

Individual Counseling Guide – Postpartum Women

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p style="text-align: center;">102 Postpartum Underweight</p> <p style="text-align: center;">BMI <19.8</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">NOTE:</p> <p>Starting 10-01-02, this code will no longer apply to postpartum women; it will be replaced by code 101.</p> <p style="text-align: center;">Remove this page from your postpartum counseling guide at that time.</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. • Talk with the participant about a healthy weight-range goal for her. 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p>***Making the Connection***</p> <p><i>Ask participant what concerns or questions she has about her diet or weight. Ask her to list several things she is willing to do to try to increase her weight. Help her set goals.</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>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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(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)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="174 204 338 363">112 Postpartum Overweight BMI \geq26.1</p> <div data-bbox="113 477 401 878" style="border: 1px solid black; padding: 5px;"> <p data-bbox="205 505 304 532">NOTE:</p> <p data-bbox="123 542 390 704">Starting 10-01-02, this code will no longer apply to postpartum women; it will be replaced by code 111.</p> <p data-bbox="130 737 384 862">Remove this page from your postpartum counseling guide at that time.</p> </div>	<p data-bbox="426 204 1146 232">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 241 1024 375" style="list-style-type: none"> • excessive weight gain during pregnancy • overconsumption of foods and/or beverages • very little or no physical activity • chronic medical conditions or genetic disorders <p data-bbox="426 399 911 427">Counseling Topics and Considerations:</p> <ul data-bbox="453 436 1566 1386" style="list-style-type: none"> • Reinforce what participant is doing right. • 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. 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="485 915 1566 1078" style="list-style-type: none"> - eating moderate serving sizes. - drinking fat-free or reduced-fat milk and including plenty of fresh fruits and vegetables. - using low-fat cooking methods and ingredients. - 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 1406 816 1433">***Making the Connection***</p> <p data-bbox="453 1443 1520 1500"><i>Ask the participant how she feels about her current eating habits and weight. Have her list several things she's willing to do to improve her diet and/or increase activity level.</i></p>	<p data-bbox="1593 204 1986 367">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 407 1927 500">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 540 1730 568">Resources:</p> <ul data-bbox="1600 578 1986 740" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 781 1793 808">Staff Resources:</p> <ul data-bbox="1600 818 1986 1284" 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 – A Report from the March of Dimes Task Force on Nutrition and Optimal Human Development,” 2002. To read a summary, go to: www.modimes.org/Programs/4149.htm .

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<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>NOTE: This new risk code goes into effect on 10-01-02.</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. • Talk with the participant about a healthy weight-range goal for her. 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p>***Making the Connection*** <i>Ask participant what concerns or questions she has about 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.</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>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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(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)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="174 235 338 305">111 Overweight</p> <p data-bbox="107 331 386 363">Prepregnancy BMI \geq25</p> <div data-bbox="113 440 401 630" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p data-bbox="205 467 306 496"><u>NOTE:</u></p> <p data-bbox="142 505 369 599">This new risk code goes into effect on 10-01-02.</p> </div>	<p data-bbox="426 235 1146 264">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="451 272 1024 407" style="list-style-type: none"> • excessive weight gain during pregnancy • overconsumption of foods and/or beverages • very little or no physical activity • chronic medical conditions or genetic disorders <p data-bbox="426 431 911 461">Counseling Topics and Considerations:</p> <ul data-bbox="451 469 1570 1385" style="list-style-type: none"> • Reinforce what participant is doing right. • Offer encouragement. Explain that 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. 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 style="list-style-type: none"> - eating moderate serving sizes. - drinking fat-free or reduced-fat milk and including plenty of fresh fruits and vegetables. - using low-fat cooking methods and ingredients. - 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 1403 816 1432">***Making the Connection***</p> <p data-bbox="451 1440 1503 1497"><i>Ask the participant how she's feeling about her current eating habits and weight. Ask her to list things she's willing to do to improve her diet and/or increase activity level.</i></p>	<p data-bbox="1593 235 1986 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 436 1927 531">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 571 1730 600">Resources:</p> <ul data-bbox="1598 609 1990 769" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 812 1793 841">Staff Resources:</p> <ul data-bbox="1598 849 1990 1317" 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 – A Report from the March of Dimes Task Force on Nutrition and Optimal Human Development,” 2002. To read a summary, go to www.modimes.org/Programs/4149.htm .

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<p data-bbox="121 203 390 370">133 High Gestational Weight Gain in Most Recent Pregnancy (Singleton Only)</p> <p data-bbox="163 407 348 537">Prepregnancy Underweight (BMI <19.8): gained >40 lbs.</p> <p data-bbox="134 574 378 704">Prepregnancy Normal Weight: (BMI 19.8 to 26.0): gained >35 lbs.</p> <p data-bbox="100 742 411 839">Prepregnancy Overweight (BMI 26.1 to 29.0): gained >25 lbs.</p> <p data-bbox="128 876 384 974">Prepregnancy Obese: (BMI ≥29.1): gained >15 lbs.</p> <div data-bbox="113 1105 401 1433" style="border: 1px solid black; padding: 5px;"> <p data-bbox="207 1122 302 1149">NOTE:</p> <p data-bbox="132 1159 382 1409">This risk code will be updated, effective 10-01-02. However, the information on this page will still be valid, so do not delete this page from your counseling guide.</p> </div>	<p data-bbox="422 203 1150 230">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="449 240 1020 302" style="list-style-type: none"> • inappropriate diet/overconsumption of calories • chronic medical conditions <p data-bbox="422 342 915 370">Counseling Topics and Considerations:</p> <ul data-bbox="449 380 1583 1369" style="list-style-type: none"> • Reinforce what participant is doing right. • 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. 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 data-bbox="485 894 1566 1057" style="list-style-type: none"> - eating moderate serving sizes. - including plenty of fresh fruits and vegetables. - drinking fat-free or reduced-fat milk and using low-fat cooking methods and ingredients. - 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="422 1386 821 1414">***Making the Connection***</p> <p data-bbox="449 1424 1528 1481"><i>Ask participant how she's feeling about her current eating habits and weight. Ask her to state several things she's willing to do to improve her diet and/or increase activity level.</i></p>	<p data-bbox="1591 203 1990 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="1591 407 1927 505">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1591 542 1730 570">Resources:</p> <ul data-bbox="1591 579 1990 742" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1591 781 1797 808">Staff Resources:</p> <ul data-bbox="1591 818 1990 1289" 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 – A Report from the March of Dimes Task Force on Nutrition and Optimal Human Development,” 2002. To read a summary, go to www.modimes.org/Programs/4149.htm .

