

WIC and Nutrition Manual
400 Policy Group
Nutrition Education and Counseling

Table of Contents

[Policy 400 Nutrition Education and Counseling](#)

[Policy 401 Value Enhanced Nutrition Assessment \(VENA\)](#)

[Policy 402 Certification and Mid-Certification Nutrition Education
Counseling Guidelines](#)

[Policy 403 Referral Based on Nutrition Risk](#)

[Policy 404 WIC Low Risk Secondary Nutrition Education Guidelines](#)

[Policy 405 WIC High Risk Secondary Nutrition Education](#)

[Policy 406 Narrative Nutrition Education and Regional Breastfeeding
Coordinator Program Plans](#)

[Policy 407 Community Nutrition and Medical Nutrition Therapy](#)

[Policy 408 Nutrition Assessment and Counseling Guide for
Certifying Health Professionals](#)

[Policy 400 Appendices](#)

Policy 400

Nutrition Education and Counseling

POLICY

All local WIC agencies shall offer nutrition education, counseling to all WIC participants, parents, and caregivers according to federal regulations, state guidelines and program goals.

PURPOSE

To ensure that WIC participants receive nutrition education and counseling that considers their individualized needs, strengths and developmental needs

PROCEDURES

All WIC clinics shall provide nutrition education and counseling to all WIC participants using a state approved method.

- A. All nutrition education contacts shall include a two-way communication between staff and participants.
- B. Nutrition education must be made available to participants including participants who do not receive food packages such as fully breastfeeding infants < 6 months old and partially breastfeeding women whose infants are > 6 months old and receiving a full formula package.
- C. Any nutrition education and counseling provided to participants shall include accurate, up-to-date and evidence based information. WIC staff must use a participant centered approach and are encouraged to share personalized nutrition information to meet the individual's health care needs.
- D. Each WIC agency must designate a WIC Nutrition Education Coordinator.
 - A. The WIC Nutrition Education Coordinator must be a nutritionist or nurse.
 - B. The WIC Nutrition Education Coordinator must obtain 4 hours of continuing education in nutrition/nutrition counseling annually.
 - C. Refer to the Administrative Reference, Training Guidelines and Program Descriptions, WIC Program.

Policy 401

Value Enhanced Nutrition Education Assessment (VENA)

POLICY

All local WIC agencies shall have Certifying Health Professionals to provide participant centered nutrition assessment and counseling. Value Enhanced Nutrition Education (VENA) begins with the nutrition assessment. Beyond determining WIC eligibility, nutrition assessment, breastfeeding promotion and support, tailoring WIC food packages and referrals is utilized to enhance the interaction between the Certifying Health Professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring.

PURPOSE

To provide client centered nutrition education counseling and assessment. Nutrition assessment and participant centered nutrition education and counseling includes open ended questions to determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition. Individualized nutrition education counseling is then provided to address the identified questions, concerns and goals.

RELEVANT REGULATIONS

USDA, FNS, Value Enhanced Nutrition Assessment (VENA) - WIC Nutrition Assessment Policy, WIC Policy Memorandum 2006-5; March 2006.

PROCEDURES

VENA Principles

- A. Characteristics of Participant Centered approach includes:
 1. Collaboration-The VENA approach involves a partnership between the certifying health professional and the participant. Participant engagement and interactions are essential for effective nutrition assessment.
 2. Optimism- The VENA approach recognizes that participants have hopes and desires for themselves and their families for nutrition and health.
 3. Nonjudgmental environment- Participants are more likely to talk openly and honestly about their behaviors, motivations and challenges in an accepting and nonjudgmental environment.
 4. Empowerment-The VENA approach can build a participants confidence in their own abilities. Health Professionals should affirm strengths and positive practices in order to ensure participants continue them and build additional healthy habits.
- B. Nutrition assessment and education shall follow the VENA model and embrace the following principles to ensure effectiveness and quality:
 1. Interactive
 - a. Nutrition education shall involve families in self-assessment and self-directed goal setting and help families move toward their desired level of wellness.
 - b. Develop a rapport by employing active listening skills, asking open ended questions and identifying the participant's stage of change.
 2. Flexible
 - a. Use multiple strategies and techniques to effectively reach and impact participants and their families.
 3. Relevant
 - a. Impart appropriate and relevant education that is reflective of the interest of the participants and/or family.
 - b. Education offered to participants shall be in a positive and interactive manner through developmentally and culturally appropriate teaching aids.
 4. Supportive Environment

- a. Nutrition education shall be offered in a family, friendly environment for optimal learning. Personnel shall support the family's needs and build a rapport with families to promote good health.
- 5. Trained Personnel
 - a. Education shall be facilitated or taught by qualified, well-trained and equipped personnel.
- 6. Culturally Supportive
 - a. Nutrition education shall acknowledge and support differences in cultures and languages and be sensitive to cultural food choices, when possible.

Complete WIC Nutrition Assessment

- A. Certifying Health Professionals will use a standardized process to collect nutrition information for all participants.
- B. A comprehensive nutrition assessment is required to identify nutrition risks, assign and appropriate food package, and guide WIC participant centered nutrition services after the assessment is complete.
- C. The following components must be used in completing a nutrition assessment:
 - 1. Observe participant and review participant's medical record.
 - 2. Reduce participant anxiety by clarifying the other services WIC provides as well as the purpose of the assessment.
 - 3. Create a power-sharing dynamic by telling participants in advance what will be taking place, show respect and set up a framework for honest and open communication.
 - 4. Be open about the intent of the assessment will help build interest and encourage participation in both the assessment and nutrition counseling to increase participant buy-in.
 - 5. Ask pertinent questions to clarify, probe for additional information, or follow up on information participant or parent/caretaker has written or verbalized.
 - 6. Listen to and affirm the participant/parent/caretaker.
 - 7. Use critical thinking to determine nutritional risk, food package, understanding of health and readiness for change, etc.
 - 8. Document services provided in the participant's medical record.

Plan of Care

- A. Certifying Health Professionals must develop a plan of care for all participants.
 - 1. The plan of care must include:
 - a. Individualized goals clearly stated and documented.
 - i. Goals shall be related to participant's nutritional risk, reasonable, and measurable with timeframe for completion.
 - b. Documentation of progress toward that goal at follow-up visits
 - c. Appropriate referrals with follow-up documentation.
 - 2. Certifying Health Professionals shall assist the participants in setting goals.

Counseling Methods

- A. Motivational Interviewing
 - 1. Designed to explore and enhance and individuals internal motivation to change by resolving ambivalence, eliciting the importance for change, and increasing confidence to make change.
- B. Appreciative Inquiry
 - 1. Focus on building confidence by drawing out positive feelings related to what went well in the past, what is going well in the present or what the family would like to have happen in the future.
- C. Emotional-Based Counseling

1. Taps into how an individual feels about a given topic. Recognizes that while information and facts are important, emotions are more frequently the driver behind change.

D. Three Step Counseling

1. Designed to promote positive practices by asking open-ended questions to reveal barriers and concerns affirming and normalizing feelings and sharing targeted information.
2. Certifying Health Professionals shall use three step counseling to provide nutrition and assessment and participant centered nutrition education.
3. Step 1 – Ask open ended questions
 - a. Begin the question with “what”, “how”, or “tell me”.
 - b. Open ended questions shall build rapport.
 - c. Ask “probing” follow-up questions to help get a bigger picture of what the mother means.
 - i. Extending Probe-ask for more information
 - ii. Clarifying Probe-helps to understand what the participant has told you
 - iii. Reflecting Probe-repeats the participant’s words back to them
 - iv. Redirecting Probe-helps change the subject and steer conversation in a difference direction.
4. Step 2 – Affirm
 - a. Affirmation is a short, simple statement that lets the participant know their feelings are okay.
 - b. Affirmations acknowledges the feeling behind what the participant is telling you.
 - c. There are five ways to affirm the participant:
 - i. Agree with the participant.
 - ii. Assure them they are not alone.
 - iii. Read between the lines to discover what they are worried about.
 - iv. Shine the spotlight on what they are doing well.
 - v. Show they are a good parent/caretaker.
5. Step 3 – Educate
 - a. Education shall be done only after asking open-ended questions and providing affirmation.
 - b. Education shall be:
 - i. Kept simple
 - ii. Target their concerns
 - iii. Reinforce the message
 - iv. Provide options.
 - v. Share resources.

Stages of Change

- A. Certifying Health Professionals shall determine the participant/parent/caretakers stage of change.
 1. Precontemplation-do not intend to start healthy behavior within the next six months.
 2. Contemplation-intend to start healthy behavior within next six months.
 3. Preparation-intend to start healthy behavior within next 30 days
 4. Action-currently performing healthy behavior for less than six months.
 5. Maintenance-currently performing healthy behavior for more than six months.

Setting Goals

- A. Certifying Health Professional shall assist participants in setting goals to facilitate change.
 1. Participants are the best judge of what will work for their family.
 2. Goal setting needs to be participant driven. The Certifying Health Professional is to help participants succeed at their goals.
 3. Work with participants to set realistic, measurable goals. Suggesting small, reachable goals – taking baby steps – is a way to help your participants change behaviors and feel successful with those goals.

4. Meet a participant or parent/caretaker where they are. Any movement toward change has the potential to provide this participant with a better health outcome. Certifying Health Professionals are to help the participant/caretaker where they are in the change process.
5. Discuss and problem-solve participant or parent/caretaker's concerns and barriers to achieving the goal(s).

Policy 402

Certification and Mid-Certification Nutrition Education Counseling Guidelines

POLICY

All local WIC agencies shall have Certifying Health Professionals provide nutrition education to WIC participants during certification and mid-certification visits.

PURPOSE

To ensure that WIC participants receive quality nutrition-focused counseling during certification and mid-certification visits that is participant focused.

RELEVANT REGULATIONS

7 CFR 246.11(e)(5) – Participant Contacts

7 CFR 246.2 – Definitions

7 CFR 246.11 – Nutrition Education (a)General,(b) Goals, (c)(4) – Procedures to ensure that nutrition education is offered,(d) Local program responsibilities,(e) Participant contacts,(e)(4) – Documentation of nutrition education provided, and (e)(5) – Provision of individual care plan based on need

7 CFR 246.12 (d) – Compatibility of food delivery system,(r)(1) – Parents/caretakers and proxies

7 CFR 246.14 – Program Costs

PROCEDURES

WIC Certification/Mid-Certification Nutrition Education

- A. WIC certification/mid-certification counseling must be offered to each participant/parent/caregiver at the time of their certification/mid-certification visit. Individual nutrition education is then provided at the WIC certification/mid-certification counseling.
- B. At the certification/mid-certification visit, after assessing for nutrition risk criteria, provide nutrition education as follows:
 1. Nutrition education counseling must include:
 - a. WIC certification/mid-certification education counseling topics as outlined in the WIC Certification/Mid-Certification Education Topics Appendix of this section.
 2. If counseling has been provided and documented through another service (i.e. Well Child, Prenatal) it does not have to be repeated for WIC if the content of the WIC certification/mid-certification nutrition education counseling protocols has been met.
 3. The following nutrition education must be provided to every participant during the certification/mid-certification health assessment.
 - a. Additional counseling must be provided based on the participants risk code assignment.
 - i. See WIC Certification/Mid-Certification Health Assessment Nutrition Education Counseling Protocol Appendix in this section.

WIC Certification/Mid-Certification Health Assessment Nutrition Education Counseling Protocol
(In addition to this counseling, all WIC participants must be provided counseling on Specific Nutritional Risk)

Provider: Certifying Health Professional

Topic	WIC General Nutrition Counseling Protocol by Status
Discuss WIC Program eligibility and benefits	<ul style="list-style-type: none"> • Purpose of the WIC Program (Nutritional support through supplemental food, nutrition education, breastfeeding support and referrals) • WIC is a partnership between the participant and WIC staff • Discuss certification process including nutrition assessment to provide individualized nutrition education, eligibility period and recertification schedule. • Discuss importance and benefits (nutrition education, breastfeeding support, referrals, and healthy foods) for continued participation in the program.
Counsel on basic diet and the importance of regular physical activity.	<p>Determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition? Provide counseling to address questions/concerns/dietary habits.</p> <p>For women and children:</p> <ul style="list-style-type: none"> • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid for Kids and Activity Pyramid. • Review dietary concern(s) and appropriate action. • Encourage an average of 30 minutes for women and 60 minutes for children of physical activity each day. • Limit screen time to no more than 2 hours/day for children. • Remove the television from the child's bedroom. • Encourage healthy foods (e.g. low-fat and reduced fat food choices including 1% or less milk, (women/children > 2), 5 Fruits and Vegetables per day & Avoid Sugar Sweetened Drinks) • Refer to health care provider/Lead Program for lead screening and assessment. <p>For infants:</p> <ul style="list-style-type: none"> • Discuss Kentucky Infant Feeding Guide appropriate for age and development. • Encourage caregiver(s) to promote physical activity and motor skill development in their infant (rolling over, standing, movement, play). • Review dietary concern(s) and appropriate action. • Refer to health care provider/Lead Program for lead screening and assessment.
Encourage to breastfeed unless contraindicated for health/lifestyle reasons. See Policy 501-Breastfeeding Support	<p>For pregnant women:</p> <ul style="list-style-type: none"> • Discuss the advantages of breastfeeding. • Discuss the benefits of Kangaroo Care. <p>For breastfeeding women:</p> <ul style="list-style-type: none"> • Encourage continuation and support of breastfeeding. • Discuss the benefits of Kangaroo Care.
Discuss the effects of drug and other harmful substance use (tobacco, alcohol, drugs).	<ul style="list-style-type: none"> • Discuss how tobacco and/or alcohol can affect the woman, fetus, infant, and child. This shall include information about smoking cessation if appropriate and the effects of secondhand smoke. • Discuss recommendations to not use tobacco products. Refer to 1-800-QUIT NOW (1-800-784-8669) if client smokes. • Discuss recommendations to not take any medications, over-the-counter or otherwise, unless specifically ordered by a physician. • Discuss recommendations to not use drugs (marijuana, cocaine, etc.). • Discuss recommendations to not drink alcohol.
Discuss Safe Sleep Environment for Infants	<p>For infants:</p> <ul style="list-style-type: none"> • Discuss American Academy of Pediatrics (AAP) Safe Sleep Policy. <p>(See Safe Sleep Environment for Infants in Policy 404-WIC Low Risk Secondary Nutrition Education)</p>
At recertified and mid-certification	<ul style="list-style-type: none"> • Review and discuss previously set goals. • For participants who completed online nutrition education lesson, review and discuss the lesson completion certificate, participant goal set during the lesson, and links visited.
Discuss specific nutritional risk for which participant qualifies.	<ul style="list-style-type: none"> • See WIC Certification/Mid-Certification Health Assessment Counseling for Specific Nutritional Risk Protocol in the Appendix in this section.

4. Establish participant centered goals and plan of care for follow-up visits.
 - a. These goals shall be:
 - i. Related to the participants identified nutritional risks and the participant/family nutrition related interests.
 - ii. Be actionable with a measureable timeframe for completion.
 - iii. Be reasonable and achievable.
5. Make referrals for other programs or services (when appropriate)
6. Document as appropriate in the participant's medical record. Documentation must include:
 - a. Goals established/progress of goals.
 - b. Referrals for other programs or services (when appropriate)
 - c. "Nutrition education provided per protocol" or the acronym "NEPP" or "Mid-Certification Health Assessment nutrition education per protocol" or the acronym "MC-FNEPP" when information provided to the participant in outlined in the counseling protocols. If the protocol is not followed, then documentation must be made of the counseling that is provided and any supporting materials/handouts that were provided.
 - d. Additional nutrition education information or pamphlets that are provided that are not listed in the counseling protocols must be documented.
7. Code the service on the Patient Encounter Forms.

Nutrition Education and Breastfeeding Counseling

 - a. W9401 WIC Nutrition Education Counseling (7.5 minutes) when following the certification counseling protocols.
 - a. 2699 – is used for nutrition counseling
 - b. W9401 WIC Nutrition Education Counseling (7.5minutes) when following the mid-certification counseling protocols.
 - a. 2699 – is used for nutrition counseling
 - c. W9401BF for Breastfeeding Counseling above and beyond WIC Nutrition Counseling.
 - a. v241- is used for breastfeeding services
 - d. If additional information is provided above and beyond the WIC Certification/Mid-Certification protocols listed in the appendix tables must be documented in the participant's medical record and is coded on the PEF as W9402 (15 minutes), W9403 (22.5 minutes) or W9404 (30 minutes) as appropriate.

Certification Assessment

 - a. W0200 is used to code certification & enrollment
 - b. W0204 is used for screened but does not have a qualifying nutrition risk

Mid-Certification Health Assessment (MCHA)

 - a. W0205 is used to code the MCHA assessment

Policy 403

Referrals

POLICY

Local WIC Agencies will make referrals when there is an identified need or upon participant request. Referrals shall be made for medical provider evaluations, Designated Breastfeeding Expert (DBE) visits, Medical Nutrition Therapy, substance abuse, Lead Program, treatment/counseling services and social programs. In addition, local WIC Agencies must screen for alcohol, tobacco and other drug use, refer for further assessment when needed, and provide drug and other harmful substance abuse information.

PURPOSE

To improve the health and wellbeing of WIC participants by ensuring awareness of and referrals to available resources for assistance and information. Screening and counseling shall be conducted in a non-judgmental and compassionate setting.

