals. Check the Nutrition Facts Labels of individual brands for specific serving sizes and folic acid levels.*

¹ The recommended intake for vitamin A for women is 700 mcg/day (for ages 14 and up).
² The recommended intake for vitamin C for women is 65 mg/day for 14 -18 years old; 75 mg/day for ages 19 and up.
³ The recommended intake for folate for women is 400 mcg/day (for ages 14 and up).
⁴ *Folate* is the naturally occurring form of the vitamin, and the body absorbs about 50% of food folate. *Folic acid* is the synthetic form of the vitamin found in multivitamins and fortified foods. The body absorbs nearly 100 percent of the synthetic folic acid.

Type 2 Diabetes: Risk Factors and Symptoms

Type 2 diabetes occurs in both men and women, and typically develops during adulthood. In Type 2 diabetes, the body isn't able to make enough insulin, or properly use the insulin that it does make. The result is high blood sugar, which can damage the heart, arteries, eyes, nerves and kidneys and lead to serious health problems.

Once a woman has had gestational diabetes (GDM), her chance of developing Type 2 diabetes is very high. Six out of 10 overweight women (60%) who have had GDM will eventually develop Type 2 diabetes. For women who are not overweight, this number is one in four (25%). Being physically active and staying within a good weight range are the best ways to lower the risk of Type 2 diabetes, especially for women who have had GDM. Also, it is important for these women to have their blood sugar checked frequently and be aware of the risk factors and symptoms of Type 2 diabetes.

Risk factors for Type 2 diabetes

- previous gestational diabetes during a pregnancy or having delivered a baby weighting more than 9 pounds at birth.
- Hispanic, African American, Native American or Asian American
- family history of diabetes
- high or low blood sugar
- overweight (over 20% ideal weight)
- limited physical exercise
- age 45 or older

Symptoms of Type 2 diabetes

- blurred vision
- fatigues, lack of energy
- extreme thirst, hunger
- frequent urination
- sudden change in weight
- slow healing sore or cut
- numbness or tingling in hands or feet
- frequent infections
- depression

Gestational Diabetes: Risk Factors and Symptoms

Gestational diabetes mellitus (GDM) is a type of diabetes that develops during pregnancy. A woman with a history of gestational diabetes has a high risk of developing GDM in subsequent pregnancies, and it's usually more severe. So it's especially important for these women to be aware of the risk factors and symptoms of GDM.

GDM is usually diagnosed between the 24th and 28th week of pregnancy and, in most cases, doesn't go away until after the baby is born. In GDM, the mother doesn't produce enough insulin, or her body doesn't properly use the insulin she does make. If the woman keeps her blood sugar within normal range during the pregnancy, she can have a healthy baby. If she doesn't control her blood sugar, complications can develop.

Risk factors for GDM

Any pregnant woman can develop GDM, but it's more likely to occur among:

- women older than 30
- women who are obese
- those with a family history of diabetes
- women who are Hispanic, African American or Native American
- those who experienced gestational diabetes in an earlier pregnancy

Early Symptoms of GDM

Although these symptoms are normal to some extent during pregnancy, women who are experiencing these symptoms should notify their doctor.

- excessive thirst
- increased urination
- huge appetite

Food Sources of Nutrients for Vegetarians

Carefully-planned vegetarian diets, including more restrictive vegan diets, can provide all the nutrients a woman needs during the postpartum period. However, vegetarians need to make an extra effort to eat a well-balanced diet. This is especially true for vegans, who do not consume any meat, eggs or dairy products.

When counseling vegetarians, it's important to consider how restrictive the diet is:

- lacto-ovo vegetarians eat foods of plant origin, as well as milk, milk products and eggs.
- lacto-vegetarians consume foods of plant origin, plus milk and milk products (no eggs).
- vegans consume *only plant foods*; no animal products whatsoever.

WIC staff should emphasize appropriate foods that are rich in:

- calories
- protein
- iron
- zinc
- calcium
- vitamin B-12
- riboflavin

To help meet energy needs, suggest eating frequent meals and snacks. Also, eating foods that are higher in fat may be warranted for vegetarians who are underweight or not gaining enough weight.

This page lists sources of nutrients that are important for women consuming restrictive vegetarian diets. Also, see Appendix C for the iron and calcium content of various foods.

Calories

- Fortified soybean milk or fortified rice milk
- Nuts and seeds
- Dry beans and peas
- Soy products
- Dried fruits
- Avocados
- Fruit juices

Protein

- Dry beans and peas
- Soy products
- Nuts and seeds
- Grains

(Note: Since vegans don't eat animal protein, it's important that they eat foods from each of the protein groups listed above to ensure they get all the essential amino acids.)