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<p data-bbox="117 237 390 334">201 Low Hematocrit/Low Hemoglobin</p> <p data-bbox="117 367 359 464">12 through 14 years: Hct <36% or Hgb <11.8 g/dL</p> <p data-bbox="117 496 331 594">15 years or older: Hct <36% or Hgb <12.0 g/dL</p>	<p data-bbox="426 237 1146 261">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 269 968 472" 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 data-bbox="426 513 915 537">Counseling Topics and Considerations:</p> <ul data-bbox="453 545 1566 1333" style="list-style-type: none"> • Reinforce what participant is doing right. • 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 data-bbox="485 862 1556 1089" 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 1357 821 1382">***Making the Connection***</p> <p data-bbox="453 1390 1440 1479"><i>Ask participant what concerns she has about her diet or 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 data-bbox="1593 237 1992 326">Follow local agency protocol for referral to doctor or clinic and rechecks.</p> <p data-bbox="1593 367 1730 391">Resources:</p> <ul data-bbox="1598 399 1992 708" 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 748 1797 773">Staff Resources:</p> <ul data-bbox="1598 781 1965 951" style="list-style-type: none"> • Nutrition Fact Sheet No. 11, Iron Deficiency [06-10104] • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

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<p data-bbox="155 212 369 272">211 Lead Poisoning</p> <p data-bbox="142 313 369 407">Blood lead level of ≥ 10 mcg/dL within the past 12 months</p>	<p data-bbox="426 212 1115 240">Review health history and diet for contributing factors:</p> <ul data-bbox="453 248 1052 418" style="list-style-type: none"> • anemia • pica • poor diet • insufficient resources for food • use of dishware/cookware with lead-based glazes <p data-bbox="426 456 915 483">Counseling Topics and Considerations:</p> <ul data-bbox="453 492 1566 1068" style="list-style-type: none"> • Reinforce what participant is doing right. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions, such as: <ul data-bbox="485 597 1392 922" 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)]). • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 1133 821 1161">***Making the Connection***</p> <p data-bbox="453 1169 1524 1263"><i>Ask participant what concerns she has about her diet or 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 data-bbox="1593 212 1986 375">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 415 1734 443">Resources:</p> <ul data-bbox="1593 451 1986 898" 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 938 1797 966">Staff Resources:</p> <ul data-bbox="1593 974 1944 1068" style="list-style-type: none"> • Nutrition Fact Sheet - Lead Poisoning, No. 10 • Appendices