RELEVANT REGULATIONS AND POLICY

7 CFR 246.4(a)(8) and (9) – State Plan

7 CFR 246.7(a)(b) and (n) – Certification of Participants

7 CFR 246.11(a)(3) and (b)(1) – Nutrition Education

7 CFR 246.149(c)(1) and (9) – Program Costs

Final WIC Policy Memorandum #2001-7 Immunization Screening and Referral in WIC

PROCEDURES

Certification Visits

- A. At each certification, local WIC Agencies must provide information on referrals to participants based on identified need or by participant request.
 1. Each certification shall include a screening for potential alcohol, tobacco or other drug use by prenatal and postpartum participants.
 - a. It is not in the scope of WIC to provide drug, alcohol or tobacco assessment or counseling.
 - b. If further assessment or counseling is needed, refer the participant to their medical provider.
 - c. Make available a list of local resources for drug or other harmful substance abuse counseling and treatment. This list must be made available to all WIC participants: pregnant, postpartum and breastfeeding women and parents/caretakers of infants and children.
 - d. Raise awareness of all participants and caretakers about the dangers of alcohol, tobacco and other drugs.
 2. Refer to health care provider/Lead Program for lead screening and assessment. The WIC Program may not conduct WIC Lead tests.
 3. Refer infants and children under age two to medical provider for immunizations.
 - a. At initial certification and all subsequent certification visits for children under the age of 2, screen the infant/child's immunization status using a *documented* record. A documented record is a record (electronic or paper) in which actual vaccination dates are recorded. This includes a parent's record provided by the medical provider, an immunization registry or an automated data system, electronic medical record or client chart.
 - b. At a minimum, screen the infant/child's immunization status by counting the number of doses of the DTaP (diphtheria, tetanus toxoid and acellular pertussis) vaccine they have received in relation to their age, according to the timeline below:

**By 3 months of age, the infant/child should have at least 1 dose of DTaP.
By 5 months of age, the infant/child should have at least 2 doses of DTaP.
By 7 months of age, the infant/child should have at least 3 doses of DTaP.
By 19 months of age, the infant/child should have at least 4 doses of DTaP.**

- c. If the infant/child is under-immunized:
 - i. Provide information on the recommended immunization schedule appropriate for age,
 - ii. Refer for immunization services, ideally with primary care physician.
 - d. If the documented immunization record is not provided by the parent/caretaker:
 - i. Provide information on the recommended immunization schedule appropriate to the current age of the infant/child
 - ii. Refer for immunization services, ideally with primary care physician.
 - iii. Request and encourage the parent/caretaker to bring the immunization record to the next certification visit/ sign release of information to have immunization record sent to WIC office.
4. WIC Staff must refer WIC participants for appropriate resources such as social services, lactation counseling, medical providers, Medical Nutrition Therapy, etc. based on identified need or upon request.

Referral Services

- A. Local WIC agencies shall maintain and make available a list of referral sources in the program's service area.
- B. Local Programs are required to provide information about dangers of using alcohol, tobacco and other drugs to all pregnant, breastfeeding and postpartum women and to parents and caretakers of infants and children.
- C. Local WIC agency staff shall keep informed about available health and social services in the community whenever possible.

Referrals Based on Risk Criteria

- A. WIC participants will receive a referral to the indicated referral source if the risk codes below are identified.

NUTRITIONAL RISK CRITERIA CODES FOR REFERRAL

Medical Evaluation referral:	
NRCC Code	Risk Criteria Name
201	Low Hematocrit/Low Hemoglobin: Hematocrit \leq 27% Hemoglobin \leq 9 grams/dL.
211	Elevated Blood Lead
152	Low Head Circumference
602	Breastfeeding Complications: Mastitis and/or Severe nipple pain
358	Eating Disorders

Designated Breastfeeding Expert (DBE) (Nurse or Dietitian with credentials of IBCLC, CLC, or CLS), Nutritionist or Dietitian referral:	
NRCC Code	Risk Criteria Name
602	Breastfeeding Complications

Treatment/Counseling Services referral:	
NRCC Code	Risk Criteria Name
361	Depression
371	Substance Use
372	Alcohol and Substance Use

Social Programs referral:	
NRCC Code	Risk Criteria Name
902	Impaired Ability to Prepare Food
901	Recipient of Abuse
903	Foster Care
801	Homelessness
802	Migrancy

Referral Follow-Up

- A. Evaluate referral outcomes when possible by conducting follow-up with participants at subsequent visits.
1. Ask participants if services were obtained.
 2. Reinforce follow-through if services were accessed.
 3. Identify barriers and options for overcoming barriers if services were not obtained.

Documentation

- A. All referrals must be documented in the participant's medical record.

Policy 404

WIC Low Risk Secondary Nutrition Education Guidelines

POLICY

Nutrition-focused education must be provided at least quarterly to each participant/caregiver according to federal regulations, state guidelines and program goals.

PURPOSE

To ensure that appropriate nutrition-focused education is made available to all participants on a routine basis and to establish standards for nutrition education contacts.

RELEVANT REGULATIONS

7 CFR 246.6 (b) – Goals

7 CFR 246.11 (c)(4) and (7) – State agency responsibilities

7 CFR 246.11—Nutrition Education (a) General, (b) Goals, (c)(4) – Procedures to ensure that nutrition education is offered, (d) Local program responsibilities, (e) Participant contacts, (e)(4) – Documentation of nutrition education provided, and (e)(5) – Provision of individual care plan based on need.

PROCEDURES

WIC Follow-Up Nutrition Education Counseling

- A. Nutrition Education shall follow the Value Enhanced Nutrition Assessment (VENA) model and embrace the following principles to ensure effectiveness and quality:
 1. Interactive
 - a. Nutrition education shall involve families in self-assessment and self-directed goal setting and help families move toward their desired level of wellness.
 - b. Develop a rapport by employing active listening skills, asking open ended questions and identifying the participant's stage of change.
 2. Flexible
 - a. Use multiple strategies and techniques to effectively reach and impact participants and their families.
 3. Relevant
 - a. Impart appropriate and relevant education that is reflective of the interest of the participants and/or family.
 - b. Education offered to participants shall be in a positive and interactive manner through developmentally and culturally appropriate teaching aids.
 4. Supportive Environment
 - a. Education shall be offered in a family, friendly environment for optimal learning. Personnel shall support the family's needs and build a rapport with families to promote good health.
 5. Trained Personnel
 - a. Education shall be facilitated or taught by qualified, well-trained and equipped personnel.
 6. Culturally Supportive
 - a. Education shall acknowledge and support differences in cultures and languages and be sensitive to cultural food choices, when possible.
- B. WIC secondary nutrition education counseling must be offered to each participant/caregiver by providing quarterly nutrition education contacts during the certification period.
 1. The first quarterly nutrition education contact is provided with the certification visit.

2. The second nutrition education contact, or follow-up contact, is provided approximately three (3) months from the certification date.
3. Nutrition education contacts shall be scheduled with food benefit issuance and, when possible, with other services.
4. If a participant misses their nutrition education visit or declines nutrition education, it shall be documented in the participant's medical record.
5. Benefits cannot be withheld for declining or not completing nutrition education visits.
6. Participants must receive secondary nutrition education contacts on the following schedule:

Nutrition Education (NE) Contact Schedule

Status	1 st NE Contact	2 nd NE Contact	3 rd NE Contact	4 th NE Contact
	Provide at certification visit	Provide at follow-up visit, approximately 3 months after certification visit	Provide at Mid-Certification Health Assessment (if applicable) approximately 6 months after certification visit	Provide at follow-up visit, approximately 3 months after Mid-Certification Health Assessment
Pregnant Woman	✓	✓	N/A	N/A
Breastfeeding Woman	✓	✓	✓	✓
Postpartum Woman	✓	✓	N/A	N/A
Infant	✓	✓	✓	✓
Children	✓	✓	✓	✓

WIC Secondary Nutrition Education Counseling

- A. Participants will be assigned appropriate risk codes during their certification.
- B. Based on the risk code assignment, participants will be scheduled for a WIC Low Risk (Brief) Secondary Nutrition Education or WIC High Risk (In-Depth) Secondary Nutrition Education visit.
 1. WIC High Risk Counseling visits count as one of the required nutrition education visits. Participants identified for high risk counseling, must receive a minimum of one high risk (In-Depth) nutrition counseling session per certification period. High Risk nutrition education may be provided at the Mid-Certification Health Assessment as part of the MCHA nutrition education.
 2. For additional information about WIC High Risk Counseling see Policy 405-Secondary Nutrition Education for High Risk Participants.

Methods for WIC Low Risk (Brief) Secondary Nutrition Education

- A. Individual WIC Secondary Nutrition Education Counseling
 1. Discuss topics based upon status and nutritional risk, individual/family goals, and individual/family interests. Provide nutrition education on at least one nutrition topic, may follow-up on goal set at certification/MCHA visit.
 2. If utilizing Trained WIC paraprofessional, see Training Requirements for the WIC Paraprofessional in the section.
 3. Make referrals for other programs or services (when appropriate).
 4. Documentation must be in participant's medical record in accordance to standards outlines in the Administrative Reference, Medical Records Management Section.
 5. Documentation must include:
 - a. Document nutrition topic(s) covered.

- b. Document any updates to goals, if applicable.
- c. Referrals for other programs (when appropriate).
- 6. Code service on the Patient Encounter Form (PEF) as listed below:
 - a. Certifying Health Professionals
 - i. Code W9401 WIC Nutrition Education/Counseling (7.5 minutes) when following Individual Nutrition Counseling Protocols and 2699-.
 - a. If providing Breastfeeding nutrition education, Code W9401BF and V241-.
 - b. Trained Paraprofessionals
 - i. Coding on the PEF shall be WP401 (7.5 minutes) WIC Low Risk Follow-up Contact when following protocols below.

PROVIDER: TRAINED WIC PARAPROFESSIONAL***	
Topic /Status	Counseling/Education (Reference Materials**)
Feeding Practices Status: Child (age 2 and older)	Discuss the following topic as appropriate: <ul style="list-style-type: none"> • Food Safety • Beans • Calcium • Vitamin A/Vitamin C • Iron for Strong Blood Cells • Healthy Eating for Preschoolers Choose My Plate Tip Sheet • Add More Vegetables & Focus on Fruits Choose My Plate Tip Sheets
Presumed Dietary Risk Status: Child (age 2 and older)	
Possibility of Regression-Priority III Status: Child (age 2 and older)	
Possibility of Regression-Priority V Status: Child (age 2 and older)	

- 7. Documentation of refusal or no-show demonstrates that nutrition education was offered.

B. Online WIC Secondary Nutrition Education

- 1. The following are eligible for online nutrition education:
 - a. Children
 - i. Children assigned WIC High Risk Counseling must have one WIC High Risk (In-Depth) Counseling visit during the one-year certification period.
 - a. It is recommended that the WIC High Risk Counseling Visit be provided during the Mid-Certification Health Assessment (MCHA).
 - b. Online nutrition education is not considered High Risk Nutrition Education.
 - c. If the high risk (In-Depth) nutrition education is provided at the MCHA visit, the child may have up to two (2) online nutrition education sessions during the one year certification period.
- 2. At the certification appointment, the Certifying Health Professional (CHP) will determine if the child is eligible for on-line nutrition education and in conjunction with the caretaker determine if it is the best option for the family.
 - a. The caretaker of the eligible participants are to be provided a choice regarding the method of follow-up nutrition education.
- 3. The CHP in conjunction with the caretaker will determine if there is access to the internet for online nutrition education. Access to the internet could include use of smart phone with data plan, computer in home or computer in another location such as library or friend/relative's home.
- 4. The CHP or designated staff will explain the process for completing the online nutrition education.

5. The CHP may recommend specific topics based on the participant's category, interest and/or risks. However, the participant's family/caretakers may choose which lesson topic best meets their family's needs.
6. The CHP may recommend the caretaker review Health eKitchen component which is a resource for menu development or locating recipes. However, Health eKitchen does not count as a nutrition education contact.
7. Households with two (2) or more children will be required to complete a minimum of one (1) lesson.
8. Each completed online lesson must be documented in the participant's medical record. The system will print a label listing the nutrition education courses the participant/caretaker has completed.
9. Participants/caretakers who complete online nutrition education are not required to be physically present for food benefit issuance. If the participant/caretaker is not physically present:
 - a. Upload eWIC (EBT) benefits to the participant's account after verification of completion of the online nutrition lesson.
 - b. The reason for mailing the food instruments or uploading the EBT benefits, the month(s) of issuance and the date the food instruments were mailed or benefits were uploaded must be documented in the participant's medical record.
 - i. Proof of identity is coded as "other," code 50.
 - ii. The Household WIC Shopping List will be mailed. To protect privacy, the WIC Benefit List shall not be mailed.
10. Participants/caretakers who do not complete the online nutrition lesson must be offered an individual or group nutrition education contact and must return to clinic for food benefit issuance.
11. At the subsequent certification appointment, the CHP will follow-up with the participant regarding the lesson and goals of the courses taken online.
12. Caretakers who indicate an interest in online nutrition education, but later choose not to participate in online option, shall be offered individual or group nutrition education.
13. Participants with a current plan to do online nutrition education as their nutrition education contact are considered as having been offered one nutrition education contact.

C. Phone WIC Secondary (Brief) Nutrition Education

1. Certifying Health Professional may provide nutrition and breastfeeding education by phone.
2. Local WIC agencies may not utilize phone contacts to provide nutrition education at certification or mid-certification health assessments (MCHA).
3. During the phone contact:
 - a. Have the participant confirm their identify by asking them to identify their name and at least one of the following: current mailing address, date of birth, WIC card number or other verifiable information in the participant's medical record.
 - b. If the participant's identity cannot be confirmed, education cannot be provided over the phone.
4. The education provided shall follow the same policies as the Individual Follow-Up Nutrition Education Counseling Protocols.
5. Offer the participant the opportunity to ask questions during and after the nutrition education contact.
6. Make appropriate referrals.
7. Document the phone contact in the participant's medical record, including that the contact was via the phone.
8. Code the phone contact on the Patient Encounter Form (PEF).

- a. Code W9401 WIC Nutrition Education/Counseling (7.5 minutes) when following Individual Nutrition Counseling Protocols and 2699-.
- b. If providing Breastfeeding Counseling, Code W9401BF and V241-.
- c. If providing **BOTH** Nutrition Education per protocol and Breastfeeding Support (7.5 minutes of each), Code W9401 with 2699- **and** W9401BF with V241-.

D. Group WIC Secondary Nutrition Education Session

- 1. Group sessions are allowable for follow-up contact based on the professional judgement.
- 2. The State WIC office must approve all group education sessions.
 - a. For a list of approved group education session, contact the State WIC Office.
 - b. Any group session developed by a local WIC agency, must be approved by the State WIC Office prior to use.
- 3. Staff who may provide group nutrition education:
 - a. Certifying Health Professionals
 - b. Designated Breastfeeding Experts (DBE) Trained WIC paraprofessional-may provide group nutrition education for children age 2 and older with the following risk codes: Feeding Practices (4250, Presumed Dietary Risk (401), and Regression (501).
 - c. If utilizing Trained WIC paraprofessional, see Training Requirements for the WIC Paraprofessional in the section.
- 4. Following registration, the participant, guardian or proxy will be directed to the appropriate group session.
- 5. Food benefit issuance and return appointments are prepared as the group session is being completed. The group sessions typically take 15-30 minutes.
- 6. The group education provider will code the appropriate group education level provided on the PEF.
 - a. Use W9431 for Group nutrition education, with 2699-.
 - b. Use W9432 for Group breastfeeding education, with V241-.
 - c. Use W9435 for WIC Group nutrition education provided by a paraprofessional, with 2699-.
- 7. Documentation of the group session:
 - a. Group Follow-Up Education label which includes group session provided, name of group session and is signed and dated by provider.
 - b. If no label is used, documentation shall include date, nutrition education provided by group, name of session, provider signature and title.
 - c. Provided referrals, when appropriate.
 - d. Any additional information provided that is not part of the group lesson plan.

E. Kiosk WIC Secondary Nutrition Education.

- 1. Contact the Nutrition Services Branch for guidance and approval prior to offering Follow-Up Kiosk Nutrition Education.

WIC Exit Counseling

- A. The WIC exit counseling shall reinforce important health messages previously discussed, with emphasis on:
 - 1. Postpartum/Breastfeeding Women
 - a. Recommendation to breastfeed infants for the first year of life and beyond.
 - b. Review American Academy of Pediatrics safe sleep environment for infants.
 - c. Folic acid and the prevention of birth defects.
 - 2. All Applicable Status
 - a. Choose My Plate Dietary Guidelines to make healthy food choices.
 - b. Avoiding sugar sweetened drinks.

- c. Recommendation of an average of 30 minutes for women and 60 minutes for children of physical activity each day.
- d. Health risks associated with alcohol, tobacco and drug use.
- e. Following the recommended schedule for immunizations.
- f. For children, limit screen time to no more than 2 hours/day and remove the television from the child's bedroom.

Safe Sleep Environment for Infants

The Kentucky Department of Public Health supports the American Academy of Pediatrics policy on Safe Sleep to reduce the incidence of Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS). The AAP Safe Sleep Policy includes:

- A. Placing baby on their back for every sleep time.
- B. Placing baby on a firm sleep surface. Sitting devices such as car seats, strollers, swings, infant carriers and infant slings are not recommended for routine sleep.
- C. Placing baby in the same room where the parents sleep but not on the same bed (room sharing without bed sharing).
- D. Keeping soft objects, loose bedding, or any object that could increase risk of entrapment, suffocation or strangulation out of the crib. These objects include pillows, blankets, bumper pads.
- E. Not using wedges or positioners.
- F. Breastfeeding as much and for as long as a mother can.
- G. Offering a pacifier at nap time and bedtime. With breastfeeding infants, delay pacifier introduction until breastfeeding is firmly established, usually around 3-4 weeks.
- H. Not letting the baby get too hot. In general, infants shall be dressed appropriately for the environment, with no more than 1 layer more than an adult would wear to be comfortable in that environment.
- I. Scheduling and going to all well-child visits.
- J. Keeping baby away from smokers and places where people smoke.
- K. Not using home cardiorespiratory monitors or to help reduce the risk of SIDS.
- L. Not using products that claim to reduce the risk of SIDS.
- M. The AAP recommends supervised, awake tummy time daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

Training Requirements for WIC Paraprofessionals

Before Paraprofessional will be trained by the State WIC Office, the local WIC agency must assure that a Registered Dietitian (RD, LD) with at least one year of WIC experience is on staff to provide the observation component of the training and supervision once the training has been completed. Once trained, WIC paraprofessionals may provide specific and limited nutrition information to WIC participants as detailed in the Individual WIC Follow-Up Nutrition Education and Group Follow-up Nutrition education sections above.