Iron (see Appendix C for nutrient values of various iron-rich foods)

- Whole grains
- Nuts and seeds
- Dry beans and peas
- Dried fruits
- Foods cooked in iron pots and skillets
- Foods containing iron that are eaten along with a with a food high in vitamin C (the vitamin C enhances the absorption of the iron)

Zinc

- Whole grains
- Dry beans and peas
- Nuts
- Wheat germ

Calcium (see Appendix C for nutrient values of various calcium-rich foods)

- Calcium-fortified soy or rice milk
- Calcium-fortified cereals
- Calcium-fortified juices
- Spinach and other greens
- Bok choy
- Corn tortillas made with lime-processed corn
- Soybeans, Northern beans and Navy beans
- Broccoli
- Rhubarb
- Okra
- Dried figs
- Almonds
- Sesame seeds
- Firm tofu made with calcium sulfate
- Blackstrap molasses
- Various brands of breads, bagels, pancake mixes, etc. Look for brands that have least 10% the DV (daily value) for calcium per serving.

Riboflavin

- Green leafy vegetables
- Whole grains
- Yeast
- Legumes

Vitamin B-12 (Animal products are the only reliable sources of vitamin B-12 for humans)

- Vitamin B-12 supplement
- Soy milk fortified with vitamin B-12
- Breakfast cereals fortified with vitamin B-12
- Yeast grown in media rich in vitamin B

Appendix E (Type 2 Diabetes: Risk Factors and Symptoms)
Appendix F (Gestational Diabetes: Risk Factors and Symptoms)
Appendix G (Food Sources of Nutrients for Vegetarians)

Quick and Healthy Food-Fixes for New Moms

Quick Snacks

- Piece of fruit
- Low-fat yogurt
- Bagel
- Dry cereal
- Toasted English Muffin
- Whole-grain crackers
- Raw veggies
- Cheese cubes
- Frozen fruit bar
- Glass of milk
- Bowl of instant oatmeal

Easy “Mini Meals”

- Toast and scrambled egg with low-fat cheese
- Cottage cheese with fruit
- A bowl of cereal with milk and fruit
- Baked potato covered with veggies, low-fat cheese and margarine
- Low-fat yogurt covered with fruit & cereal nuggets or wheat germs
- A cup of soup with whole-grain bread and low-fat cheese
- A milkshake or smoothie with added peanut butter or wheat germ
- Canned tuna mixed with a little low-fat mayo, celery, and apple, on whole-grain bread
- Grilled-cheese sandwich or tortilla with melted cheese
- Leftover pasta mixed with veggies and Italian dressing for a pasta salad
- Leftover rice heated with veggies and low-fat cheese
- Leftovers – just as is!

Getting Help From Friends

When friends or relatives offer to help, a new mom can suggest that a homemade meal would be a wonderful gesture. Or, the postpartum mom who likes to do her own cooking can ask someone to take the baby out for a long stroll while she enjoys some time in the kitchen.

Extra Portions and Creative Leftovers

Cooking extra portions to eat later can be a real timesaver. Store leftovers in the refrigerator to eat within a few days, or put in the freezer for later. Also, try making large batches of foods that can be adapted to various dishes. For example:

- Cook a pound of pasta, then: 1) enjoy with spaghetti sauce; 2) serve cold with veggies and dressing for a pasta salad; or 3) mix with chicken, broccoli, mushrooms, milk and Parmesan for a one-dish meal.
- Cook a pot of rice then: 1) serve with canned black beans or pinto beans; 2) mix with frozen veggies and a little cheese; 3) add canned tuna, broccoli and a bit of cheese; or 4) make a rice salad by adding broccoli, chopped apples and a little dressing.
- Bake a whole chicken for a main course, and then use leftovers for sandwiches, salads, casseroles, etc.
- Bake or microwave potatoes and top with: 1) traditional toppings (margarine, low-fat sour cream, etc.); 2) salsa, veggies and a little cheese; 3) spaghetti sauce, mushrooms and Parmesan; or 4) chile.
- Make a big pot of soup with whatever you’ve got in the fridge, then store part of it in the freezer for later.
- Make a bunch of hard-cooked eggs and then: 1) eat plain; 2) slice and add to a tossed salad or sandwich; or 3) use for egg salad. Use hard-boiled eggs within a week after cooking, and

Choosing Nutritious Convenience Foods

Grocery stores offer hundreds of items that make cooking easier, from canned beans to boxed pasta dishes to entire frozen meals. While these products can save lots of time for postpartum moms, many items also high in fat, calories and sodium. So, here are a few tips to pass along:

- Choose lower-fat items. Look for labels that say “low-fat, light, low-calorie, etc.
- Compare the salt (sodium) in different brands. Choose the ones that are lower in sodium.
- If a product includes seasoning packet, experiment by adding only part of the packet. This will cut down on sodium.
- When preparing macaroni dishes or other items that call for milk, use fat-free milk. Also, try adding only half the margarine or oil that the recipe calls for.
- To boost the nutrient value of just about any convenience food, mix or serve with your favorite veggies (fresh or frozen) and whole grain bread.
- Convenience usually costs extra – look for items on sale; use coupons.

Keeping the above tips in mind, here are some suggestions for convenience products that are handy to keep in the pantry:

- low-fat frozen meals and entrees
- instant hot cereals
- boxed pasta, rice and macaroni dishes
- jarred/canned spaghetti sauce
- canned soup and soup mixes
- canned meats, chicken, and fish
- canned and frozen vegetables

**BMI Table for Determining Weight Classification
for Non-Pregnant Women ¹**

Height (Inches)	Underweight BMI <18.5	Normal Weight BMI 18.5-24.9	Overweight BMI 25.0-29.9	Obese BMI ≥ 30.0
58"	<88	88-118	119-142	>142
59"	<91	91-123	124-147	>147
60"	<94	94-127	128-152	>152
61"	<97	97-131	132-157	>157
62"	<101	101-135	136-163	>163
63"	<104	104-140	141-168	>168
64"	<107	107-144	145-173	>173
65"	<111	111-149	150-179	>179
66"	<114	114-154	155-185	>185
67"	<118	118-158	159-190	>190
68"	<121	121-163	164-196	>196
69"	<125	125-168	169-202	>202
70"	<128	128-173	174-208	>208
71"	<132	132-178	179-214	>214
72"	<136	136-183	184-220	>220

¹Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute, (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Appendix J

Approximate Caffeine Content of Common Beverages*

When using this table, be sure to pay attention to serving size and adjust accordingly. For example, some individuals may drink a small 5 oz. cup of coffee, while others may fill up a 12- or 16-oz. mug for their morning “cup” of coffee.

<u>caffeine (mg.)</u>	<u>caffeine (mg.)</u>
Coffee	Soft Drinks/Sodas (per 12 oz. can)
Drip, regular (5 oz.) 106 - 164 mg.	Coca-Cola 45 mg.
Instant, regular (5 oz.)..... 47 - 68 mg.	Coca-Cola, Diet..... 47 mg.
Decaffeinated (5 oz.) 2 - 5 mg.	Dr. Pepper, Regular or Diet 40 mg.
Cocoa and Chocolate	Diet Right Cola..... 36 mg.
Chocolate milk (8 oz.)..... 10 mg.	Mountain Dew..... 54 mg.
Cocoa beverage (mix) (6 oz.) 2 - 8 mg.	Mr. Pibb 41 mg.
Chocolate pudding (1/2 cup) 5 - 10 mg.	Mr. Pibb, Diet..... 57 mg.
Chocolate ice cream (1/2 cup)..... 2 mg.	Pepsi Cola..... 38 mg.
Loose-leaf Tea	Pepsi Light, Diet..... 36 mg.
Black (6 oz.) 25 - 110 mg.	Royal Crown Cola 36 mg.
Oolong (6 oz.)..... 12 - 55 mg.	Shasta Cola..... 44 mg.
Green (6 oz.)..... 8 - 36 mg.	Tab 45 mg.
Tea (black tea assumed)	Club Soda..... 0 mg.
Brewed, major U.S.brands (5 oz.) 20 - 80 mg.	Craigmont Cola 0 mg.
1 minute brew (5 oz.) 21 - 33 mg.	Fanta 0 mg.
3 minute brew (5 oz.) 35 - 46 mg.	Fresca..... 0 mg.
5 minute brew (5 oz.) 39 - 50 mg.	Ginger Ale 0 mg.
Canned iced tea (5 oz.)..... 22 - 36 mg.	Grape Soda..... 0 mg.
Iced tea (12 oz.) 67 - 76 mg.	Orange Soda..... 0 mg.
Instant tea (5 oz.) 22 - 36 mg.	7-Up..... 0 mg.
	Sprite..... 0 mg.
	Tonic Water..... 0 mg.

Information adapted from research conducted by The US. Department of Nutritional Services

*These values are approximate. The caffeine content of various beverages and products will vary and different sources may report different values.