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<p data-bbox="107 212 405 305">303 Gestational Diabetes in Most Recent Pregnancy</p>	<p data-bbox="426 212 1115 240">Review health history and diet for contributing factors:</p> <ul data-bbox="453 248 905 345" style="list-style-type: none"> • history of large infant (≥ 9 pounds) • history of pre-pregnancy overweight • family history of diabetes <p data-bbox="426 386 915 414">Counseling Topics and Considerations:</p> <ul data-bbox="453 422 1570 1268" style="list-style-type: none"> • Reinforce what participant is doing right. • 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 (BMI 18.5 – 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 data-bbox="485 727 1570 889" style="list-style-type: none"> - eating a well-balanced diet, which includes plenty of fresh fruits and vegetables and high-fiber foods. - 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. - drinking fat-free or reduced-fat milk. • 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). • Also, women with a history of gestational diabetes 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). • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 1320 821 1347">***Making the Connection***</p> <p data-bbox="453 1356 1539 1446"><i>Ask participant what concerns she has about her diet or 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.</i></p>	<p data-bbox="1593 212 1990 375">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 415 1927 508">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 548 1730 576">Resources:</p> <ul data-bbox="1600 584 1990 816" 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 857 1797 885">Staff Resources:</p> <ul data-bbox="1600 893 1990 1195" style="list-style-type: none"> • 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)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>311 History of Preterm Delivery ≤37 weeks gestation</p> <p>312 History of Low Birth Weight Infant Weighed ≤5 lbs., 8 oz. (≤2500 grams)</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 • previous premature birth • smoker • other substance abuse • dental problems (gingivitis, gum disease) <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • 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. • 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 is a smoker or abuses drugs or alcohol and she indicates that she wants help to quit, refer her to an appropriate cessation program or health-care provider. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet or 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.</p> <p>If participant abuses drugs or alcohol: refer to doctor, social services, or drug/alcohol rehab. program. Contact the Texas Commission on Alcohol & Drug Abuse, 1-877-966-3784 for info.</p> <p>If participant is a smoker: 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 dental 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"> • WIC For You - Tobacco Hurts Unborn, Newborn, Kids and Mom, Vol.10/Issue 1 • Healthy Moms, Healthy Kids/ Madres Sanas, Ninos Sanos (see WIC Materials Order Form) • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>321 History of Fetal Death (20 weeks or greater gestation);</p> <p>History of Neonatal Death (28 days or less of life); or</p> <p>History of Spontaneous Abortion (miscarriage) in most recent pregnancy</p>	<p><i>Note: A participant who has just experienced any 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 • smoker • other substance abuse <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Emphasize the importance of taking care of herself and eating right to help her through her current situation. • Explain that her body needs time (at least 16 months) to replenish its nutrient stores before becoming pregnant again. Refer to family planning services if needed. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • A miscarriage or 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. Emphasize that she follow her doctor’s instructions on taking a postpartum supplement. Also, discuss 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet or 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.</p> <p>Refer to social worker, grief counseling services or support group if: needed and available.</p> <p>Go to www.tdh.state.tx.us/women/clinics.stm to locate area family planning clinic(s).</p> <p>If participant abuses drugs or alcohol: refer to a doctor, social services, or a drug/alcohol rehab. program. Contact the Texas Commission on Alcohol and Drug Abuse at 1-877-966-3784 to find programs your area.</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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] • Folic Acid [13-173] <p>Staff Resources:</p> <ul style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="174 212 338 305">331 Pregnancy at a Young Age</p> <p data-bbox="121 345 390 438">Conception at ≤17 years of age (most recent pregnancy)</p>	<p data-bbox="426 212 1562 272"><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 data-bbox="426 305 911 331">Counseling Topics and Considerations:</p> <ul data-bbox="453 342 1562 1354" style="list-style-type: none"> • Reinforce what participant is doing right. • 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.). • Since many teens have concerns about weight and body image, especially after delivery, this is a good opportunity to provide realistic, health-promoting advice: <ul data-bbox="485 548 1436 672" style="list-style-type: none"> - emphasize the importance of healthy, balanced diet. - emphasize the importance of taking care of herself so she can care for her baby. - discuss the dangers and ineffectiveness of quick weight loss schemes. - encourage moderate activity and exercise, based on physician approval. • 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 data-bbox="485 786 1541 948" 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/drinks (candies, pastries, cake, fruit drinks, 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 anxious about losing the weight quickly, remind her that she gained the weight over a period of nine months, so it makes sense to allow herself plenty of time to lose the weight (about 1-2 pounds per week). • 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. • 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 1386 806 1412">***Making the Connection***</p> <p data-bbox="453 1424 1520 1508"><i>Ask participant what concerns she has about her diet, eating habits, or weight. 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 212 1982 375">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 415 1982 508">To locate area family planning clinic(s) go to www.tdh.state.tx.us/women/clinics.stm</p> <p data-bbox="1593 548 1919 607">Other referrals: Parenting classes</p> <p data-bbox="1593 647 1730 673">Resources:</p> <ul data-bbox="1593 685 1982 847" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 888 1793 914">Staff Resources:</p> <ul data-bbox="1593 925 1961 1024" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="163 235 352 332">332 Closely Spaced Pregnancies</p> <p data-bbox="128 358 386 456">Conception before 16 months postpartum (current pregnancy)</p> <p data-bbox="153 505 359 602">333 High Parity and Young Age</p> <p data-bbox="107 628 407 920">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 data-bbox="422 235 1556 332"><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 data-bbox="422 358 1192 386">Counseling Topics and Considerations for codes 332 and 333:</p> <ul data-bbox="453 394 1570 836" style="list-style-type: none"> • Reinforce what participant is doing right. • Explain that her body needs time (at least 16 months) to replenish its nutrient stores before becoming pregnant again. Refer to family planning services if needed. • Good nutrition is also extremely 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. • Women with closely spaced or numerous pregnancies have an increased risk of delivering a low-birth weight baby in future pregnancies. <p data-bbox="422 857 821 885">***Making the Connection***</p> <p data-bbox="453 889 1493 987"><i>Ask participant what concerns she has about her diet or 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="1591 235 1990 397">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 440 1976 532">To locate area family planning clinic(s) go to www.tdh.state.tx.us/women/clinics.stm</p> <p data-bbox="1591 574 1730 602">Resources:</p> <ul data-bbox="1591 607 1990 776" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1591 818 1793 846">Staff Resources:</p> <ul data-bbox="1591 850 1969 954" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="117 228 394 358" style="text-align: center;">335 Multi-Fetal Gestation in Most Recent Pregnancy</p> <div data-bbox="117 402 401 743" style="border: 1px solid black; padding: 5px;"> <p data-bbox="212 431 300 456"><u>NOTE:</u></p> <p data-bbox="121 464 380 716">This risk code will be updated, effective 10-01-02. However, the information on this page will still be valid, so do not delete this page from your counseling guide.</p> </div>	<p data-bbox="426 228 915 253">Counseling Topics and Considerations:</p> <ul data-bbox="453 264 1566 602" style="list-style-type: none"> • Reinforce what participant is doing right. • Emphasize that eating a balanced, healthy diet can help her feel better (reduce fatigue and irritability), plus feeling better will help her care for her babies. Also, because she had more than one baby, a healthy diet is especially important to help her replenish the nutrients her body has lost. • Review the basics of the Food Guide Pyramid (Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 626 821 651">***Making the Connection***</p> <p data-bbox="453 659 1493 748"><i>Ask participant what concerns she has about her diet or 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 212 1986 375">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 415 1976 578">Refer to a support group for mothers of multiples. See web site for National Organization of Mothers of Twins Clubs, Inc. at www.nomotc.org .