- A. Staff of a local WIC agency are not Certifying Health Professionals or DBE(i.e., support services staff or clinical assistants) may be trained as a paraprofessional, if they meet the following basic criteria:
 - 1. Are an employee of the agency;
 - 2. Have a high school diploma, GED or higher education;
 - 3. Have a minimum of one year experience with a Maternal and Child Health Program;
 - 4. Have knowledge of local health department system, community resources and ability to refer; and
 - 5. Can communicate with clients on appropriate educational, economic and cultural level.
- B. Initial paraprofessional training includes:
 - 1. Instructional component provided by the Nutrition Services Branch; and
 - 2. Initial observational component provided by the local WIC agency Registered Dietitian.

- C. Once the instructional and observation components of training have been completed, the local WIC agency Registered Dietitian will complete and submit the “WIC Paraprofessional Candidate Submission Form” (see form in this section) to allow the Paraprofessional to code on the Patient Encounter Form (PEF).
- D. At the completion of the instructional component of the training, the paraprofessional must demonstrate competency in following areas:
 - 1. Basic Understanding of the WIC Program;
 - 2. Communication skills;
 - 3. Referral skills;
 - 4. Documentation skills; and
 - 5. Through knowledge of the paraprofessional nutrition education topics completed during the initial training.
- E. After successful completion of the instructional component, the paraprofessional must successfully complete the observation component in the clinic under the direction of the local WIC agency Registered Dietitian. During the observation component the paraprofessional must:
 - 1. Observe a Certifying Health Professional providing nutrition education (individual/group contact) to clients;
 - 2. Be observed by the local WIC agency Registered Dietitian conducting at least three (3) nutrition education services (individual/group).
 - a. If paraprofessional will be providing individual counseling, they must be observed conducting at least three individual contacts.
 - b. If paraprofessional will be providing group sessions, they must be observed conducting at least three (3) group session contacts.
- F. The local WIC agency Registered Dietitian must provide ongoing supervision by:
 - 1. Conducting yearly chart reviews of paraprofessional nutrition education documentation;
 - 2. Observing the paraprofessional providing nutrition education services (individual/group) and coding on the Patient Encounter Form (PEF) at least once a year;
 - 3. Acting as a resource and mentor;
 - 4. Ensuring the trained paraprofessional receives at least four (4) hours of continuing education per year (these hours may be attained by attending webinars, local nutrition in-service training, and other nutrition conferences and/or workshops and reading approved by Registered Dietitian); and
 - 5. Ensuring continuing education hours are documented and maintained at the local level.
 - 6. Submit one form for each newly trained paraprofessional.
 - 7. The local WIC agency Registered Dietitian will be notified by the Nutrition Services Branch of the starting date the paraprofessional may begin providing and coding the paraprofessional nutrition education service (individual/group) for WIC.

WIC PARAPROFESSIONAL CANDIDATE SUBMISSION FORM

Complete the form for approval for a trained WIC Paraprofessional to provide and code WIC paraprofessional nutrition education. Upon state agency approval, WIC Paraprofessional services may be provided and coded.

Agency: _____ **Date:** _____

Paraprofessional Candidate Name: _____

Employee Number of Paraprofessional Candidate: _____

1. Paraprofessional 101 Course completion date: _____
Name of Nutrition Services Branch trainer: _____
2. Paraprofessional Observational component completion date: _____
Name of Registered Dietitian (RD) observer: _____

Request for Coding Services:

3. Employee needs the ability to code the following WIC paraprofessional nutrition education services on the Patient Encounter Form (PEF): (check all that apply)
 _____ WP401 WIC Low Risk Follow-up Contact (7.5)
 _____ WP402 WIC Low Risk Follow-up Contact (15)
 _____ W9435 WIC Group low risk nutrition-paraprofessional
4. Employee needs the ability to code these services at the following site(s): _____

5. Local agency's RD responsible for ongoing supervision and ongoing training for Paraprofessional: _____

6. Person submitting this form: _____
 Mailing address: _____
 Email address: _____
 Phone #: _____

7. Indicate Nutrition Modules Completed.

✓	Nutrition Modules Completed**	Date
	Module 1: Calcium	
	Module 2: Iron	
	Module 3: Food Safety	
	Module 4: Vitamin A	
	Module 5: Vitamin C	
	Module 6: Dried Beans and Fiber	
	Module 7: Fruits and Vegetables	
	Module 8: Kids in the Kitchen	
	Module 9: Screen Time	
	Other (list)	

** Paraprofessional may only provide counseling on Nutrition Module completed and must follow policies and procedures in the WIC and Nutrition Manual when providing WIC paraprofessional nutrition education.

8. Please submit completed form to:

Clinical Nutrition Section Supervisor
 Nutrition Services Branch
 Cabinet for Health and Family Services
 275 East Main Street, HS2W-D
 Frankfort, Kentucky 40621-0001

STATE AGENCY USE ONLY

Paraprofessional Candidate has completed required training (101 Paraprofessional Module & Observational Component **and** at least one (1) Nutrition module.)

Request sent to Local Health: _____

Employee approved to begin coding service: _____

Local agency notified _____

Authorized by NSB Staff: _____
 Date: _____

Policy 405

WIC High Risk Secondary Nutrition Education

POLICY

WIC High-Risk Counseling visits must be provided and individualized care plans must be developed for all high-risk participants following each certification/mid-certification health assessment where they were identified as high-risk.

PURPOSE

To provide guidance for high-risk counseling, including methods, documentation, etc. To ensure all high-risk participants receive an individualized care plan that with personalized nutrition information to meet their health care needs.

RELEVANT REGULATIONS

7 CFR 246.11(e)(5)

United States Department of Agriculture, Food and Nutrition Services, Nutrition Service Standards

PROCEDURES

WIC High-Risk Counseling

- A. Certifying Health Professionals during certification visits must identify and assign nutrition risk codes criteria for each participant.
 1. Participants assigned the following risk codes must receive at least one WIC High-Risk Counseling visit within that certification period in which that risk code was assigned.

Nutritional Risk Criteria Codes Requiring High Risk Nutrition Counselling	
WIC High-Risk Counseling:	
NRCC Code	Risk Criteria Name
211	Elevated Blood Lead
141	Low Birth Weight
111,113	Overweight
101,103	Underweight
302	Pregnancy Induced Conditions: Gestational Diabetes
341,342,343,345,346, 347,348,349,351,352,353, 354,356,358,359,360, 363	Nutrition/Metabolic Conditions: All except: Lactose Intolerance, Short Term Antibiotic Use-Drug/Nutrient Interaction, Asthma-Persistent asthma requiring daily medication, and Food allergies-per patient request and/or professional discretion
135	Infant Weight Loss
134	Failure to Thrive
362	Complications/Potential Complications which Impair Nutrition/Delays/Disabilities that impair chewing/swallowing/require tube feeding
358	Eating Disorders

- B. Certifying Health Professionals must provide WIC High-Risk (In-Depth) Secondary Counseling visits to WIC participants that are identified as High-Risk during their Certification or Mid-Certification Health Assessment.
 1. WIC High-Risk (In-Depth) Secondary Counseling must be provided to WIC participants at least one time during their certification period.
 2. It is recommended to provide the WIC High-Risk Counseling at the Mid-Certification Health Assessment appointment. MCHA Nutrition Education Counseling satisfies the High Risk (In-Depth) counseling requirements.

3. All additional Secondary Nutrition Education may be provided by any approved WIC Secondary Nutrition Education Counseling methods outlined in Policy 404-WIC Secondary Nutrition Education for Low Risk Participants.

High-Risk Counseling Methods

- A. The preferred method of delivering high-risk (In-Depth) secondary nutrition counseling to participants is through in-person individualized visit. Individualized telephone contacts are allowable for high risk (In-Depth) secondary nutrition education.

High-Risk Counseling

- A. WIC High-Risk Counseling shall include:
 1. Nutrition interventions which include assessment, counseling, development and documentation of an individualized care plan for each participant.
 2. Review and discussion of growth chart, height/weight and hematological data.
 3. At least one high-risk criteria must be addressed during the counseling visit.
 4. Assess progress toward goal established at certification visit/previous nutrition education visit.
 - a. Acknowledge progress as well as challenges for participants in meeting goals. Provide participant with appropriate nutrition education to assist in working toward goals.
 - b. Goals may be revised or changed to meet participant's needs.
 - c. If previous goals has been met, acknowledge achievement and work with the participant to set a new goal.
 5. Make referrals for other programs or services (when appropriate).
 6. Any additional nutrition information or pamphlets provided not listed in protocol. Counseling protocols for required counseling and education are found in the Individual High-Risk Counseling Nutrition Education Protocols in the Appendix in this section.
 - a. All risk codes are provided on the Individual High-risk Counseling Protocols.
 - b. To ensure participant centered education, the Certifying Health Professional can cover topics, in addition to the High Risk Code, based on participant need and interest.

Documentation

- A. High-Risk Counseling (In-Depth) secondary nutrition visits must have an individualized care plan documented in the participant's medical record.
- B. Individualized Care Plan documentation must include:
 1. Participant progress toward goals established a previous visit/updates to goals.
 2. Nutrition assessment (anthropometric/hematological/dietary/health updates)
 3. Nutrition topics discussed based on protocol.
 4. Referrals for other programs (when appropriate).
 5. Any additional nutrition information or pamphlets provided not listed in protocol.
 6. Plans for follow up visit. (For example, follow up in 3 months nutrition education via online, in person, group, telephone, with RD for MNT, etc.)
 7. Code service on the Patient Encounter Form (PEF) as listed below:
 - a. Code W9401 WIC Nutrition Education/Counseling (7.5 minutes) when following Individual Nutrition Counseling Protocols and 2699-. *(Use W9402 for 15 minute education visit.)*
 - b. If providing Breastfeeding nutrition education, Code W9401BF (7.5 minutes) and V241-.

Referrals

- A. The Certifying Health Professional (CHP) may determine during the WIC High-Risk Counseling visit that a referral to the healthcare provider or to receive Medical Nutrition Therapy (MNT) would be beneficial for the participant.
- B. This referral must be documented in the Individualized Care Plan in the participant's medical record.

Policy 406

Narrative Nutrition Education and Regional Breastfeeding Coordinator Program Plans

POLICY

Local WIC Agencies shall complete an annual Nutrition Narrative Education Program Plan consistent with the State's goals and objectives. Regional Breastfeeding Coordinators shall complete an annual Program Plan consistent with the State's goals and objectives.

PURPOSE

To ensure local WIC agencies plan and evaluate nutrition and breastfeeding services provided to program participants.

RELEVANT REGULATIONS

7 CFR 246.11(d)(2) – Nutrition Education: Local WIC Agency responsibilities
United States Department of Agriculture, Food and Nutrition Services, Nutrition Service Standards

PROCEDURES

Narrative Nutrition Education Program Plan

- A. Local WIC Agencies shall complete a Nutrition Narrative Education Program Plan that is consistent with statewide nutrition education goals and objectives as describe in the annual guidance provided by the State WIC office.
- B. Components of the Nutrition Narrative Education Program Plan shall include:
 - 1. Evaluation of the previous year's plan.
 - 2. Goals as determined by the State WIC Office or based on identified needs at the local level.
 - 3. Measurable objectives designed to meet each goal.
 - 4. Specific methods or activities to achieve each objective.

Regional Breastfeeding Coordinator Program Plan

- A. Each Regional Breastfeeding Coordinator shall complete a Program Plan for their region that is consistent with statewide breastfeeding goals and objectives as described in the annual guidance provided by the State Breastfeeding Coordinator.
- B. Components of Regional Breastfeeding Coordinator Program Plan shall include:
 - 1. Evaluation of the previous year's plan.
 - 2. Goals as determined by the State WIC Office or based on identified needs at the local level.
 - 3. Measurable objectives designed to meet each goal.
 - 4. Specific methods or activities to achieve each objective.
 - 5. Identification of Community Partners within region
 - 6. Activities planned with all Local WIC Agencies within region
 - 7. Activities planned with community partners across region

Timeline

- A. Each year, guidance for completing the Narrative Nutrition Education Program Plan and Regional Breastfeeding Coordinator Program Plan will be provided on the following schedule.
 - 1. The Plans and support guidance will be emailed to Local WIC Coordinator and Regional Breastfeeding Coordinators in early October and must be completed and returned to the State Agency in early November each year.

2. State Program staff will review the plans by the end of December and will notify local WIC agency staff whether their plans is approved, or whether it needs modification.
3. Plans that require revision must be re-submitted by the end of January the following year.

Extension

- A. Local WIC Agencies or Regional Breastfeeding Coordinators may ask the State Agency for an extension to complete their plans in extenuating circumstances.
- B. The State agency recommends that local WIC agencies evaluate their nutrition services and breastfeeding support on an ongoing basis to ensure that they are providing effective and needed services.



407 Community Nutrition And Medical Nutrition Therapy



Kentucky Public Health
Prevent. Promote. Protect.

**Nutrition Program
Table of Contents**

Nutrition Services in Kentucky..... 3

Reimbursement for Medical Nutrition Therapy 4

Nutrition Services Program Planning..... 5

Basic Preventive Health Nutrition Guidelines 7

Medical Nutrition Therapy Guidelines..... 11

Medical Nutrition Therapy Forms 14

Medical Nutrition Therapy Group Nutrition Education 26

NUTRITION SERVICES IN KENTUCKY

Nutrition is vital to health, disease prevention in all age groups, and essential for healthy growth and development of newborns, children and adolescents.

In the Kentucky Public Health Department system, reimbursement is received for each level of nutrition services. Nutrition Services include nutrition counseling provided per specific program requirements, basic nutrition education provided in the clinic or in the community one on one or in a group setting, as well as individual or group Medical Nutrition Therapy (MNT) provided in the clinic. Medical Nutrition Therapy may only be provided by Registered Dietitians (RD/RDN) and Certified Nutritionists (CN). Medical Nutrition Therapy is a core public health service; see the Administrative Reference, Public Health Foundational Package of Local Public Health Services (Core Functions) and Community Health Planning and Reporting Section.

The federal and state laws and regulations that support the assignment of providers for the specific nutrition services are provided in the Administrative Reference. The levels of services, sources of reimbursement, and the appropriate provider of these services are included in the following table.

Type of Nutrition Service	Reimbursement Source (s)	Appropriate Provider(s)
Nursing Office Visit – <ul style="list-style-type: none"> • See nutrition counseling guidelines for Family Planning, Prenatal, Pediatric, etc. 	Appropriate Program Cost Center	Nurse
Basic Nutrition – Individual Service <i>Note: Cannot Code for Individual basic if the education provided is included in a service provided under another program such as WIC, Family Planning, Prenatal, Well Child, etc.</i>	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, or self pay.	Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) Nutritionist Nurse Health Educator
Basic Nutrition – Group Class	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, or self pay.	Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) Nutritionist Nurse Health Educator
Medical Nutrition Therapy (MNT) – Individual Service Note: Must establish Medicare Providership for Medicare reimbursement, http://www.cms.hhs.gov/MedicalNutritionTherapy/	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, Medicare, private insurance, or self pay.	Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) *see each payer source for reimbursement
Medical Nutrition Therapy (MNT) – Group Class	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, Medicare, private insurance, or self pay.	Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) *see each payor source for reimbursement

REIMBURSEMENT OF MEDICAL NUTRITION THERAPY (MNT)

Registered Dietitians/Registered Dietitian Nutritionists (RD/RDN) employed by health departments with the credential of Licensed Dietitian (LD) by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists are recognized as individual health care providers who can bill Third Party payers such as Medicare, Medicaid, private insurance plans, HMO's and PPO's for medical nutrition therapy (MNT) services they provide for patients. Master degree level nutritionists with the credential of Certified Nutritionists (CN) by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists may be recognized to bill third party payors, however, not all third party payors will reimburse for services provided by the Certified Nutritionist. Medicaid and other private insurance companies each have their individual policies and procedures to become credentialed providers to bill for MNT services. In order to provide and be reimbursed for MNT services, the RD/RDN must be a D9 provider and the Certified Nutritionist (CN) must be a DA provider. Not all MNT services are reimbursable.

REQUESTING PRIOR AUTHORIZATION FOR MNT SERVICES

The Health Department must assure that they are providing MNT services according to each Medicaid MCO company Provider handbook of policies and procedures to secure reimbursement for MNT services. It is recommended to verify the client's eligibility for the services prior to the provision of MNT services and follow the payer guidelines for billing and edits. This process involves teamwork and communication between the RD/RDN, the health department billing/financial staff, referring physicians and the specific carrier billed for the services.

The following are general steps for requesting an authorization for Medical Nutrition Therapy Services:

1. Contact the MCO responsible for the client's medical coverage.
2. Verify if the provider must complete the process to become an approved provider for the MCO.
3. Follow policies and procedures as outlined by each MCO to request reimbursement for MNT services.
4. Complete the MCO authorization form with the appropriate client information to receive authorization MNT services, if required.
5. Submit all necessary information and follow all instructions as outlined by each MCO for the prior authorization letter, if needed. Include copies of the client's WIC-75 and growth chart to document clinical information to support the medical necessity for the MNT service.
6. Be aware, that problem visits and MNT cannot be billed together. Preventive visits and MNT can be billed together. These are national edits that were adopted from the Centers for Medicare and Medicaid Services (CMS) National Coding Initiative (NCCI) standard payment methodologies. These methodologies prevent reimbursement for services that cannot be billed simultaneously. An example of a problem visit that cannot be billed with MNT is an Evaluation Management (EM) visit. Therefore, these visits will have to be scheduled on different days in order to receive reimbursement for both services. A preventive visit such as WIC can be scheduled with MNT.
7. Bill according to each MCO's policies and procedures.