</p> <p data-bbox="1593 618 1730 643">Resources:</p> <ul data-bbox="1598 651 1986 821" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 854 1797 878">Staff Resources:</p> <ul data-bbox="1598 886 1965 992" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="121 212 390 342">337 History of Birth of a Large for Gestational Age Infant</p> <p data-bbox="107 380 407 542">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 data-bbox="426 212 1115 240">Review health history and diet for contributing factors:</p> <ul data-bbox="453 248 989 383" style="list-style-type: none"> • gestational diabetes in previous pregnancies • family history of diabetes • pre-pregnancy weight status • excessive pregnancy weight gain <p data-bbox="426 420 915 448">Counseling Topics and Considerations:</p> <ul data-bbox="453 456 1566 829" style="list-style-type: none"> • Reinforce what participant is doing right. • 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 diabetes. Discuss the risk factors and symptoms of Type 2 diabetes (see Appendix E). Also, in case she becomes pregnant in the future, discuss the risk factors and symptoms of gestational diabetes (see Appendix F). • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 867 821 894">***Making the Connection***</p> <p data-bbox="453 902 1493 992"><i>Ask participant what concerns she has about her diet or 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 212 1986 272">Refer to doctor, clinic or family planning services if:</p> <ul data-bbox="1600 280 1986 480" 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 data-bbox="1593 521 1730 548">Resources:</p> <ul data-bbox="1600 557 1986 719" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 760 1814 787">Staff Resources:</p> <ul data-bbox="1600 795 1965 995" style="list-style-type: none"> • Nutrition Fact Sheet No.12, Gestational Diabetes, [06-10252] • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="107 212 405 375">339 Birth to an Infant with Nutrition Related Birth Defect (most recent pregnancy)</p> <p data-bbox="107 412 405 574">Inappropriate nutritional intake in most recent pregnancy (e.g., inadequate zinc, folic acid, or excess vitamin A)</p>	<p data-bbox="426 212 1572 305"><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="426 342 1115 370">Review health history and diet for contributing factors:</p> <p data-bbox="426 378 1507 440">Excessive or inadequate vitamin/mineral supplementation either before conception or during pregnancy.</p> <p data-bbox="426 477 915 505">Counseling Topics and Considerations:</p> <ul data-bbox="453 513 1566 987" style="list-style-type: none"> • Reinforce what participant is doing right. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • 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 and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 1024 821 1052">***Making the Connection***</p> <p data-bbox="453 1060 1493 1149"><i>Ask participant what concerns she has about her diet or 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 212 1992 375">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 412 1927 505">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 542 1730 570">Resources:</p> <ul data-bbox="1593 578 1992 1097" 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 1135 1797 1162">Staff Resources:</p> <ul data-bbox="1593 1170 1976 1373" style="list-style-type: none"> • Nutrition Fact Sheet No.17, Folic Acid and Women of Childbearing Age, [06-10411] • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling and Referral Information
<p data-bbox="226 256 583 354">341 Nutrient Deficiency Diseases Includes, but not limited to:</p> <ul data-bbox="247 378 436 548" style="list-style-type: none"> • malnutrition • scurvy • rickets • hypocalcemia • osteomalacia <p data-bbox="247 654 583 751">342 Gastrointestinal Diseases Includes, but not limited to:</p> <ul data-bbox="247 776 573 1011" style="list-style-type: none"> • ulcers • liver diseases • gallbladder diseases • malabsorption syndromes • bowel diseases • pancreatitis • GER <p data-bbox="258 1084 552 1222">343 Diabetes Mellitus Either Type 1 diabetes or Type 2 diabetes</p>	<p data-bbox="730 264 1119 329">Counseling and Referral Notes for Codes 341, 342, 343:</p> <ul data-bbox="772 345 1980 1141" style="list-style-type: none"> • Postpartum 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 questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for postpartum clients: <ul data-bbox="930 508 1959 573" style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(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). • 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="289 269 520 331">344 Thyroid Disorders</p> <p data-bbox="317 440 491 501">345 Hypertension</p> <p data-bbox="268 610 537 732">346 Renal Disease Does not include urinary-tract infections</p> <p data-bbox="207 841 602 963">347 Cancer Refers to cancer that is severe enough to affect nutritional status</p> <p data-bbox="191 1071 621 1360">348 Central Nervous System Disorders Includes, but not limited to:</p> <ul data-bbox="249 1190 510 1360" style="list-style-type: none"> • epilepsy • cerebral palsy • multiple sclerosis • Parkinson’s Disease • spina bifida 	<p data-bbox="726 269 1140 331">Counseling and Referral Notes for Codes 344, 345, 346, 347, 348</p> <ul data-bbox="768 350 1986 1146" style="list-style-type: none"> • Postpartum 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 questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for postpartum clients: <ul data-bbox="926 505 1955 570" style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(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). • 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 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 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) • tuberculosis • pneumonia • meningitis • parasitic infections • HIV or AIDS • Hepatitis 	<p>Counseling and Referral Notes for Codes 349, 351, and 352</p> <ul style="list-style-type: none"> • Postpartum 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 questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for postpartum clients: <ul style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(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). • Review possible food-medication interactions (suggested reference: <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronskey, 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="296 261 516 391"> 353 Food Allergy Wheat, eggs, milk, corn, or peanuts </p> <p data-bbox="212 496 600 626"> 354 Celiac Disease Celiac sprue, gluten enteropathy, or nontropical sprue </p>	<p data-bbox="726 261 1115 326">Counseling and Referral Notes for Codes 353 and 354</p> <ul data-bbox="768 342 1986 1138" style="list-style-type: none"> • Postpartum 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 questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for postpartum clients: <ul data-bbox="926 496 1955 561" style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(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). • 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 data-bbox="128 212 380 272">355 Lactose Intolerance</p>	<p data-bbox="426 212 1115 240">Review health history and diet for contributing factors:</p> <ul data-bbox="453 248 1226 418" 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="426 456 915 483">Counseling Topics and Considerations:</p> <ul data-bbox="453 492 1566 938" style="list-style-type: none"> • Reinforce what participant is doing right. • 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 1008 821 1036">***Making the Connection***</p> <p data-bbox="453 1044 1535 1133"><i>Ask participant what concerns she has about her diet or 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 212 1986 375">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 415 1923 505">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 545 1728 573">Resources:</p> <ul data-bbox="1593 581 1986 784" 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 824 1801 852">Staff Resources:</p> <ul data-bbox="1593 860 1965 1024" style="list-style-type: none"> • Nutrition Fact Sheet No. 5, Lactose Intolerance • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling and Referral Information
<p style="text-align: center;">356 Hypoglycemia A low level of glucose in the blood, usually a complication of diabetes.</p> <p style="text-align: center;">357 Drug-Nutrient Interactions Some medications can affect the absorption and metabolism of various nutrients.</p> <p style="text-align: center;">358 Eating Disorders Anorexia nervosa and bulimia.</p> <p style="text-align: center;">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.</p> <p style="text-align: center;">360 Other Medical Conditions Includes, but not limited to:</p> <ul style="list-style-type: none"> • cardiorespiratory diseases • heart disease • cystic fibrosis • cardiorespiratory disease • persistent asthma • lupus erythematosus <p style="text-align: center;">361* Clinical Depression</p>	<p>Counseling and Referral Notes for Codes 356, 357, 358, 359, 360, and 361:</p> <ul style="list-style-type: none"> • Postpartum 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 questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for postpartum clients: <ul style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(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). • 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>*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.</p>