Rev. 10/15

NUTRITION SERVICES PROGRAM PLANNING

A comprehensive nutrition program provides community and clinical nutrition services including preventative health nutrition services and Medical Nutrition Therapy to improve the health, nutrition, growth, and development of individuals and groups.

Comprehensive nutrition services include:

- Promotion of healthy eating that follows national dietary guidance policy;
- Policy that improves access to healthy foods;
- Support to increase the incidence and duration of breastfeeding to meet Healthy People 2020 Guidelines;
- Assure that medical nutrition therapy is available in each local WIC agency or community;
- Promote healthy weight among adults and children;
- Promotion of moderate and vigorous physical activity from childhood through adolescence into adulthood;
- Policy that improves access to physical activity; and
- Activities to eliminate disparities in nutrition and physical activity.

Nutrition (Cost Center 805)

The following national recommendations for interventions to increase nutrition are based on the strength of the evidence of effectiveness found during systematic reviews. Consider these evidence-based recommendations and local needs, goals, and constraints when choosing appropriate interventions.

Informational Approaches

- Community-wide campaigns (e.g., Choose 1% or Less) – Strongly Recommended
- “Point-of-decision” prompts (e.g., Choose 1% or Less) – Recommended
- Classroom-based health education focused on information provision (e.g., Wellness Winner.) – Insufficient Evidence*
- Mass media campaigns – Insufficient Evidence*

Behavioral and Social Approaches

- School-based nutrition education (e.g., Wellness Winners, Cumberland Valley Nutrition and Physical Activity Series) – Strongly Recommended
- Social support interventions in community settings (e.g., Weight: The Reality Series) – Strongly Recommended
- Individually-adapted health behavior change programs (e.g., Weight the Reality Series, etc.)– Strongly Recommended
- College-age nutrition throughout the life cycle education (e.g. Health Fairs) – Insufficient Evidence*
- Family-based social support (e.g., Eat Smart, Play Hard) – Insufficient Evidence*

Environmental and Policy Approaches

- Creation of or enhanced access of healthy food choices combined with informational outreach activities (e.g., healthy choices at restaurants, milk vending machines, healthy food choices in school vending machines, grocery store tours, Star Chef Curriculum, Weight the Reality Series, etc.) – Strongly Recommended

Service Providers

- The community component of the Nutrition and Physical Activity Initiative (805 cost center) shall be provided by dietitians, certified nutritionists, health educators, nurses, and/or nutritionists.
- The clinical component of Medical Nutrition Therapy (MNT) can only be provided by a Registered Dietitian/Registered Dietitian Nutritionists, Certified Nutritionist or a D-9 or DA designated nutritionist.

References and Resources

1. *Bright Futures in Practice: Nutrition*, second edition, National Center for Education in Maternal and Child Health, Georgetown University, 2011 15th Street, North, Suite 701, Arlington, VA 22201-2617, http://brightfutures.aap.org/nutrition_3rd_Edition.html
2. *Association of State Public Health Nutritionists*
<http://www.asphn.org/>
3. *Mobilizing for Action through Planning and Partnerships (MAPP)*, National Association of County and City Health Officials, <http://www.nacho.org>.
4. Centers for Disease Control and Prevention Status Report Nutrition, Physical Activity and Obesity 2013.
<http://www.cdc.gov/stltpublichealth/psr/npao/index.html>
5. Food and Nutrition Services – United States Department of Agriculture
<http://www.fns.usda.gov/>

Rev. 10/15

Over-the-Counter Vitamins/Dietary Supplements

Registered Dietitians/Registered Dietitian Nutritionists, Certified Nutritionists, and nutritionists through guidelines in the Core Clinical Service Guide, Family Planning Section, may deliver over-the-counter vitamins and dietary supplements such as prenatal vitamins, folic acid, iron, etc. The vitamins provided must be pre-packaged and include dosage information and instructions. These items may be delivered by the Certified Nutritionist, Nutritionist or Registered Dietitian. Documentation must include the supplement given and counseling provided. All items provided must be included in the agency medication plan and local formulary.

Over-the-counter vitamins and dietary supplements such as prenatal vitamins, folic acid, iron, etc. are not funded by the WIC Program. For more information regarding dietary supplements, see the Clinical Core Services Guide, Family Planning and Prenatal Sections.

Rev. 10/15

BASIC PREVENTIVE HEALTH NUTRITION INDIVIDUAL CONTACT

The following information is approved nutrition education counseling information for use in any services provided in the Health Department or in the Community, except WIC. The services can be provided by a Registered Dietitian, Certified Nutritionist, Nutritionist, Nurse or Health Educator. Documentation is to be recorded according to the policies and procedures in the Administrative Reference, Medical Records Section.

Ages/Status	Nutrition Counseling/Education Materials
Birth – 1 Year	<p>Follow Infant Feeding Guidelines established in Kentucky Infant Feeding Guides</p> <ul style="list-style-type: none"> • Encourage exclusive breastfeeding until 6 months of age and continued breastfeeding until at least 12 months; and • Provide age appropriate solid foods based upon development (avoid introduction of solid foods prior to 4 months of age). <p><u>Link to Kentucky Infant Feeding Guides</u> Kentucky Infant Feeding Guide Birth to 4 Months http://chfs.ky.gov/NR/rdonlyres/45A92B90-A056-41FF-ACCA-C8A17A858F93/0/04moKYInfantfeedingGuiderev2009.pdf Kentucky Infant Feeding Guide Four to Eight Months http://chfs.ky.gov/NR/rdonlyres/E89EC653-4FEA-46BE-88D7-65AADE90830B/0/48moKYInfantFdgGuiderev2009.pdf Kentucky Infant Feeding Guide Nine to Twelve Months http://chfs.ky.gov/NR/rdonlyres/E89EC653-4FEA-46BE-88D7-65AADE90830B/0/48moKYInfantFdgGuiderev2009.pdf</p>
Age 1 – 3 Years	<p>Follow guidelines established in the Kentucky Toddler Feeding Guide age 1-3.</p> <ul style="list-style-type: none"> • Encourage breastfeeding as long as mutually desired by mother and child; • Nutritional needs are slightly less due to slower rate of growth than infant; • Introduce new foods and finger foods; • Stress the importance of weaning if still on bottle; • Recognize food jags (child requesting one specific food at each meal); and • Avoid foods that can cause choking. <p><u>Link to Kentucky Toddler Feeding Guide</u> http://chfs.ky.gov/NR/rdonlyres/195D938A-B91E-48D1-B9CA-9F7DB94D6C3E/0/13YearOldToddlerFeedingGuide.pdf</p>
Age 3 – 5 Years	<p>Follow guidelines established in Kentucky Child Feeding Guide age 3–5 and Kentucky Department for Public Health 5,2,1,0 Campaign.</p> <ul style="list-style-type: none"> • Provide low-fat (1%) milk and dairy products; • Continue introduction of new foods; • Avoid foods that can cause choking; • Limit distractions by turning off all screens; and • Encourage physical activity to prevent overweight. <p><u>Link to Kentucky Toddler Feeding Guide & 5, 2, 1, 0 Campaign</u> Kentucky Toddler Feeding Guide http://chfs.ky.gov/NR/rdonlyres/C4DDC7F0-43C6-41DD-B6B6-8A8E340069B0/0/35YearOldFeedingGuide.pdf 5, 2, 1, 0 Campaign http://chfs.ky.gov/dph/mch/hp/5210/</p>

<p>Ages 5 – 10 Years</p>	<p>Follow nutrition guidelines for the 5 to 10 year old in Bright Futures Nutrition 3rd Edition and Kentucky Department for Public Health 5,2,1,0 Campaign.</p> <ul style="list-style-type: none"> • Recognize the importance of peers’ influence on eating habits; • Stress importance of adults as a positive influence on eating behaviors; • Aim for at least 5 servings of fruits and/or vegetables every day by including them in meals and snacks; • Limit high fat and low-nutrient foods and drinks such as candy, salty snacks, fast foods and sugary drinks; • Provide 2 cups of low-fat (1%) milk and dairy products each day for calcium and vitamin D; and • Encourage physical activity and limit screen time. <p><u>Link to Bright Futures & 5, 2, 1, 0 Campaign</u> Bright Futures Nutrition, 3rd Edition http://brightfutures.aap.org/pdfs/BFNutrition3rdEditionSupervision.pdf 5, 2, 1, 0 Campaign http://chfs.ky.gov/dph/mch/hp/5210/</p>
<p>Ages 11 – 21 Years</p>	<p>Follow nutrition guidelines for the 11 – 21 year old in Bright Futures Nutrition 3rd Edition and Kentucky Department for Public Health 5,2,1,0 Campaign.</p> <ul style="list-style-type: none"> • Nutrition needs are greater than any other time in life cycle; • Provide 3 cups of low-fat (1%) milk and dairy products each day for calcium and vitamin D; • Recognize strong influence of peers, sports and media on eating habits and self-image; • Skipping meals is common at this age; most commonly eaten meal is evening meal; • Recognize this age group begins to follow strict dietary regimens such as vegan diets as a part of independence; and • Folic acid supplement stressed for all women of childbearing age. <p><u>Link to Bright Futures & 5, 2, 1, 0 Campaign</u> Bright Futures Nutrition, 3rd Edition http://brightfutures.aap.org/pdfs/BFNutrition3rdEditionSupervision.pdf 5, 2, 1, 0 Campaign http://chfs.ky.gov/dph/mch/hp/5210/</p>
<p>Adult Wellness</p>	<p>Follow nutrition guidelines for Adults in USDA’s Dietary Guidelines for Americans, Center for Disease Control Healthy Weight Recommendations, and Choose MyPlate materials.</p> <ul style="list-style-type: none"> • Encourage healthy weight; • Make at least half of your grains, whole grains ie: breads, cereals, and pasta; • Folic acid supplement stressed for all women of childbearing age; • Choose nonfat or low fat dairy products daily for calcium and Vitamin D; and • Stress importance of physical activity and weight maintenance or loss as appropriate. <p><u>Link to MyPlate</u> Choose Myplate http://www.choosemyplate.gov/supertracker-tools/daily-food-plans.html Center for Disease Control http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html?s_cid=tw_ob064 and http://www.cdc.gov/healthyweight/healthy_eating/index.html</p>

*References: Dennison BA, Rockwell HL, Baker SL. Excess fruit juice consumption by preschool-aged children is associated with short stature and obesity. *Pediatrics*. 1997; 99:15-22. 2010 USDA Dietary Guidelines for Americans, Choose Myplate.gov

NUTRITION EDUCATION MATERIALS

Nutrition education materials may be ordered by sending a fax to Frankfort Habilitation (502) 227-7191 or can be accessed at <http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm>

BASIC NUTRITION SERVICES PREVENTATIVE HEALTH GROUP CLASSES

Nutrition Education may be provided in group settings in clinic or in the community to provide a common nutrition education and health promotion message in a cost effective manner. The classes can be provided by a Registered Dietitian, Certified Nutritionist, Nutritionist, Nurse or Health Educator. Documentation is to be recorded according to the policies and procedures in the Administrative Reference, Medical Records Section.

Approved Basic Nutrition Preventative Health Group Classes

Class Name	Source/Target Audience	Class Information
Breastfeeding and Infant Feeding	Pregnant women, families and caregivers of infants	Contact State Office
Serving up MyPlate: A Yummy Curriculum	United States Department of Agriculture/ Elementary School http://www.choosemyplate.gov/kids/ParentsEducators.html	Level 1, 2 & 3 Serving Up MyPlate: A Yummy Curriculum. Eat Smart to Play Hard with MyPlate Poster and Mini Poster My Plate at Home Nutrition Facts Label
Food Safety	Food and Drug Administration/ Grades K-3; Grades 4-8; Grades 9-12	Clean, separate, cook, chill, Fight BAC!
FIT WIC	FIT WIC Activity Kit/ Preschool children	This resource provides physical activity lesson plan ideas for preschoolers and their families.
Physical Activity Nutrition & Tobacco & Asthma (PANTA) (KDE) Units of Study	Kentucky Department of Education/parents or Wellness Councils http://chfs.ky.gov/nr/rdonlyres/d905a60d-2b89-46d0-95c4-fd015e66bb95/0/pantaplus2011.pdf	Materials designed to assist parents and Wellness Councils in developing policies and procedures to impact the physical activity, nutrition and tobacco issues in the school setting.
Portion Distortion	National Heart Lung and Blood Institute/middle-school through adult http://www.nhlbi.nih.gov/health/educational/wecan/eat-right/portion-distortion.htm	Calories, physical activity, portion sizes (Part 1 and Part 2). Each part will take about 30 minutes.
Food Safety for Mom-to-Be	Food and Drug Administration Food Safety for Mom-to-Be	Food safety for Pregnant women. Educator's tool includes a power point, handouts and posters.
Let's Move Initiative	First Lady Michele Obama has created "Let's Move– Americas move to raise a healthier generation"	Website provides facts on child health, eating healthy, & getting active.
USDA Team Nutrition	USDA Food and Nutrition Services has "Team Nutrition" that provides ideas to enhance families and children's healthy nutrition choices, physical activity and healthy lifestyles through fun and creative way.	Download handouts, posters and class ideas.
Go With Whole Grains for Kids	Bell Institute of Health and Nutrition (General Mills);Whole Grains Council/grades K-2, grades 3-5	Grades K-5 – identify grains, benefits of whole grains, increase whole grain intake, refined vs. whole grains. Encourages physical activity.
Weight The Reality Series	University of Kentucky Cooperative Extension Service/adults	10 week of self-discovery, education, skill building to help adults learn to control their weight

REFERRAL GUIDELINES FOR MEDICAL NUTRITION THERAPY

Medical Nutrition Therapy (MNT) is individualized dietary instruction and counseling for a nutrition-related problem. This level of specialized instruction is above basic nutrition counseling and includes an individualized dietary assessment. MNT may be offered to any person in need without regard to income. MNT services may only be provided by a Registered Dietitian (RD/RDN, LD). A Certified Nutritionist may provide MNT, but the services may not be reimbursed by all third party payors. Reimbursement for service varies based on the MNT condition, service provider and Managed Care Organization (MCO) or third party payor. Medical Nutrition Therapy is above the scope of WIC.

The table below indicates conditions that shall be referred for MNT Services. MNT Services may be offered for a variety of health and feeding conditions and is not limited to this information.

Ages/Status	Problem/Condition for Medical Nutrition Therapy
<p>Infants – Adult Pregnant Women</p> <p>Postpartum & Breastfeeding Women</p> <p>Infants, Children</p> <p>All Adults</p>	<p>Weight Management</p> <ul style="list-style-type: none"> • Underweight = Pre-pregnancy Body Mass Index (BMI) < 18.5 • Overweight = Pre-pregnancy BMI ≥ 25.0 • Low maternal weight gain, 2nd or 3rd trimesters, single pregnancy <ul style="list-style-type: none"> ○ Underweight women who gain <4 pounds/month ○ Normal weight women who gain <3.2 pounds/month ○ Overweight women who gain <2 pounds/month ○ Obese women who gain <1.6 pounds/month • Weight loss during pregnancy <ul style="list-style-type: none"> ○ Any weight loss below pregravid weight during 1st trimester (0 – 13 weeks) ○ ≥2 pounds during 2nd or 3rd trimesters • High maternal weight gain, all trimesters, singleton pregnancy <ul style="list-style-type: none"> ○ Underweight women who gain >5.2 pounds/month ○ Normal weight women who gain >4 pounds/month ○ Overweight women who gain >2.8 pounds/month ○ Obese women who gain >2.4 pounds/month <ul style="list-style-type: none"> • Underweight = Pre-pregnancy BMI or Current BMI < 18.5 (within 6 months of delivery) • Underweight = Current BMI < 18.5 (≥ 6 months of delivery) • Overweight = Pre-pregnancy BMI or Current BMI ≥ 25.0 (within 6 months of delivery) • Overweight = Current BMI ≥ 25.0 (≥ 6 months of delivery) • High maternal weight gain last pregnancy <ul style="list-style-type: none"> ○ Underweight Postpartum Woman and gained 40 pounds ○ Normal weight PP Woman and gained > 35 pounds ○ Overweight PP Woman and gained > 25 pounds ○ Obese PP Woman and gained > 15 pounds <ul style="list-style-type: none"> • Low Birth Weight (LBW) ≤5 pounds, eight ounces • Failure to Thrive (FTT) • Obesity ≥ 95th percentile weight for height/length <ul style="list-style-type: none"> • Unexplained weight loss • Any patient requesting weight management • Underweight = BMI < 18.5 • Overweight = BMI ≥ 25.0
<p>All Adolescent</p> <p>Adult</p>	<p>Hyperlipidemia</p> <ul style="list-style-type: none"> • Total cholesterol ≥ 200 mg/dl • LDL ≥ 130 mg./dL. <ul style="list-style-type: none"> • Total cholesterol ≥ 240 mg./dL. • HDL < 40 mg./dL. • LDL ≥ 160 mg./dL. • TG ≥ 200 mg./dL.

American Academy of Pediatrics <http://brightfutures.aap.org/materials.html>

REFERRAL GUIDELINES FOR MEDICAL NUTRITION THERAPY
(continued)

Ages	Problem/Condition for Medical Nutrition Therapy
All	Elevated Blood Lead
Pregnant Women	Pregnancy Induced Conditions <ul style="list-style-type: none"> • Hyperemesis Gravidarum • Gestation diabetes (this pregnancy)
All	Nutrition/Metabolic such as: <ul style="list-style-type: none"> • Nutrient Deficiency Diseases • Gastro-Intestinal Disorders • Glucose Disorders • Thyroid Disorders • Hypertension • Renal Disease • Cancer/treatment for cancer • Central Nervous System Disorders • Genetic/Congenital Disorders • Inborn Errors of Metabolism • Infectious Diseases (present in the last 6 months) • Celiac Disease • Drug/Nutrient Interactions • Recent Major Surgery, Trauma, Burns • Other Medical Conditions
Pregnant/Postpartum/Breastfeeding Women/Child	Inappropriate Nutrient Intake/Nutritional Concerns <ul style="list-style-type: none"> • Vegan • Highly restrictive diet in calories or specific nutrients Complications which Impair Nutrition <ul style="list-style-type: none"> • Delays/disorders that impair chewing/swallowing/require tube feeding
Pregnant/Postpartum/Breastfeeding Women/Adolescents/Children	Eating Disorders
Infants	Nutrition/Metabolic Conditions <ul style="list-style-type: none"> • Pyloric Stenosis • Baby Bottle Tooth Decay

Rev. 10/15

MEDICAL NUTRITION THERAPY DOCUMENTATION GUIDELINES

MNT providers must develop a nutrition care plan appropriate for each client or client group according to Academy of Nutrition and Dietetics Nutrition Care Manual and based on the guidance below. Contact the Nutrition Services Branch to request access to the Nutrition Care Manual for Registered Dietitians/Registered Dietitian Nutritionists and Certified Nutritionists.

The below required elements are recorded on the MNT Forms on the following pages. This information is required for reimbursement of MNT services.

Medical Nutrition Therapy documentation shall contain the following elements:

- A. Date of MNT visit along with Beginning and Ending Time of visit;
- B. ICD-9/ICD-10 code – defines type of visit/counseling;
- C. Subjective Data:
 - 1. Client's reason for visit
 - 2. Primary care physician
 - 3. History
 - a. past and present medical
 - b. nutrition including food patterns and intake
 - c. weight
 - d. medication
 - e. exercise
- D. Objective Data:
 - 1. Laboratory results
 - 2. Height, Weight
 - 3. BMI
 - 4. Calorie Needs
 - 5. Drug/Nutrient Interactions
- E. Individual Assessment of Diet/Intake:
 - 1. individual assessment of diet/intake
- F. Plan:
 - 1. Individualized dietary instruction that incorporates diet therapy counseling and education handouts for a nutrition related problem.
 - 2. Plan for follow-up.
 - 3. Documentation of referral for identified needs, as appropriate.
 - 4. It is recommended to send a letter to the client's physician describing dietary instruction provided. A copy of this letter shall be placed in the client's medical record.
- H. Date and legible identity of provider:
 - 1. All entries must be signed and dated by the provider. See the Administrative Reference, Medical Records Management Section.

Approved medical abbreviations can be found in the Administrative Reference, Medical Records Management Section and Marilyn Fuller DeLong's *Medical Acronyms, Eponyms & Abbreviations*. Each local health department shall keep a log of non-medical abbreviations that are used in their agency, such as MCHS–Madison County High School, Tues.–Tuesday, etc.

MEDICAL NUTRITION THERAPY ASSESSMENT FORMS INDIVIDUAL CONTACT

Medical Nutrition Therapy (MNT) Assessment forms are required for documentation of an initial individual contact. The MNT forms are found on the following pages in this section.

- A. All initial individual MNT visits are to be documented on the forms. These forms were developed to collect the required information for reimbursement.
- B. An entry must be included on the Service Record/Progress Notes (CH-3) referencing the MNT form.
- C. Per medical documentation and registration/licensure requirements, all entries must contain a goal for the patient and/or the progress toward a goal. See Administrative Reference, Medical Records Management Section.
- D. The following MNT Assessment forms are to be utilized as appropriate:
 - 1. MNT – Adult
 - 2. MNT – Pediatric
 - 3. MNT – Diabetes
 - 4. MNT – Gestational Diabetes
 - 5. MNT – Renal
 - 6. MNT – Follow Up (optional)

Medical Nutrition Therapy (Adult)

Begin Time: _____ End Time: _____

Primary ICD9/10: **V653- /Z71.3** Secondary ICD9/10: _____

Name: _____ ID _____

Number: _____

OR

Place PEF label here

S:	Reason for visit:	MD/Where do you receive medical care?			
Medical history:					
Present treatment:		Education level:	Language barrier:	Support systems:	Smoking: No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigars #/day
Medications: OTC medications:				Drug allergies:	
Herbal remedies/Vitamin mineral supplements:					
Job: Work schedule:			Schedule changes/weekends/school schedule		
Rate your appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>			Past/present eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:		
Do you have any eating or digestion problems? Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> GERD <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Food allergy/intolerance <input type="checkbox"/> Other:					
Has your weight changed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No By how much:		Highest weight?	Wt. Loss methods tried:		
What would you like to know more about? <input type="checkbox"/> Weight loss <input type="checkbox"/> Exercise <input type="checkbox"/> Eating out <input type="checkbox"/> Label reading <input type="checkbox"/> Alcohol use <input type="checkbox"/> Sweeteners Patient requested topics/questions:					
What eating concerns do you have?				Who prepares the meals? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other	
Do you have a meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many calories?		Eating out frequency: Breakfast ___/week Lunch ___/week Dinner ___/week Type(s) of restaurant(s):			
Are there any special considerations in meal planning?		Have you had previous diet instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Who:		How often are you able to follow it? never <input type="checkbox"/> same <input type="checkbox"/> always <input type="checkbox"/>	
Have you been told to follow any other diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check which restrictions: <input type="checkbox"/> Low calorie <input type="checkbox"/> Low cholesterol <input type="checkbox"/> Low salt/sodium <input type="checkbox"/> Low protein <input type="checkbox"/> Low fat <input type="checkbox"/> High fiber <input type="checkbox"/> Other:					
Food frequency: Whole grains _____ Grains _____ Vegetables _____ Fruit _____ Milk _____ Meats _____ Other:					
Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor How often? _____ How much?			Do you exercise now? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? How long? _____ Type?		
PRENATALS ONLY	Problems during previous pregnancy:				
	Prepregnancy weight:	Gestational Age:	EDC:	Vomiting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Heartburn? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Weight gain last pregnancy:	Weight gain to date:	Birth weight of Children (if any):		Feeding method planned: <input type="checkbox"/> Breast <input type="checkbox"/> Formula
Time:	Breakfast or first meal:				
Time:	Snack:				
Time:	Lunch or second meal:				
Time:	Snack:				
Time:	Dinner or third meal:				
Time:	Snack:				
Patient comments:					
O:	See CH-12 and available lab reports, growth charts.	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	
Calorie Needs:		Medical clearance for exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exercise limitations:	
Drug/Nutrient Interactions:					

Name: _____ ID _____
 Number: _____
 OR
 Place PEF label here

A:

Assessment of Diet - Adequate Intake:

Weight: WNL Overweight Underweight Weight gain (Prenatal only): Normal Above Below Recommended Weight:

Readiness to change: Precontemplation Contemplation Preparation Action Maintenance

Other:

Women EER = $354 - (6.91 \times \text{age}) + \text{PA} \times [9.36 \times (\text{wt. in lb.}/2.2) + (726 \times \text{ht. in inches}/39.4)]$ PA levels: Sedentary = 1 Low activity = 1.12 Active = 1.27 Very active = 1.45	Men EER = $662 - (9.53 \times \text{age}) + \text{PA} \times [15.91 \times (\text{wt in lb.}/2.2) + 539.6 \times (\text{ht in inch}/39.4)]$ PA levels: Sedentary = 1 Low activity = 1.11 Active = 1.25 Very active = 1.48
--	---

P: Next Primary Care Physician Appointment: Follow-up Nutrition Appointment:

Exercise: Referral: MD RN Social Services Medicaid

Goals/Instructions:

Follow-up:

Handouts used:

Identified Barriers:

Signature: Date:

MNT - Adult

Rev. 10/18

Medical Nutrition Therapy (Pediatric)
MNT-Pediatric

Begin Time: _____ End Time: _____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10: _____

Name: _____

ID Number: _____

OR

Place PEF label here

S:	Reason for visit:	MD/Where does the child receive medical care?		
Medical history:				
Present treatment:		Language barrier:	second hand smoke exposure:	Drug Allergies:
Medications:				Drug/Nutrient Interactions:
OTC medications:		Herbal remedies/Vitamin mineral supplements:		
Child Digestive Problems <input type="checkbox"/> Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> GERD <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Food allergy/intolerance <input type="checkbox"/> Other:				
Rate your child's appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		Past/present eating disorder <input type="checkbox"/> Yes <input type="checkbox"/> No Type:		
Weaned from bottle:		Is your child breastfed?	How many times in 24 hours?	
Child eat nonfood items such as dirt, paper, paint chips <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent/care giver concerns about child's diet:		Fluoride Source <input type="checkbox"/> Yes <input type="checkbox"/> No	family meals <input type="checkbox"/> Daily <input type="checkbox"/> Couple times per week <input type="checkbox"/> No meals eaten as family	
Special Considerations in meal planning:				
Foods or food groups avoided:			Number of Meals/Snacks per day:	
Eating out frequency: Breakfast ____/week Lunch ____/week Dinner ____/week Type(s) of restaurant(s):		Food frequency: Whole grains ____ Grains ____ Vegetables ____ Fruit ____ Milk ____ Meats ____ Type of Milk ____ Other liquids ____ Breastmilk ____ Other:		
Food Insecurity in the home:		Previous diet instruction received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Who:		Previous diet instruction followed: never <input type="checkbox"/> same <input type="checkbox"/> always <input type="checkbox"/>
Hours per day child watches tv, dvd's or playing computer games:			Physical activity received daily: <input type="checkbox"/> Yes <input type="checkbox"/> No Type and duration of activity:	
Time:	Breakfast or first meal:			
Time:	Snack:	Nighttime Feedings:		
Time:	Lunch or second meal:			
Time:	Snack:			
Time:	Dinner or third meal:			
Time:	Snack:			
O:	See CH-12, available lab reports and growth charts.	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:

Name: _____ ID _____

Number: _____

OR

Place PEF label here

Calorie Needs:	Medical clearance for exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise limitations:																																																
A:	Assessment of Diet - Adequate Intake:																																																	
Infants/Children	Appropriate Weight for Height <input type="checkbox"/> Yes <input type="checkbox"/> No	Range:																																																
Height/Age: %	Weight/Age: %	Height/Weight: %																																																
$\frac{\text{calories}}{\text{pounds}} \times \text{pounds} = \text{total calories}$ <input type="checkbox"/> Maintain <input type="checkbox"/> Lose <input type="checkbox"/> Gain weight																																																		
Infant Calorie needs	Child Calorie needs																																																	
0-6 months = 49 cal./lb. body weight	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Child</th> <th>Sedentary</th> <th>Moderately Active</th> <th>Active</th> </tr> </thead> <tbody> <tr> <td>2-3 yrs</td> <td>1000 kcal</td> <td>1000-1400 kcal</td> <td>1000-1400 kcal</td> </tr> <tr> <td colspan="4">Female</td> </tr> <tr> <td>4-8 yrs</td> <td>1200 kcal</td> <td>1400-1600</td> <td>1400-1800</td> </tr> <tr> <td>9-13 yrs</td> <td>1600</td> <td>1600-2000</td> <td>1800-2000</td> </tr> <tr> <td>14-18 yrs</td> <td>1800</td> <td>2000</td> <td>2400</td> </tr> <tr> <td>19+yrs</td> <td>2000</td> <td>2000-2200</td> <td>2400</td> </tr> <tr> <td colspan="4">Male</td> </tr> <tr> <td>4-8 yrs</td> <td>1400 kcal</td> <td>1400-1600</td> <td>1600-2000</td> </tr> <tr> <td>9-13 yrs</td> <td>1800</td> <td>1800-2200</td> <td>2000-2600</td> </tr> <tr> <td>14-18 yrs</td> <td>2200</td> <td>2400-2800</td> <td>2800-3200</td> </tr> <tr> <td>19+yrs</td> <td>2400</td> <td>2600-2800</td> <td>3000</td> </tr> </tbody> </table>		Child	Sedentary	Moderately Active	Active	2-3 yrs	1000 kcal	1000-1400 kcal	1000-1400 kcal	Female				4-8 yrs	1200 kcal	1400-1600	1400-1800	9-13 yrs	1600	1600-2000	1800-2000	14-18 yrs	1800	2000	2400	19+yrs	2000	2000-2200	2400	Male				4-8 yrs	1400 kcal	1400-1600	1600-2000	9-13 yrs	1800	1800-2200	2000-2600	14-18 yrs	2200	2400-2800	2800-3200	19+yrs	2400	2600-2800	3000
Child	Sedentary	Moderately Active	Active																																															
2-3 yrs	1000 kcal	1000-1400 kcal	1000-1400 kcal																																															
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4-8 yrs	1200 kcal	1400-1600	1400-1800																																															
9-13 yrs	1600	1600-2000	1800-2000																																															
14-18 yrs	1800	2000	2400																																															
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6 – 12 months = 45 cal./lb. body weight																																																		
FTT/Low Birth Weight = 55 cal./lb. body weight																																																		
P:	Next Pediatrician Appointment:	Follow-up Nutrition Appointment:																																																
Exercise:	Referral: <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> Social Services <input type="checkbox"/> Medicaid																																																	
Goals/Instructions:																																																		
Handouts used:																																																		
Follow-up:																																																		
Parents readiness to learn/Comprehension of education:		Identified barriers:																																																
Signature:		Date:																																																

*Calorie Levels for Children taken from IOM: Dietary Guidelines and Dietary Reference Intakes 2002.

Medical Nutrition Therapy Assessment

MNT-Diabetes

Begin Time: _____ End Time: _____

Name: _____

ID Number: _____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10: _____

OR
Place PEF label here

S:	Patient reason for visit:	MD/Where do you receive medical care?									
Medical History:											
Present diabetes treatment:				Education level:		Language barrier:		Support systems:		Smoking: No <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigars #/day	
Medications: OTC medications:								Drug allergies:			
Herbal remedies/ Vitamin-mineral supplements:											
Job: Work schedule:						Schedule changes/weekends/school schedule					
Year of diagnosis:		Hypoglycemia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None experienced Frequency:						Rate your appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>			
Do you have any eating or digestion problems? Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> GERD <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Food allergy/intolerance <input type="checkbox"/> Other:											
Has your weight changed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No By how much:				Highest weight?		Wt. Loss methods tried:					
What eating concerns do you have?								Who prepares the meals? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other			
Do you have a meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many calories?				Eating out frequency: Breakfast ___/week Dinner ___/week Type(s) of restaurant(s):		Lunch ___/week					
Are there any special considerations in meal planning?								How much of the time are you able to follow it? never <input type="checkbox"/> same <input type="checkbox"/> always <input type="checkbox"/>			
Have you been told to follow any other diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check which restrictions: <input type="checkbox"/> Low calorie <input type="checkbox"/> Low cholesterol <input type="checkbox"/> Low salt/sodium <input type="checkbox"/> Low protein <input type="checkbox"/> Low fat <input type="checkbox"/> High fiber <input type="checkbox"/> Other: Date/Who:											
Food frequency: Whole grains _____ Grains _____ Veggies _____ Fruit _____ Milk _____ Meats _____ Other:											
Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor How often? How much?						Do you exercise now? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? How long? Type?					
Time:	Breakfast or first meal:										
Time:	Snack:										
Time:	Lunch or second meal:										
Time:	Snack:										
Time:	Dinner or third meal:										
Time:	Snack:										
Patient comments:											
O:	See CH-12 and available lab reports, growth charts. <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity:										
Lab Data:	Diagnosis of diabetes: Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>		A1C	BG Fasting	Chol.	HDL	LDL	Triglycerides	BP	Microalbumin	Other
Target Goals:	Target BG: _____ mg/dL to _____ mg/dL		Fasting 2hr PP:	BG Post Meal	Target A1C < 7%	Target LDL < 100mg/dl	Target HDL > 40 mg/dl men > 50 mg/dl women	Target BP < 130/80	Target chol. < 200 mg/dl	Target TG < 150 mg/dl	Target Microalbumin < 30 mcg/mg
SMBG:	Frequency		Times of Day		Machine:		Medical clearance for exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Drug nutrient interactions:							Exercise Limitations:				
Other:											

Name: _____ ID _____
 Number: _____
 OR
 Place PEF label here

A: Readiness to change: Precontemplation Contemplation Preparation Action Maintenance

Weight assessment: WNL Overweight Underweight Recommended Wt. change N/A _____ lbs. loss/gain

Women EER = 354 – (6.91 X age) + PA X [9.36 X (wt. in lb./2.2) + (726 X ht. in inches/39.4)] PA levels: Sedentary = 1 Low activity = 1.12 Active = 1.27 Very active = 1.45

Men EER = 662 – (9.53 X age) + PA X [15.91 X (wt in lb/2.2) + 539.6 X (ht in inches/39.4)] PA levels: Sedentary = 1 Low activity = 1.11 Active = 1.25 Very active = 1.48

P:	1 starch = 15 g. CHO, 3 g. protein, 1 fat, 80 calories 1 fruit = 15 g. CHO, 60 calories 1 milk = 12 g. CHO, 8 g. protein, 1 fat, 90 calories						1 veggie = 5 g. CHO, 2 g. protein, 25 calories 1 meat(subst.) = 7 g. protein, 5(3) fat, 75 (55) calories 1 fat = 5 fat, 45 calories					
	Time	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Total servings/day	CHO (g)	Protein (g)	Fat	Calories
Starch												
Fruit												
Milk												
Vegetables												
Meat/Subst.												
Fat												
								X4	X4	X9	Total calories	

OR

Total calories:			
Time	Meal	# CHO choices	CHO grams
	Breakfast		
	Snack		
	Lunch		
	Snack		
	Dinner		
	Snack		
	Totals		