Topic/Risk Condition	Counseling and Referral Information
<p style="text-align: center;">362</p> <p>Developmental Delays, Sensory or Motor Delays Interfering with the ability to eat</p> <p>Disabilities that restrict the ability to chew or swallow food or require tube-feeding to meet nutritional needs.</p> <p>Includes, but not limited to:</p> <ul 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>Counseling and Referral Notes for Code 362</p> <ul style="list-style-type: none"> • Postpartum 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 questions and offer <i>general</i> nutrition information that supports instructions from a physician or R.D. The following materials provide general information for postpartum clients: <ul style="list-style-type: none"> - Foods for You Now That Your Baby is Here [13-66, 13-66(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). • Review possible food-medication interactions (suggested reference: <i>Powers and Moore’s Food-Medication Interactions</i>, 11th ed., by Zaneta M. Pronskey, 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 data-bbox="205 212 306 272">372 Alcohol</p> <p data-bbox="111 313 401 451">Current routine use of two or more drinks per day, binge drinking or heavy drinking</p>	<p data-bbox="426 212 915 240">Counseling Topics and Considerations:</p> <ul data-bbox="449 248 1560 789" style="list-style-type: none"> • Reinforce what participant is doing right. • Discuss some of the potential hazards related to alcohol use (even at moderate levels): <ul data-bbox="485 318 1560 480" 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 to her if she’s willing to take it. Make appropriate referrals. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). Make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 857 821 885">***Making the Connection***</p> <p data-bbox="449 893 1507 987"><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 her diet, weight or eating habits.</i></p>	<p data-bbox="1593 212 1990 342">Refer to Social Services or appropriate alcohol rehabilitation program if: available and deemed appropriate</p> <p data-bbox="1593 378 1965 508">Call the Texas Commission on Alcohol and Drug Abuse at 1-877-966-3784 to find area treatment programs.</p> <p data-bbox="1593 544 1986 711">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 747 1730 774">Resources:</p> <ul data-bbox="1593 782 1990 950" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 985 1803 1013">Staff Resources:</p> <ul data-bbox="1593 1021 1965 1122" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="121 212 390 272">373 Any Illegal Drug Use</p>	<p data-bbox="426 212 915 240">Counseling Topics and Considerations:</p> <ul data-bbox="453 248 1577 792" style="list-style-type: none"> • Reinforce what participant is doing right. • Emphasize that using drugs, even on an occasional basis, poses serious risks to the participant's own health and her ability to care for her infant. The safest recommendation is to abstain from all illegal drugs. • 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 829 821 857">***Making the Connection***</p> <p data-bbox="453 865 1528 922"><i>Ask participant what concerns she has about her diet, eating habits, or weight. Find out if she is interested in a program to help her stop using illegal drugs.</i></p>	<p data-bbox="1593 212 1990 375">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 415 1976 610">Refer to substance abuse counselor or program. Call the Texas Commission on Alcohol and Drug Abuse at 1-877-966-3784 to find area treatment programs.</p> <p data-bbox="1593 651 1730 678">Resources:</p> <ul data-bbox="1600 686 1990 849" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 889 1808 917">Staff Resources:</p> <ul data-bbox="1600 925 1969 1023" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>381 Dental Problems</p> <p>periodontal disease, tooth decay, tooth loss or ineffectively replaced teeth</p>	<p>Review health history and diet for contributing factors:</p> <ul style="list-style-type: none"> • inappropriate snacks/beverages • lack of dental care/hygiene • injury to teeth/mouth • chronic medical conditions <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • 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 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 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p>***Making the Connection*** <i>Ask participant what concerns she has about her dental health, diet, or eating habits. Incorporate the diet recall into the counseling session. Ask participant 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>Refer to dentist or dental clinic.</p> <p>Contact your TDH Regional Dental Program to learn about area dental services (see www.tdh.state.tx.us/dental/regions.htm)</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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p>Staff Resources: Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="180 212 331 272">402 Vegan Diets</p> <p data-bbox="121 313 390 407">No meat, poultry, fish, eggs, milk, cheese, or other dairy products</p>	<p data-bbox="426 212 1052 240">Review health history and history of vegan intake:</p> <ul data-bbox="453 248 1230 347" 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 for reasons related to pregnancy <p data-bbox="426 418 915 446">Counseling Topics and Considerations:</p> <ul data-bbox="453 454 1566 963" style="list-style-type: none"> • Reinforce what participant is doing right. • 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 vitamin B12, vitamin D, calcium, iron, 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="485 662 1503 824" 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 997 821 1024">***Making the Connection***</p> <p data-bbox="453 1032 1503 1092"><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. If needed, ask her to identify something she is willing to do to improve her intake.</i></p>	<p data-bbox="1593 212 1986 375">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 415 1923 508">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1593 548 1730 576">Resources:</p> <ul data-bbox="1600 584 1986 747" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 787 1803 815">Staff Resources:</p> <ul data-bbox="1600 823 1986 1190" 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. The American Dietetic Association web site has numerous pages about vegetarian diets. Go to www.eatright.org and search for “vegetarian.”)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="226 248 281 272">403</p> <p data-bbox="102 280 407 310">Highly Restrictive Diets</p> <p data-bbox="102 350 407 444">Very low in calories or involving high-risk eating patterns</p>	<p data-bbox="422 280 1115 310">Review health history and diet for contributing factors:</p> <ul data-bbox="449 318 1260 524" 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="422 561 915 591">Counseling Topics and Considerations:</p> <ul data-bbox="449 599 1575 1179" style="list-style-type: none"> • Reinforce what participant is doing right. • 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 her health-care provider. • If participant is restricting her diet as a way to quickly lose weight gained during pregnancy, remind her that she 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="422 1247 821 1276">***Making the Connection***</p> <p data-bbox="449 1284 1528 1378"><i>Ask participant what concerns she has about her diet, eating habits, or weight. 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="1589 248 1990 410">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 451 1927 545">Refer to R.D. for high-risk counseling if: available and deemed appropriate.</p> <p data-bbox="1589 586 1730 615">Resources:</p> <ul data-bbox="1596 623 1995 784" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1589 824 1808 883">Staff Resources: Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="226 212 285 272">421 Pica</p> <p data-bbox="107 313 405 475">Includes but not limited to eating clay, dirt, baking soda, starch, ashes, paint chips or large quantities of ice</p>	<p data-bbox="426 212 1115 240">Review health history and diet for contributing factors:</p> <ul data-bbox="453 248 1314 383" 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="426 427 915 454">Counseling Topics and Considerations:</p> <ul data-bbox="453 462 1566 870" style="list-style-type: none"> • Reinforce what participant is doing right. • 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. Encourage participant to talk to her doctor about cravings for non-food substances. • 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 938 821 966">***Making the Connection***</p> <p data-bbox="453 974 1486 1068"><i>Ask participant what concerns she has about her diet, eating habits, or weight gain. Incorporate the diet recall into the counseling session. Ask participant to identify two potential risks associated with pica.</i></p>	<p data-bbox="1593 212 1986 272">Refer to doctor, clinic or family planning services if:</p> <ul data-bbox="1600 280 1986 480" 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 516 1976 613">Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p data-bbox="1593 651 1730 678">Resources:</p> <ul data-bbox="1600 686 1986 854" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 889 1803 954">Staff Resources: Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="153 212 359 272">422 Inadequate Diet</p> <p data-bbox="170 313 342 373">Three or more deficiencies</p>	<p data-bbox="426 212 1150 240">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 248 1024 418" 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="426 459 915 487">Counseling Topics and Considerations:</p> <ul data-bbox="453 495 1566 833" style="list-style-type: none"> • Reinforce what participant is doing right. • 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p data-bbox="426 902 821 930">***Making the Connection***</p> <p data-bbox="453 938 1493 1060"><i>Ask participant what concerns she has about her diet, eating habits, or weight. 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 212 1990 375">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 415 1976 508">Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p data-bbox="1593 548 1730 576">Resources:</p> <ul data-bbox="1600 584 1990 748" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 789 1808 816">Staff Resources:</p> <ul data-bbox="1600 824 1969 917" style="list-style-type: none"> • Appendices • Postpartum Nutrition Module (planned availability, 1/03)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p data-bbox="233 212 281 237">423</p> <p data-bbox="123 245 388 342">Inappropriate or Excessive Intake of Dietary Supplements</p> <p data-bbox="142 380 373 472">Includes vitamins, minerals and herbal remedies</p> <p data-bbox="117 513 396 643">(This code does not apply to the regular use of a daily multivitamin-mineral supplement.)</p>	<p data-bbox="422 212 1541 305"><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="422 345 1146 375">Review Health History and Diet for Contributing Factors:</p> <ul data-bbox="453 383 1024 513" style="list-style-type: none"> • insufficient resources for food • participant misinformed or following a fad diet • recent illness • chronic medical conditions <p data-bbox="422 553 911 583">Counseling Topics and Considerations:</p> <ul data-bbox="453 591 1566 1032" style="list-style-type: none"> • Reinforce what participant is doing right. • 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • 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 1065 821 1094">***Making the Connection***</p> <p data-bbox="453 1102 1520 1227"><i>Ask participant what concerns she has about her diet, eating habits, or weight. 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="1593 212 1986 375">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 415 1976 508">Refer to a Registered Dietitian if: available and deemed appropriate.</p> <p data-bbox="1593 548 1730 578">Resources:</p> <ul data-bbox="1604 586 1992 748" style="list-style-type: none"> • Foods for You Now That Your Baby is Here [13-66, 13-66(a)] • Eat Well, Be Well – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p data-bbox="1593 789 1808 818">Staff Resources:</p> <ul data-bbox="1604 826 1940 919" style="list-style-type: none"> • Appendices • Nutrition Fact Sheet No. 9, Herbal Teas

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>426 Inadequate Folic Acid Intake to Prevent Neural Tube Defects (NTDs), Spina Bifida and Anencephaly</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/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>Review Health History and Diet for Contributing Factors:</p> <ul style="list-style-type: none"> • lack of knowledge about folic acid and it's role in preventing NTDs • previous birth to NTD infant, but not taking a higher dose to help prevent future NTDs. <p>Counseling Tips and Considerations:</p> <ul style="list-style-type: none"> • Discuss why folic acid is important and review the standard recommended intake for women of childbearing age (400 mcg. per day). For more on folic acid, refer to the "Other Topics" section following risk code 903. • 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 needs to follow her doctor's directions on the use of prescribed folic acid supplements. • Discuss sources of folic acid, such as fortified breads and cereals, legumes, and leafy greens (see Appendix D). Items in the postpartum food package that provide folic acid include cereals fortified with folic acid and orange juice. (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. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A). • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant that it is important to keep all postpartum appointments. <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 her folic acid intake.</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"> • 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p>Staff Resources:</p> <ul 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)

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p align="center">501 Possibility of Regression</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Review the participant’s previous risk condition and her improvement with regard to the condition. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight. 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p>Staff Resources: Appendices</p>
<p align="center">502 Transfer of Certification</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Discuss any nutritional issues related to the participant’s previous risk condition, or any current concerns that she wants to discuss regarding her health and diet. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight. 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p>Staff Resources: Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p align="center">801 Homelessness</p>	<p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. 	<p>Refer to Social Services if: appropriate.</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 align="center">802 Migrancy</p>	<p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight. 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>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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p>Staff Resources: Appendices</p>