Goals/Instructions:

Follow-up:

Handouts used:

Identified Barriers:

Signature: _____ Date: _____

Medical Nutrition Therapy Assessment

MNT-Gestational Diabetes

Name: _____

Begin Time: _____ End Time: _____

ID Number: _____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10: _____

OR
Place PEF label here

S:	EDD:	Medical History:		
Name of doctor/Where do you receive medical care?		Obstetric History:		
Medications/Herbal remedies/ Vitamin-mineral supplements:				
Present MNT Therapy:		Insulin Therapy: Date started:		
Occupation		Hours worked? What are your usual work hours?		Schedule changes/weekends/school schedule
Psychosocial/economic		Hypoglycemia: Yes <input type="checkbox"/> No <input type="checkbox"/>		Rate your appetite: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any eating/digestion problems? Chewing <input type="checkbox"/> Swallowing <input type="checkbox"/> Stomach ache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Other:				
What eating concerns do you have?		Who prepares the meals? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Other		Eating out: What type of restaurant(s)?
How often each week do you eat in restaurants, cafeterias, or away from home? Breakfast _____/week Lunch _____/week Dinner _____/week			Do you have a meal plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many calories?	
Are there any special considerations in meal planning?		Have you had previous instruction on diet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who provided the instruction and date?		
How much of the time are you able to follow it? 0-25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 50-75% <input type="checkbox"/> 75-100% <input type="checkbox"/>		Have you been told to follow any other diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check which restrictions: <input type="checkbox"/> Low calorie <input type="checkbox"/> Low cholesterol <input type="checkbox"/> Low salt/sodium <input type="checkbox"/> Low protein <input type="checkbox"/> Low fat <input type="checkbox"/> High fiber <input type="checkbox"/> Other:		
What time of day do you eat these foods? Regular soda pop _____ Sweet roll/pastries _____ Cookies _____ Candy, candy bars _____ Ice cream _____ Frozen desserts _____ Pie, Cake _____ Other _____				
Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor _____ How often? _____ How much? _____				
If the doctor recommends a change in your current eating habits, would this be difficult? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why?				
Appetite/allergies/intolerances			Food /drug allergies:	
What would you like to know more about? <input type="checkbox"/> Weight loss <input type="checkbox"/> Exercise <input type="checkbox"/> Eating out <input type="checkbox"/> Label reading <input type="checkbox"/> Alcohol use <input type="checkbox"/> Sweeteners Other:				
What would you hope to accomplish or gain from this appointment? <input type="checkbox"/> Improve blood glucose <input type="checkbox"/> Lose weight <input type="checkbox"/> Lower cholesterol/triglycerides <input type="checkbox"/> Improve eating habits <input type="checkbox"/> Start exercising <input type="checkbox"/> Get more information <input type="checkbox"/> Other: Are there concerns for gestational diabetes?				
Are you exercising now? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what would you consider? Exercise: <input type="checkbox"/> Walking <input type="checkbox"/> Exercise class Other:				
Patient comments:				
Food frequency: Whole grains _____ Grains _____ Veggies _____ Fruit _____ Milk _____ Meats _____				
Time:	Breakfast or first meal:			
Time:	Snack:			
Time:	Lunch or second meal:			
Time:	Snack:			
Time:	Dinner or third meal:			
Time:	Snack:			
O:	See CH-12 and available lab reports, growth charts.	Pre-pregnancy Weight:	Age:	Pre-pregnancy Weight Category: <input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese
Total Weight Gain: Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> Excess <input type="checkbox"/>			Lives with:	
OGTT:	Glucose Meter:	B/P	Hgb	SMBG: Frequency:
Date OGTT:				Testing Times:
Records/log kept: <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical clearance for exercise: Yes <input type="checkbox"/> No <input type="checkbox"/>		Exercise limitations:

Name: _____ ID _____

Number: _____

OR

Place PEF label here

A: Readiness to change: Precontemplation Contemplation Preparation Action Maintenance

EER: 1st trimester = no additional calories 2nd trimester = additional 340 calories/day 3rd trimester = additional 452 calories/day

P:	1 starch = 15 g. CHO, 3 g. protein, 1 fat, 80 calories 1 fruit = 15 g. CHO, 60 calories 1 milk = 12 g. CHO, 8 g. protein, 1 fat, 90 calories						1 Vegetable = 5 g. CHO, 2 g. protein, 25 calories 1 meat(subst.) = 7 g. protein, 5(3) fat, 75 (55) calories 1 fat = 5 fat, 45 calories					
	Time	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Total servings/day	CHO (g)	Protein (g)	Fat	Calories
Starch												
Fruit												
Milk												
Veggie												
Meat/Subst.												
Fat												
									X4	X4	X9	Total calories

OR

Total calories:		Breakfast	Lunch	Dinner
# CHO choices		Time:	Time:	Time:
CHO grams		# CHO choices	# CHO choices	# CHO choices
Protein grams		CHO grams	CHO grams	CHO grams

Snack	Snack	Snack
Time:	Time:	Time:
# CHO choices	# CHO choices	# CHO choices
CHO grams	CHO grams	CHO grams

Goals/Instructions:

Follow-up:

Handouts used:

Identified Barriers

Signature: _____ Date: _____ Comprehension

Medical Nutrition Therapy Assessment

Name: _____

MNT-Renal

Begin Time: _____ End Time: _____

ID Number: _____

Primary ICD9/10: V653-/ Z71.3 Secondary ICD9/10: _____

OR

Place PEF label here

S:	Referring Physician:		Other diagnoses:				
Diet Order:		Previous Diet Instruction: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Previous diets:		Dentition: <input type="checkbox"/> good <input type="checkbox"/> missing some teeth <input type="checkbox"/> edentulous <input type="checkbox"/> dentures <input type="checkbox"/> chewing problems					
Food Allergies: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list foods:		Appetite: excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor <input type="checkbox"/>					
Medications:							
Herbal remedies/vitamin-mineral supplements:			OTC medications:				
Oral nutrition supplement: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list _____							
Time:	Breakfast or first meal:						
Time:	Snack:						
Time:	Lunch or second meal:						
Time:	Snack:						
Time:	Dinner or third meal:						
Time:	Snack:						
Do you have any eating or digestion problems? Swallowing <input type="checkbox"/> Stomach ache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Other: _____							
Activity Level: <input type="checkbox"/> Non ambulatory <input type="checkbox"/> moderate <input type="checkbox"/> active		Vision: good <input type="checkbox"/> impaired <input type="checkbox"/> blind <input type="checkbox"/>		Hearing: <input type="checkbox"/> good <input type="checkbox"/> HOH <input type="checkbox"/> deaf			
Psychosocial: <input type="checkbox"/> lives by self <input type="checkbox"/> with others		Language barrier: <input type="checkbox"/> Yes <input type="checkbox"/> No		Shopping done by: _____			
Occupation: _____		Education level: _____		Cooking done by: _____			
Support systems (e.g., food stamps, Meals on Wheels)							
How often each week do you eat in restaurants, cafeterias, or away from home? Breakfast ___/week Lunch ___/week Dinner ___/week							
Smoking: No <input type="checkbox"/> Yes <input type="checkbox"/> # packs/day _____		Alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/>		Salt substitute: Yes <input type="checkbox"/> No <input type="checkbox"/>			
O:	Height:	Present Weight:	BMI:	IBW:	% IBW:	Usual weight:	% usual weight:
Frame:	Adj. Wt.: (obesity)	Adj. Wt.: (amputees)	% wt. Change: Loss/gain _____ X _____ (time)				
Age: Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> separated					
Nutrition related medications:				Chemistries:	Date:		
Vitamins				Hgb./Hct.			
Non RX vitamins				Fe+/Ferritin			
P04 Binders				% Trans sat			
Vit. D/Vit. D analogs				BUN/Creatine			
Iron supplements				K+/Na+			
Epogen/Procrit				Alk. Phos/Ca+			
Anti-diabetic agents				PO4/PTH			
BP Meds				Glucose/A1C			
Laxatives/stool softeners				Chol./TG			
Anti-hyperlipidemics				GFR/Creat. Clear.			
Other				Other			
Physical exam – Rate as follows: 0 = Normal 1 = Mild 2 = Moderate 3 = Severe							
Loss of subcutaneous fat _____ Muscle wasting _____ Ankle edema _____ Sacral edema _____ Ascites _____							
Skin condition: intact <input type="checkbox"/> open areas <input type="checkbox"/> If open areas, describe: _____							

Name: _____ ID

Number: _____

OR

Place PEF label here

A:	Nutrient needs: calories _____ protein _____	Current diet order meets dietary needs: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, review with MD	Current intake: adequate <input type="checkbox"/> inadequate <input type="checkbox"/> Unable to determine <input type="checkbox"/>
	30 days loss/gain _____%	90 days loss/gain _____%	180 days loss/gain _____%
Nutritional status: well nourished <input type="checkbox"/> at risk <input type="checkbox"/> mild malnourished <input type="checkbox"/> moderate malnourished <input type="checkbox"/> severe malnourished <input type="checkbox"/>			
Voices understanding of diet instruction: Yes <input type="checkbox"/> No <input type="checkbox"/>		Expresses readiness to learn: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments: _____ _____ _____			
Functional Capacity: No dysfunction <input type="checkbox"/> Dysfunction <input type="checkbox"/> Duration _____ Working sub optimally <input type="checkbox"/> Ambulatory <input type="checkbox"/> Bedridden <input type="checkbox"/>			
Is the subject independent in:			
Bathing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dressing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transferring? <input type="checkbox"/> Yes <input type="checkbox"/> No		Toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contenance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
P:	Goals/Instruction:		
Follow-up:			
Handouts used:			
Identified Barriers:			
Signature:		Date:	Comprehension <input type="checkbox"/>

MNT-Renal

Medical Nutrition Therapy

MNT- Follow-Up

Begin Time: _____ End Time: _____ # Units: _____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10: _____

Name: _____

ID Number _____

Or place PEF label here

Type of Meal Plan:	Date:
Medication Changes:	Other Comments:
Exercise:	

Lab Values/Changes:
Weight Changes: _____
Blood Pressure: _____ **Cholesterol:** _____
Blood Glucose: _____ **Other:** _____

Identified Barriers:

Readiness to Change/Compliance:

24 hour recall Time:	Breakfast:
Time:	Snack:
Time:	Lunch:
Time:	Snack:
Time:	Supper:
Time:	Snack:

Progress Toward Goals/New Goals:

Materials Provided:

Referral: Y or N Reason: MD RN Social Services Other:

Follow MNT Visit: Progress Note Sent to MD: Yes No

Signature: Date:

Adapted from the Lincoln Trail District Health Department & Laurel County Health Department Nutrition Follow up Medical Nutrition Therapy forms

**MNT- Follow UP
DEV10/15**

MEDICAL NUTRITION THERAPY GROUP NUTRITION EDUCATION

The following is a list of topics that are appropriate for group nutrition education **in the clinic setting** under the MNT group class code. The lesson plans with pre-and post-test for each class are available from the Nutrition Services Branch. **All MNT group classes must be taught by a Registered Dietitian or Certified Nutritionist.**

Medical Nutrition Therapy Topics	Possible Handouts	Class Information
Diabetes Meal Planning	<ul style="list-style-type: none"> ▪ <i>Dining Out Made Healthy</i> ▪ <i>Read It Before You Eat It/Steps to Reading a Food Label</i> 	Healthy methods to eating out; artificial sweeteners, CHO counting, glycemic index, label reading, portion sizes
Heart Health	<ul style="list-style-type: none"> ▪ <i>Cholesterol Round-up</i> ▪ <i>DASH: The Proven Way to Lower Your Blood Pressure</i> ▪ <i>Trans-Fatty Acids: What, another fat?</i> ▪ <i>Triglyceride Facts</i> 	Class 1: Cholesterol Class 2: Sodium Class 3: DASH/hypertension Class 4: Triglycerides
Dining with Diabetes	West Virginia Cooperative Extension Program	Lessons, overheads and recipes, pre- and post-test
Weight Loss	<ul style="list-style-type: none"> ▪ <i>Activity Pyramid</i> ▪ <i>Dining Out Made Healthy</i> ▪ <i>My Pyramid (specific calorie level)</i> 	Physical activity, portion sizes, label reading, healthy methods of cooking; healthy eating out

Documentation in each class attendees' medical record must include:

- A. Class attended
- B. Date
- C. Outcome expected for the class attendee
- D. Follow-up appointment
- E. Pre- and post-test data
- F. Specific health measures (can be referral information from physician)
 - 1. Height, weight and Body Mass Index (BMI)
 - 2. Cholesterol
 - 3. Triglycerides
 - 4. LDL
 - 5. Blood glucose
 - 6. Blood pressure
 - 7. Hemoglobin A1C
- G. Signature of class provider, title

**KY WIC
Certification
Nutrition Assessment
&
Counseling Guide
For
Certifying Health Professionals**



Kentucky Public Health
Prevent. Promote. Protect.

Purpose of KY WIC Certification Nutrition Assessment & Counseling Guide For Certifying Health Professionals

This is to be used as a supplement to the Kentucky WIC and Nutrition Manual, Clinical Nutrition and Breastfeeding Support Section that contains policies regarding WIC Certification Criteria, Required Nutrition Education, Policies on Food Package Assignment, Issuance of Breast Pumps, etc. This guide is designed to provide the Certifying Health Professional additional guidance and tools in performing nutrition assessment including dietary assessment and providing participant centered nutrition education.

The WIC Program provides, without cost to the recipient, specific nutritious foods and nutrition education to low income and nutritionally at risk pregnant, breastfeeding and postpartum women and to infants and children.

The goals of WIC are to:

- Improve the outcome of high risk pregnancies
- Decrease the incidence of anemia and poor growth patterns
- Improve the dietary habits of its recipients through healthy foods and nutrition education
- Refer for other health services as appropriate

A Certifying Health Professional shall determine nutritional risk eligibility and certify persons for the Program Applicants/participants must have at least one nutritional risk to be eligible. A height/length, weight, hematocrit/hemoglobin, and health, lifestyle and dietary information shall be obtained for all applicants. Refer to Medical Data Requirements for Certification and WIC Certification Criteria in the Clinical Nutrition and Breastfeeding Support Section of the WIC and Nutrition Manual.

WIC CERTIFICATION NUTRITION ASSESSMENT

The WIC Certification Criteria for Women, Infants and Children are found in the Clinic Management System (CMS) and on the following WIC Certification Forms. The WIC certification and assessment criteria and nutrition risk assessment policies are consistent with the following:

- USDA, FNS, WIC Nutrition RISK Criteria, WIC Policy Memorandum 2011-5; May 2011.
- USDA, FNS, Value Enhanced Nutrition Assessment (VENA) - WIC Nutrition Assessment Policy, WIC Policy Memorandum 2006-5; March 2006.
- USDA, FNS, Nutrition Risk Criteria, WIC Policy Memorandum 98-9; June 1998.
- USDA, FNS, Transmittal of Revised and Corrected Nutrition Risk Criteria, May 2017.

NUTRITION ASSESSMENT

Nutrition assessment serves as the foundation on which other nutrition services are planned and provided.

This includes:

- Food package assignment;
- Referrals;
- Nutrition education and counseling; and
- Breastfeeding promotion and support.

VALUE ENHANCED NUTRITION EDUCATION (VENA)

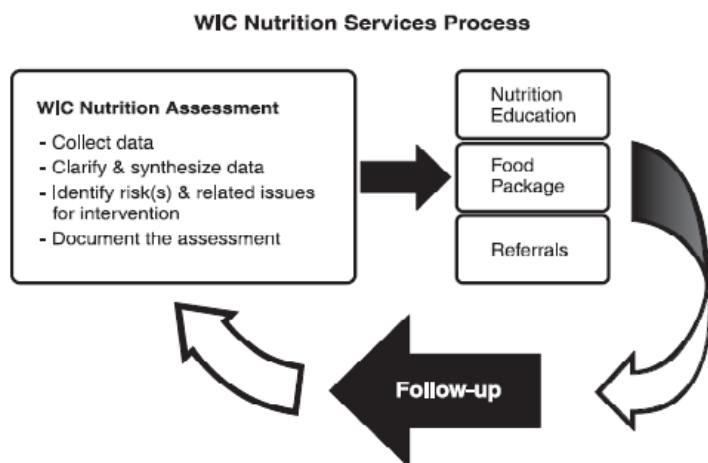
Value Enhanced Nutrition Education (VENA) begins with the nutrition assessment. Beyond determining WIC eligibility, nutrition assessment is utilized to enhance the interaction between the Certifying Health Professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring.

Nutrition assessment and participant centered nutrition education and counseling includes open ended questions to determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition.

Individualized nutrition education counseling is then provided to address the identified questions, concerns and goals.

See the Clinical Nutrition and Breastfeeding Promotion Section for policies regarding WIC Certification assessment and counseling and copies of the WIC-75.

WIC NUTRITION SERVICES PROCESS



Steps in the Process of WIC Nutrition Assessment

A *value enhanced* WIC nutrition assessment is accomplished by systematically completing a series of five steps:

1. Collect the relevant information;
2. Clarify and synthesize the information that has been collected;
3. Identify the pertinent and appropriate risk(s) and other related issues;
4. Document the assessment; and
5. Follow up on previous assessments, as appropriate.

NOTE: Not only are these steps sequential, they are also cyclical in nature, so that Step #5, Follow-up, naturally overlaps with Step #1, Collecting the relevant information, in that follow-up activities generally involve information collection as their starting points.

This graphic from *Vena, A Guide to the Art and Science of WIC Nutrition Assessment* illustrate the complete process of WIC participant centered WIC assessment and follow-up.