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 (for risk codes 801 and 802):</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • 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. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight. 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 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p>Staff Resources: Appendices</p>

Topic/Risk Condition	Counseling Information	Referral Information and Resources
<p>902 Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food</p> <p>Examples may include individuals who are:</p> <ul style="list-style-type: none"> • 17 years or younger • Mentally disabled or delayed, or mental illness such as clinical depression • Physical disability which restricts or limits ability to prepare food • Current use or history of abusing alcohol or other drugs 	<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 risk code 903.</i></p> <p>Counseling Topics and Considerations:</p> <ul style="list-style-type: none"> • Reinforce what participant is doing right. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • Remind participant to keep all postpartum appointments and take vitamin supplements as prescribed by her doctor. Emphasize the importance of folic acid during childbearing years. <p>***Making the Connection*** <i>Ask participant what concerns she has about her diet, eating habits, or weight. 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 Social Services if: appropriate.</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 a Registered Dietitian 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p>Staff Resources: Appendices</p>
<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. • Review the basics of a healthy diet, according to the Food Guide Pyramid (see Appendix A) and make appropriate suggestions. • If participant is taking any non-prescribed supplements or targeted nutrition therapy products, advise her to discuss these products with her health-care provider. • 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 her diet, eating habits, or weight. 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 – A Nutrition Guide for All Women Under 40 [13-169, 13-169(a)] <p>Staff Resources: Appendices</p>

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. Treatment often involves a combination of medical, psychological and social interventions.</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 group will send information on postpartum disorders, plus a professional referral list, and a list of volunteer telephone contacts and support groups.</p> <p>The National Women's Health Information Center (US Department of Health and Human Services) 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 or call 1-800-252-8154.</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, 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 naturally-occurring food folate. On the other hand, the body absorbs nearly 100 percent of synthetic folic acid found in fortified foods and vitamin supplements. • Items in the postpartum food package that provide folic acid include cereals fortified with folic acid and orange juice. (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: Nutrition Fact Sheet No. 17, Folic Acid and Women of Childbearing Age [06-10411]</p>

Other Topics: Postpartum Blues and Postpartum Depression
Other Topics: Folic Acid

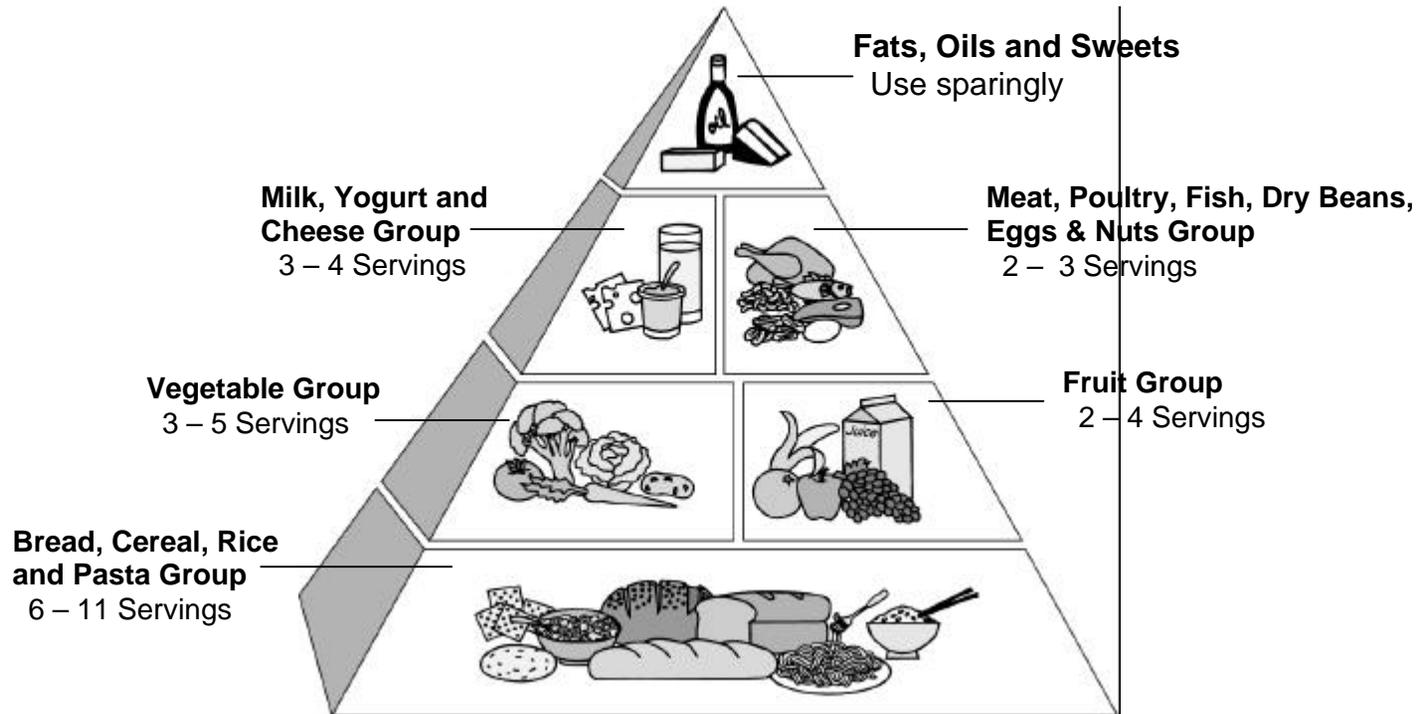
Topic	Counseling Information	Referral Information and Resources
<p>Other Topics: Tips for Counseling Teens</p>	<p>Counseling Tips for Teens Teens are a special group of WIC participants that require some specific knowledge and counseling skills.</p> <ul style="list-style-type: none"> • Greet and call 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 getting pregnant. Teens want to know what to do to have a healthy, happy baby. • 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 often are 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 postpartum depression information in the "Other Topics" section. • 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 – Postpartum Women