Complete WIC Nutrition Assessment

The WIC program uses a standardized process of collecting nutrition assessment information for all participants. This will help assure that all applicants are assessed in a consistent manner. A comprehensive nutrition assessment is needed to identify nutrition risks, assign an appropriate food package, and guide WIC participant-centered nutrition services after the assessment has been completed. A comprehensive nutrition assessment will allow the Certifying Health Professional to individualize nutrition services provided to each participant.

The following components must be used in completing a nutrition assessment:

- **Observe participant and review** participants' anthropometric, biochemical, clinical/medical, dietary and economic/family data.
- **Ask pertinent questions** to clarify, probe for additional information, or follow-up on information participant or parent/caretaker has written or verbalized.
- **Listen** to and **affirm** the participant or parent/caretaker.
- **Use critical thinking** to determine:
 - nutrition risk and food package
 - possible contributing factors to the nutrition risk
 - participant's or parent/caretaker's understanding of the health or nutrition risks and readiness to change behavior
 - participant-centered approach to inform participant or parent/caretaker of the identified nutrition risk(s) and/or barriers to positive health outcomes
- **Document** the findings in automated or paper WIC-75.

PLAN OF CARE

Plan of care must include:

- Individualized goal should be clearly stated and documented
 - Be related to the participant's identified nutritional risk(s) and the participant/family's nutrition related interest(s); and
 - Be actionable with a measurable timeframe for completion
- Documentation of the progress toward that goal at follow-up visits
- Appropriate referrals with follow up documentation regarding appointments kept/service provided at follow-up nutrition visit.

TIPS ON GOAL SETTING

Most participants or parent/caretakers have something they would like to change or learn more about their child's health (a goal or goals). The Certifying Health Professional (CHP) can help facilitate this change through effective counseling.

- Participants are the best judge of what will work for their family.
- Goal setting needs to be participant-driven. The CHP's goal is to help participants to succeed at their goals.
- Work with participants to set realistic, measurable goals. Suggesting small, reachable goals – taking baby steps – is a way to help your participants change behaviors and feel successful with those goals.
- Meet a participant or parent/caretaker where they are. Any movement toward change has the potential to provide this participant with a better health outcome. Certifying Health Professionals are to help the participant/caretaker where they are in the change process.
- Discuss and problem-solve participant or parent/caretaker's concerns and barriers to achieving the goal(s).

To help participants set goals, possible questions that could be asked include:

- "You have mentioned that you are concerned about _____, what is it that you want to change about that?"
- "We talked a lot about _____, how would you like for things to be different?"
- "Most times it is easier to take things one step at a time. What do you think is the first step?"
- "If things worked out exactly as you would like, what would be different?"
- "I know that it seems like an uphill battle to _____, and now that we've discussed some options that have worked for other participants, do you think any would work for you? If so, which one?"
- "Would you like to talk about some ideas that have worked for other moms and see if any work for you?"

STEPS IN A NUTRITION ASSESSMENT

1. Establish rapport. (Positive Connection with Participants)

- Welcome participant/caretaker and introduce yourself
- Demonstrate caring attitude and offer help when appropriate
- Use open ended questions, participant centered questions and 3-Step counseling when appropriate.

2. Visually observe the participant, when present. For example, observe:

- Physical appearance (e.g. if appears pale, listless, obvious tooth decay, etc.)
- Parent-child interaction
- What parent is feeding the child in the office?
- If bottle is present: What is in the bottle? Is older child sucking on a bottle in the office? etc.

3. Look at the **anthropometric data** obtained and **review the growth chart.**

Use critical thinking skills to ask:

- Are there concerns - underweight, overweight, a change in growth patterns?
- Does the weight/height today seem to match what you see when you look at the participant?
- Does the data make sense? If not, reweigh and/or re-measure the participant.
- Were there problems or unusual circumstances in weighing or measuring?
 - If so, this should be documented. For example: “child was very fussy and moving during measuring” or “child has a cast on right arm so unable to weigh.”
 - Unknown is to be checked if a child has a cast and you are not able to get a correct weight.

The CMS system will assign a risk code based on anthropometric data that meets nutrition risk criteria. If there appears to be an error, review input information. If the error remains, make a note in the notes section of the WIC- 75 as well as draw a single line through any risk codes assigned that are not appropriate.

4. Look at **hemoglobin/hematocrit data.**

Is it within normal limits or is there a concern?

If not within the normal range, ***use critical thinking to ask:***

- Is data questionable and needs to be re-checked? (was the finger dry, was there an air bubble in sample?)
- What additional questions do you need to ask regarding health history and diet?
- Has there been a significant change since the last measurement (if applicable) or is there perhaps an error in measurement?
- Has the child been sick?
- Is an immediate referral necessary?

5. Ask questions about **health or prenatal history.**

- Is there a medical referral or formula request?
- Is information up-to-date?
- Is information complete?

6. Consider the participant/caretaker responses to medical and nutrition questions.

Use critical thinking to ask:

- What are the **participant or parent/caretaker's concerns?**
- What additional questions need to be asked?

- What probing questions should be asked that may help to explain what might cause or contribute to the anthropometric or hematological data seen?
 - Are there any medical or dental issues identified?
 - Should a referral be given?
 - What **amounts and types of foods are eaten and what is frequency** of eating? For example, if the parent says the child drinks “juice” at meals, ask how much juice the child drinks in a day and the kind of “juice” the child drinks.
 - Is there a lack of understanding/knowledge?
 - Are there cultural or family patterns that impact the participant’s choices?
 - Who else lives in the household that makes decisions about the foods purchased, prepared, or offered to the participant?
 - How do these issues impact the participant’s health or nutritional status?
7. **Before you suggest a specific food package** for this participant, consider such things as medical conditions, allergies, intolerances, refusal to consume specific foods, alternative ways to prepare foods, and environmental factor.
- Refer to Food Package Assignment, Clinical Nutrition and Breastfeeding Support Section of WIC and Nutrition Manual.
8. **Inform participant or parent/caretaker** in an affirming, participant centered manner of the risk factors and barriers to positive health outcomes that have been identified. Give participant opportunity to have input as to which issues to discuss further and what goal(s) they are willing to consider.
9. **Close on a positive note.**
- Provide any recommended referrals.
 - Express appreciation for their time.
 - Let them know you look forward to hearing how things go.

PARTICIPANT CENTERED NUTRITION EDUCATION ASSESSMENT AND COUNSELING TECHNIQUE THREE STEP COUNSELING

Nutrition assessment and participant centered nutrition education and counseling includes open ended questions to determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition. Beyond determining WIC eligibility, nutrition assessment is utilized to enhance the interaction between the Certifying Health Professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring. Individualized nutrition education counseling is then provided to address the identified questions, concerns and goals.

Three Step Counseling is a technique that is useful in implementing participant centered nutrition assessment and education.

The Three Steps:

1. **Ask open ended questions.**
2. **Affirm Participant**
3. **Educate**

STEP 1: ASKING OPENING ENDED QUESTIONS

Begin your questions with the words, "What," "How," or "Tell me..." to ask things in an open way. With closed questions, mothers often feel interrogated or they feel they must come up with the "right" answer, whether they believe it or not. Open questions help build rapport, which helps mothers feel confident and safe sharing their concerns.

Example of open ended questions:

- "What have you heard about breastfeeding?"
- "How are you planning to feed your baby?"
- "Tell me about your child's eating habits"

A "probe" is a follow-up question, usually asked in an open-ended way. Probes help you get a bigger picture of what the mother means by the things she says. There are many different types of probes that can be used to learn more. The United States Department of Agriculture's *Loving Support through Breastfeeding, A Journey Together* Curriculum offers this information regarding "Probing" questions.

What it is	How it works	Examples
Extending Probe	Asks the mother to tell you more.	<ul style="list-style-type: none"> ▪ What else have you heard about that? ▪ How did you feel when he said that? ▪ Tell me more.
Clarifying Probe	Helps you understand what the mother means by what she has told you. It often uses the words "do you mean?" "When you say _____, do you mean _____?"	<ul style="list-style-type: none"> ▪ When you say it's too hard, do you mean it will be too hard to learn to breastfeed? ▪ Are you afraid breastfeeding will be embarrassing to you or to someone who might see you?
Reflecting Probe	Repeats the mother's words back to her so she can hear what she said. It often begins with the words, "So you're saying..."	<ul style="list-style-type: none"> ▪ So you're saying you don't think you can breastfeed? ▪ You think the baby's father will feel left out, and that worries you? ▪ It sounds like it's important to you to breastfeed.
Redirecting Probe	Helps you change the subject or steer the conversation in a different direction. This works best when the mother's concerns are acknowledged before changing the subject.	<ul style="list-style-type: none"> ▪ I can see you're concerned about your finances, and we're going to get you some names of people who can help. Other than that concern, what else worries you? ▪ What other concerns do you have?

Adapted from USDA's Loving Support through Breastfeeding, A Journey Together Curriculum.

STEP 2: AFFIRM

Affirmation is a short, simple statement that lets a participant know her feelings are okay. Affirmation acknowledges not what she says, but her feelings behind what she is saying. Many mothers feel uneasy after sharing their concerns, and worry that the health professional may think they are silly. It can put a mother at ease to know she is not alone and that you recognize the feelings that are important to her. Once her feelings are validated, a mother is more likely to hear the information you will share with her.

Five Way to Affirm

1. **Agree with her.**
 - “You’re right. Breastfeeding can be time consuming at first.”
 - “I felt that way, too”
2. **Assure her she’s not alone.**
 - “Many moms have felt that way.”
 - “That’s a pretty common reaction.”
 - “Many women go through a period like that after the baby is born”
3. **Read between the lines to discover what she is worried about.**
 - “I can see that keeping your baby happy is very important to you.”
4. **Shine the spotlight on what she is doing well.**
 - “It’s great you are breastfeeding! A lot of moms would have given up.”
5. **Show her she’s a good mother.**
 - “It’s obvious how much you love your baby.”

STEP 3: EDUCATE

Once you have asked open-ended questions, used probes to identify the mother’s true concerns, and affirmed the mother’s feelings, you are ready to begin educating the mother. Education is in the form of simple bits of information that help address the mother’s concerns. It works best when it focuses on options and solutions. When providing the nutrition education, carefully target information to the concern uncovered in step one, provide information in small simple bites and allow the participant to participate in the learning process and in setting goals for changes.

The United States Department of Agriculture’s *Loving Support Through Breastfeeding, A Journey Together* Curriculum offers this information regarding educating in the Three Step Counseling technique.

Education tips	Why it’s important	Ways to use it
Keep it simple.	Complicated instructions make breastfeeding sound difficult or unmanageable.	Focus on 2-3 simple ways to handle her concerns. Think “tweet” to keep it short and simple.
Target her concerns.	Adults tend to “tune out” people who are sharing information that does not interest them. Mothers will remember information they find relevant to them.	Once a mother has identified her concern, give her a couple of options that address the concern she has identified, not your own “laundry list” of information you want her to know.
Reinforce your message.	Adults are more likely to remember information they’ve heard more than once.	Record the mother’s concern in your notes, and review it in your next call or visit. Or, send a brochure that addresses that concern.
Give options.	When adults receive options, they feel they are more in control of their choices, and can select the options they believe will work best for them. Offering options also helps them feel their concerns can be overcome since there is more than one solution.	Consider offering 2-3 options that worked for you or for other moms. You can say, “Here are a couple of things that worked for other moms. You can pick whatever you think might work best for you.”
Share resources.	Moms may like to have resources to refer to later, in case they forget things you shared.	Share WIC pamphlets, simple breastfeeding books, or videos to reinforce your information. You can also share information about classes or mother’s groups she might like to attend.

ASSESSING AND TARGETING YOUR NUTRITION MESSAGE BASED ON THE PARTICIPANTS READINESS FOR CHANGE

When counseling WIC mothers, remember that not all women are at the same place in their “readiness” to hear your information. You will want to change the way you talk with a mom depending on where she is in her decision-making process. The 3-Step Counseling skills will help you identify where a mother is in that process and how you can best reach her.

The United States Department of Agriculture’s *Loving Support Through Breastfeeding, A Journey Together* Curriculum, *Module 4, How to Talk to Moms about Breastfeeding* offers this information regarding educating in the Three Step Counseling technique based on readiness.

Not Ready

A mother who is not ready may need more time to think about breastfeeding. She may be feeling overwhelmed, or have had a previous negative experience. Your role is to keep the conversation going and help her not feel judged. Your power tool is affirmation.

3-Step power tools	How they might sound
Open-ended Questions	“Tell me some things you have been thinking about”
Affirmation	“It sounds like you’ve been giving this a lot of thought. That’s great!” “That’s a common reaction from other moms.”
Education	Encourage her to: <ul style="list-style-type: none"> ▪ Think about breastfeeding ▪ Be open ▪ Learn about breastfeeding to make an informed choice

Unsure

A mother who is unsure has some awareness of the importance of breastfeeding, but may be weighing pros and cons. Avoid giving her too much information.

3-Step power tools	How they might sound
Open-ended Questions	“Tell me some things you’ve been thinking about.” “Who might be around to support you?”
Affirmation	“I can tell you’re giving this a lot of thought.” “It sounds like being a good mom is very important to you.”
Education	Encourage her to: <ul style="list-style-type: none"> ▪ Explore options that might work for her. ▪ Take baby steps by learning more.

Ready

When a mother is ready, she has weighed the pros and cons and feels she can work breastfeeding into her life. She is open to your ideas and suggestions.

3-Step power tools	How they might sound
Open-ended Questions	“What are some things you feel will make it a good experience for you?” “Who will support you with breastfeeding?”
Affirmation	“It’s great you are planning to breastfeed!”
Education	Encourage her to: <ul style="list-style-type: none"> ▪ Talk with the people close to her about breastfeeding. ▪ Attend a breastfeeding class to be well prepared.

COUNSELING IN DIFFICULT SITUATIONS

The United States Department of Agriculture's *Loving Support Through Breastfeeding, A Journey Together Curriculum, Module 4, How to Talk to Moms about Breastfeeding* offers this information regarding educating in difficult situations. Be sensitive to the mother's situation and honor her wishes. Realize that you only see part of the snapshot of her life, and seek to understand rather than judge.

Not interested

- Show understanding and affirm her decision to do what she feels will be best.
- Tell her WIC wants to help her make an informed choice and will support her.
- Ask if you can check on her periodically to see how her pregnancy is progressing. This builds trust and allows her to change her mind later if she chooses.

Rude

- Be sensitive to what may be going on in her life.
- Affirm her and avoid the temptation to react negatively to her rudeness.

Shy

- Ask open-ended questions that cannot be answered with one or two words.
- Let her know that WIC peer counselors are moms just like her.
- Affirm where she is and let her know it is okay to be unsure about things right now.

Previous sexual abuse

- Let her know that WIC can put her in touch with people she can talk with if she desires.
- Affirm the mother, who may be feeling overwhelmed and scared.
- Let her know that for some mothers, breastfeeding is a way to bring about healing.

Overly dependent on you

- Affirm the mom's willingness to come to you with questions.
- Point her to resources to learn more so that many of her questions can be answered in other ways.
- Remind her that you have many other WIC participants to counsel and she might need additional assistance from the WIC Designated Breastfeeding Expert.

Received misinformation

- Rather than contradicting the information she received, support the important relationships in the mother's life.
- Share new information the mother might not be aware of to help her make an informed decision.
- Encourage her to bring family members with her to the breastfeeding class.
- Report any misinformation incidents.

Three Step Counseling Reference:

United States Department of Agriculture's *Loving Support through Breastfeeding, A Journey Together Curriculum, Module 4, How to Talk to Moms about Breastfeeding*.

ASSESSING NUTRITION AND DIET & DOCUMENTING RISK ON THE WIC-75

The WIC-75 is utilized to access and document the certification subjective data, objective measurements, assessment, and plan. When completing the paper or automated WIC-75, the Certifying Health Professional will be documenting definitive measurements and responses. The goal of the Value Enhanced Nutrition Assessment, which is participant centered, is to have a conversation with the participant/family about their current concerns, choices, and goals. With questions that are closed or simply require a “yes” or “no” response, mothers often feel interrogated or required to come up with the “right” answer, whether they believe it or not. Open and conversationally participant centered questions help build rapport, which helps mothers feel confident and safe sharing their concerns.

Example of Closed and Participant Centered Questions:

To assess for the risk code 411.9 Inappropriate Infant Feeding Practice -Feeding an infant leftover breastmilk or formula from an earlier feeding:

Closed Question: “Do you feed your baby leftover breastmilk or formula from an earlier feeding?”

In the closed version of the question, the participant will respond with a “Yes” or “No” and may feel judged or second guess herself. The Certifying Health Professional is not building rapport or trust with the mother. Mom may leave WIC clinic feeling confused or less confident in her ability to care for her infant.

Participant Centered: “If your baby doesn’t finish a bottle, what do you do with the left over breastmilk or formula?”

In the participant centered question, she has an opportunity to share how she handles left over breastmilk or formula and has the opportunity to expand on any issues or concerns she may be having with left over breastmilk or formula. This then leads to the certifying health professional to assess a concern and allow for a nutrition education to address her concerns. There is an opportunity for rapport and to build trust with the mom. Mom may leave feeling more confident and empowered to care for her infant. The Certifying Health Professional completes the nutrition visit feeling satisfied with the positive interaction.

On the following pages are sample participant questions a Certify Health Professional may utilize when completing nutrition assessment/WIC Certification for each participant category. These are sample questions, and not an exhaustive list of all potential questions or follow up probing questions.