- Appendix A Food Guide Pyramid for Postpartum 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
Postpartum Women
- Appendix I BMI Table for Determining Weight
Classifications for Non-Pregnant Women

Food Guide Pyramid for Postpartum 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 make 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

Appendix B

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 C

Food Sources of Iron and Calcium

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

<u>Iron-Rich Foods</u> ^{1, 2}		<u>mg. of iron</u>	<u>Calcium-Rich Foods</u> ³		<u>mg. of calcium</u>
Total® cereal	¾ cup	18.0	<i>Dairy Sources of Calcium:</i>		
Soybeans, cooked.....	½ cup	4.4	Low-fat yogurt.....	1 cup	320
Blackstrap molasses	1 tbsp.....	3.5	Cheddar cheese.....	1.5 oz.	305
Lentils, cooked.....	½ cup	3.3	Skim Milk	1 cup	300
Potato, baked with skin.....	1 medium.....	2.7	Ice cream	½ cup	85
Kidney Beans, cooked.....	½ cup	2.6	Low-fat Cottage cheese (2% milkfat).....	½ cup	75
Garbanzo Beans, cooked	½ cup	2.4	Parmesan cheese.....	1 tbsp.....	70
Navy Beans, cooked.....	½ cup	2.3	<i>Non-Dairy Sources:</i>		
Beef (ground, extra lean, cooked)	3 oz	2.3	Calcium-fortified orange juice	8 oz.	350
Pinto Beans, cooked	½ cup	2.2	Firm tofu (set with calcium sulfate).....	1 cup	300
Blackeye Peas, cooked	½ cup	2.2	Canned sardines with bones	3 oz.	265
Figs, dried	5 medium.....	2.0	Total® cereal.....	¾ cup	260
Northern Beans, cooked	½ cup	1.9	Blackstrap Molasses	1 tbsp	170
Tofu, firm.....	½ cup	1.8	Pudding, made with milk	½ cup	150
Black Beans, cooked	½ cup	1.8	Calcium-fortified bread.....	1 slice	150
Apricots, dried.....	10 halves	1.6	Spinach, cooked.....	½ cup	120
Almonds	¼ cup	1.5	Turnip Greens, cooked.....	½ cup	100
Split Peas, cooked	½ cup	1.3	Corn tortillas (made with		
Sesame seeds.....	1 tbsp	1.3	lime processed corn)	2 tortillas	90
Prunes	5 medium.....	1.0	Almonds.....	¼ cup	90
Chicken (without skin, cooked)	3 oz	1.0	Sesame Seeds	1 tbsp	90
Raisins	¼ cup packed.....	0.9	Soybeans, cooked	½ cup	90
Bread	1 slice	0.9	Navy Beans, cooked	½ cup	65
Pork (cooked).....	3 oz	0.9	Northern Beans, cooked.....	½ cup	60
Turnip greens, cooked	½ cup	0.6	Okra, sliced, cooked.....	½ cup	50
Peanut Butter.....	2 tbsp.....	0.6	Pinto beans, cooked	½ cup	40
Mustard greens, cooked.....	½ cup	0.5	Broccoli, cooked.....	½ cup	35
Fish (cooked)	3 oz	0.5			

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 intake for calcium for women 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	<u>Foods containing Vitamin C</u> ²	<u>Foods containing Folate</u> ³
mcg. of Retinol Equivalents	mg. of vitamin C	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; folic acid is the synthetic form of the vitamin found in multivitamins and fortified foods.

Appendix E

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

Appendix F

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

Appendix G

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 vegetarian vs. lacto-vegetarian vs. vegan). WIC staff should then emphasize appropriate foods that are rich in:

- calories
- protein
- calcium
- iron
- zinc
- 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 chart lists general sources of nutrients that are important for women consuming restrictive vegetarian diets. Also, you may want to refer to Appendix C, which provides some specific data on the iron and calcium content of various foods.

Calories

- Fortified soybean milk
- 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

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
- Calcium supplements
- 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.

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

Riboflavin

- Green leafy vegetables
- Whole grains
- Yeast
- Legumes

Vitamin B-12 (The only reliable source of vitamin B-12 for humans is animal foods.)

- 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-12

Quick and Easy 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 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 few days, or put in the freezer for later. Dishes like casseroles, lasagna and soups are great for freezing. Also, get creative by cooking larger amounts 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 (low-fat sour cream, a little cheddar cheese, etc.); 2) salsa, veggies and a little cheese; 3) spaghetti sauce, mushrooms and Parmesan; or 4) vegetarian chile or regular chile made with ground turkey or lean ground beef.
- 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 mark them so they don't get mixed up with the raw eggs.

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 follow:

- 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 it 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:

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

**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.