Sample Participant Centered Questions for Completing WIC-75

Pregnant:

- Tell me about any concerns or problems you have had with this pregnancy or any previous pregnancies.
- What concerns do you have about your eating habits?
- How do you feel you are eating during this pregnancy?
- How do you feel about your weight gain during this pregnancy/previous pregnancy?
- What concerns or questions do you have about physical activity during pregnancy?
- Please tell me about any major surgeries, trauma or burns you have had.
- What have you heard about breastfeeding?
- What are your plans for feeding your baby?
- What topics or concerns would you like to discuss today?
- Please tell me about the foods you usually eat to help us tailor your food package (may probe based on food groups-grains, meat/protein, dairy, fruits and vegetables, may probe based on meal/snack).
- Has a doctor asked you to eat a special diet or special foods, if yes please describe.
- What medications vitamins, or herbs are you taking?
- What are your plans for returning to work or school after the baby is born?
- How is that advice working for you?
- Are there any concerns with your refrigerator or stove working at home?
- Have you had any problems with your stove or refrigerator in the past 6 months?
- What does your household use for drinking water?
- In the past month, have there been days when you did not have enough food or money to buy food?
- Is this your first pregnancy?
- Tell me about your previous pregnancies.
- Have you had any discomforts commonly seen in pregnancy (heartburn, nausea, vomiting, and constipation)?
- How many times a day do you usually eat including meals and snacks?
- Are there any foods you are avoiding?
- How often do you eat food and snacks away from home such as from fast food, vending machines, and restaurants?
- What type of milk do you drink/does your family drink?
- Are you having cravings or have you eaten anything unusual such as ashes, clay, chalk, baking soda, ice, etc.?
- Are you having any difficulty taking your prenatal vitamin daily?
- What have you heard about kangaroo care/skin-to-skin care?
- Have you discussed with your employer/school your need to pump when you return?
- Does anyone in your home smoke?

Sample Participant Centered Questions for Completing WIC-75

Breastfeeding Woman:

- Tell me about how things are going since the baby is home.
- Tell me about how your family and friends are supporting breastfeeding now that you are home.
- Tell me about any concerns or problems you had with this pregnancy.
- Tell me about any concerns or problems you had during delivery. Any concerns for your baby?
- How do you feel about breastfeeding now that you are home from the hospital?
- How do you feel you are eating since delivery?
- How do you feel about your weight since you had your baby?
- Do you have a weight loss goal since delivery?
- How was your delivery experience?
- Were you able to place baby in kangaroo care skin-to-skin care right after delivery?
- Since having your baby, do you have any health concerns for yourself? Or your baby?
- Have you had any problems with your teeth or gums since you had your baby?
- Are you breastfeeding or pumping milk for your baby? How is it going?
- Are you using birth control? What type? Do you need more information on birth control and breastfeeding?
- Please tell me about any major surgeries including C-section, trauma or burns you have had.
- Have you seen your doctor since you had your baby? Do you have a 6 week checkup scheduled?
- What topics or concerns would you like to discuss today?
- Please tell me about the foods you usually eat to help us tailor your food package (may probe based on food groups-grains, meat/protein, dairy, fruits and vegetables, may probe based on meal/snack).
- Has a doctor asked you to eat a special diet or special foods? If yes, please describe.
- What medications vitamins, or herbs are you taking?
- What are your plans for returning to work or school after the baby is born?
- Are there any concerns with your refrigerator or stove working at home?
- What does your household use for drinking water?
- In the past month, have there been days when you did not have enough food or money to buy food?
- Is this your first pregnancy?
- How many times a day do you usually eat including meals and snacks?
- Are there any foods you are avoiding?
- How often do you eat food and snacks away from home such as from fast food, vending machines, and restaurants?
- What type of milk do you drink/does your family drink?
- Are you having cravings or have you eaten anything unusual such as ashes, clay, chalk, baking soda, etc.?
- What are your plans for returning to work or school? What are your plans for feeding your baby once you return to work or school?
- Have you discussed with your employer/school your need to pump when you return?
- How do you feel about your milk supply?
- How does your baby show he/she is ready to eat?
- Does anyone in your home smoke?

Sample Participant Centered Questions for Completing WIC-75

Post-Partum - Non Breastfeeding Woman:

- Tell me about how things are going since the baby is home
- Tell me about any concerns or problems you had during delivery. Any concerns for your baby?
- How do you feel you are eating since delivery?
- How do you feel about your weight since you had your baby?
- Do you have a weight loss goal since delivery?
- How was your delivery experience?
- Were you able to place baby in kangaroo care skin-to-skin care right after delivery?
- Since having your baby, do you have any health concerns for yourself? Or your baby?
- Have you had any problems with your teeth or gums since you had your baby?
- Are you using birth control? What type? Do you need more information on birth control and breastfeeding?
- Please tell me about any major surgeries including C-section, trauma or burns you have had?
- Have you seen your doctor since you had your baby? Do you have a 6 week checkup scheduled?
- What topics or concerns would you like to discuss today?
- Please tell me about the foods you usually eat to help us tailor your food package (may probe based on food groups-grains, meat/protein, dairy, fruits and vegetables, may probe based on meal/snack).
- Has a doctor asked you to eat a special diet or special foods? If yes, please describe.
- What medications vitamins, or herbs are you taking?
- Are there any concerns with your refrigerator or stove working at home?
- What does your household use for drinking water?
- In the past month, have there been days when you did not have enough food or money to buy food?
- How many times a day do you usually eat including meals and snacks?
- Are there any foods you are avoiding?
- How often do you eat food and snacks away from home such as from fast food, vending machines, delis, and restaurants?
- What type of milk do you drink/does your family drink?
- Are you having cravings or have you eaten anything unusual such as ashes, clay, chalk, baking soda, etc.?
- Does anyone in your home smoke?

Sample Participant Centered Questions for Completing WIC-75

Infant

- Were you able to place baby in kangaroo care skin-to-skin care right after delivery?
- What are your plans for returning to work or school after the baby is born?
- What are your plans for feeding your baby once you return to work or school?
- Have you discussed with your employer/school your need to pump when you return?
- Are there any concerns with your refrigerator or stove working at home? Do you have concerns in preparing/ pumping or storing breast milk or formula?
- What does your household use for drinking water? Is this the same source of water you use for preparing formula or drinking water for your infant?
- When was your baby's last visit to the doctor? Do you have a 2 week, etc. checkup scheduled?
- Has your doctor said your baby has any health problems?
- What concerns, if any do you have about your baby's health?
- What concerns, if any do you have about your baby's weight gain/growth?
- Are you concerned about your baby's sucking or swallowing? Vomiting or spitting up? Constipation? Diarrhea?
- Is your baby taking any vitamins or medicine such as vitamin D? Other vitamins? Or a Fluoride supplement? Over the counter medication, medicine from the doctor? Herbal supplement?
- Are your baby's shots up to date?
- Have you identified a doctor for your baby? Who?
- Does anyone inside your home smoke?
- Is your baby breastfed?
- Is your baby receiving any formula? What type?
- How do you prepare the formula?
- Is your baby fed anything other than breastmilk or formula?
- If your baby drinks anything other than breastmilk or formula, how is it offered (bottle, cup, with spoon, baby feeds self, other)?
- If your baby doesn't finish a bottle, what do you do with the left over breastmilk or formula?
- In the past month, have there been days when you did not have enough food or money to buy food?
- What topics or concerns would you like to discuss today?
- How do you feel about your milk supply?
- Most days, do you wipe or brush your baby's gums or teeth?
- How does your baby show he/she is ready to eat?

Sample Participant Centered Questions for Completing WIC-75

Child

- What concerns do you have about your child's eating habits?
- Tell me about any concerns you have about your child's growth.
- Please tell me about any major surgeries, trauma or burns your child has had in the past 6 months?
- What topics or concerns would you like to discuss today?
- Please tell me about the foods your child usually eats, this helps us tailor your food package. (May probe based on: food groups-grains, meat/protein, dairy, fruits and vegetables; and typical meals/snacks.)
- Has a doctor asked your child to eat a special diet or special foods? If yes, please describe.
- What does your household use for drinking water? (city/town/county water, well water, bottled water, other)
- Are there any concerns with your refrigerator or stove working at home?
- Do you have concerns in preparing/ pumping or storing breast milk or formula?
- In the past month, have there been days when you did not have enough food or money to buy food?
- What concerns, if any do you have about your child's health?
- What concerns, if any do you have about your child's weight gain/growth?
- Is your child breastfed?
- Are your child's shots up to date? Where does your child receive medical care?
- How many times a day does your child usually eat, including meals and snacks?
- How often does your child/family eat food and snacks away from home such as from fast food, vending machines, and restaurants?
- What type of milk does your child drink/does your family drink?
- Has your child shown cravings for or has she/he eaten anything unusual such as ashes, clay, chalk, baking soda, etc.?
- If your child is thirsty between meals, what do you offer (water, tea, soda, milk, juice, etc.)?
- Where does your child eat most meals? (At kitchen or dining table, in living room, in front of TV, walking around, at home, others home, restaurant, in car)?
- Does your child typically eat meals and snacks at about the same time each day?
- What type of active play/exercise does your child like? How much per day/week? How much time spent outdoors during active play?
- Are there any foods your child refuses to eat?
- In the past month, have there been days when you did not have enough food or money to buy food?
- What medications, vitamins, or herbs is your child taking?
- Most days, do you brush your child's teeth?
- How many meals and snacks does your child eat most days?
- What type of bottle or cup does your child use for drinking beverages (bottle, cup with lid, regular cup)?
- What is your child's favorite food?
- Does your child feed him/herself? Does your child use fingers, fork, or spoon to feed him/herself?
- Does anyone in your home smoke?

WIC CERTIFICATION ASSESSMENT & NUTRITION EDUCATION COUNSELING GUIDELINES

WIC certification nutrition education counseling and referrals is required to be provided according to the guidelines in the Clinical Nutrition and Breastfeeding Support Section of the WIC and Nutrition Manual, which are based upon the assessment of the participant’s medical information in regard to nutrition risk criteria. Refer to Tables 1 and 2 for specific required counseling based on status and risk code identification.

IMPORTANCE OF DIETARY ASSESSMENT

Although applicants to the WIC Program may be presumed to be at dietary risk for failure to meet the Dietary Guidelines for Americans/ current national recommendations for infants and children under age 2, a dietary assessment is a critical component of the individual WIC nutrition assessment. Beyond determining WIC eligibility, nutrition assessment is utilized to enhance the interaction between the Certifying Health Professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring. Nutrition assessment serves as the foundation on which other nutrition services are planned and provided. This includes:

- Food package assignment;
- Referrals;
- Nutrition education and counseling; and
- Breastfeeding promotion and support.

Dietary assessment tools include a food record/food diary, a 24 hour recall and a food frequency questionnaire. All tools have their advantages and disadvantages and may sometimes be used together. A food record/diary is a self-reported record of all foods and beverages consumed by over one or more days. This is not a practice tool for WIC Clinic. A 24 hour recall is a structured interview used to capture detailed information about all foods and beverages consumed by the respondent in the past 24 hours, or the previous day, i.e. from midnight to midnight. Although fairly easy to conduct, it does not provide a sense of what is consumed on a typical day. A Food Frequency Questionnaire is a limited checklist of foods and beverages with a frequency response section to report how often each item was consumed over a period of time. In order to capture typical dietary habits to provide individualized nutrition education and tailored food packages, the WIC Program utilizes a brief food frequency questionnaire specific to Participant Status.

Dietary recommendations are based on the Dietary Guidelines for Americans utilizing USDA’s My Plate nutrition education materials. See appendices A - C for more information on dietary recommendations.

Below is a sample dietary food frequency questionnaire for a child:

Dietary Assessment					
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 6 servings of any of the following/day: bread, cereal, rice or pasta? (Encourage whole grain choices)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 3 servings/day of vegetables?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 2 servings/day of any of the following: meat (beef, pork, chicken, or turkey), fish, soup beans, eggs or peanut butter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 2 servings/day of fruits?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 3 servings/day of any of the following: milk, cheese or yogurt? (Encourage low fat or fat free dairy choices for children 2 and older)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Does the child consume sugar sweetened beverages such tea, soda pop, Gatorade, Hi C, fruit punch, drink aide or drink more than 6 oz. of 100% juice per day?

During the assessment, the health professional has the opportunity to learn more about eating habits and probe further regarding food preferences or the caretakers concerns, and tailor the nutrition education to the participant as well as provide a tailored food package when appropriate.

WIC CERTIFICATION NUTRITION ASSESSMENT AND COUNSELING

- The following pages contain tips on assessment, counseling and nutrition education materials to utilize when conducting WIC certification nutrition assessment and counseling for all participants.

DIETARY ASSESSMENT & EDUCATION

Assessment:

- Utilize food frequency questionnaire and participant centered questions to assess diet.
- Determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition. Provide counseling to address questions/concerns/dietary habits.
- Assess if infant is receiving foods other than mother's breastmilk or iron fortified formula.

Nutrition Education Counseling Points:

For Women and Children:

- Tailor nutrition education to individualized assessment
- Review Choose My Plate Dietary Guideline Tip Sheet
- For Pregnant Women: Discuss Kentucky Prenatal Trimester Guide(s)
- For Breastfeeding Women: Discuss Nutrition During Breastfeeding Guide
- For Postpartum Women: Discuss Postpartum Nutrition Guide
- For Toddlers : Discuss Toddler Feeding Guide Age 1 to 3
- For Children: Discuss Child Feeding Guide Age 3 to 5
- Review dietary concern(s) and appropriate action. Utilize appropriate nutrition education resources to support messages.
- Encourage an average of 30 minutes for women and 60 minutes for children of physical activity each day.
- Limit screen time to no more than 2 hours/day.
- Remove the television from the child's bedroom.
- Encourage healthy foods (e.g. low-fat and reduced fat food choices including 1% or less milk, (**women/children > 2**), 5 Fruits and Vegetables per day & Avoid Sugar Sweetened Drinks)
- Refer to health care provider/Lead Program for lead screening and assessment.

For Infants:

- Discuss Kentucky Infant Feeding Guide appropriate for age and development.
- Discuss Safe Sleep Environment.
- Encourage caregiver(s) to promote physical activity and motor skill development for infant (rolling over, standing, movement, play).
- Review dietary concern(s) and appropriate action.
- Discuss recommendation not to feed human milk obtained directly from individuals or the internet.
- Refer to health care provider/Lead Program for lead screening and assessment.

Nutrition Education Materials:

- Prenatal Nutrition Guide – PAM DHS 158, 159, 160 (E & S) 9/2011
- Infant Feeding Guide – PAM NUTR 17A, 17B, 17C (E & S) 1/2009 & 4/2009
- Toddler Feeding Guide Age 1 to 3– PAM-ACH-074 (E & S) 4/2012
- Child Feeding Guide Age 3 to 5 – PAM-ACH-075 (E&S) 4/2012 & 9/2012
- Healthy Eating for Preschoolers Choose My Plate Tip sheet (FNS-451 & FNS-451S) (E & S) – USDA 10/2012
- 5,2,1,0 Healthy Numbers for Kentucky Families Combination Brochure (English)
- Iron for Strong Red Blood Cells – PAM DHS 075 11/2006
- Calcium – PAM DHS 100 (E & S) 8/2005
- Vitamin A/Vitamin C – PAM MCH 098 (E & S) 8/2008
- My Plate DG Tip Sheet 24 (Snack tips for parents) (E & S) 3/2013
- Tips for Breastfeeding Moms (FNS-458 & FNS-458S) (E & S) – USDA 02/13.
- Tips for Pregnant Moms (FNS-457 & FNS-457S) (E & S) – USDA 02/2013
- My Pyramid in Action: Dietary Supplements during Pregnancy and Breastfeeding (English) – USDA October 2007
- Whole Grains (PAM-ACH-402) (English) – 4/2009
- Tofu (PAM-ACH-403) (English) – 4/2009
- Tips to Increase Fruits and Veggies (PAM-ACH-152) (English) – 4/2009
- Choose My Plate DG Tip Sheet No.1 & 7 (Choose My Plate & Build a Healthy Meal) (English) - USDA 6/2011
- My Plate DG Tip Sheet 12 & 13 (Be A Healthy Role Model & Cut Back on Sweet Treats) (English) - USDA 6/2011
- My Plate DG Tip Sheet 9 & 10 (Smart Shopping & Liven Up Your Meals) (English) - USDA 6/2011
- My Plate DG Tip Sheet 2 & 3 (Add More Vegetables & Focus on Fruits) (English) - USDA 6/2011
- My Plate DG Tip Sheet 6 & 8 (Protein Foods & Healthy Eating for Vegetarians) (English) - USDA 6/2011
- Beans (PAM-DPH-103) (E & S) 02/2012

BREASTFEEDING PROMOTION

Assessment:

- Determine what concerns or questions the participant has in regards to breastfeeding.
- Pregnant Woman: Assess potential breastfeeding complications (flat or inverted nipples, previous lactation success or failure, breast surgery, etc.)
- Breastfeeding Woman: Assess breastfeeding status, problems, complications or concerns

Nutrition Education Counseling Points:

For pregnant women:

- Review the Kentucky Prenatal Trimester Guide.
- Discuss the advantages of breastfeeding.
- Discuss the benefits of Kangaroo Care.
- Encourage to breastfeed unless contraindicated for health/lifestyle reasons.
- Answer questions, address any concerns participant has identified.

For breastfeeding women:

- Encourage continuation and support of breastfeeding.
- Discuss the benefits of Kangaroo Care.
- Answer questions, address any concerns participant has identified.
- As appropriate discuss the prevention and treatment of sore, cracked or bleeding nipples, prevention and treatment of engorgement, maintaining milk supply, medications and breastfeeding.
- Discuss breast milk storage guidelines.

Nutrition Education Materials:

- Getting Started with Breastfeeding
- Breastfeeding: Planning Ahead During Pregnancy
- Kangaroo Care
- KY Human Milk Storage Guidelines
- Tips for Breastfeeding Moms (FNS-458 & FNS-458S)
- Tips for Pregnant Moms (FNS-457 & FNS-457S)
- Breastfeeding the Premature Infant
- Is My Baby Getting Enough?
- Expressing Your Breastmilk
- Helpful Hints for Breast Care
- Breastfeeding - Managing Basic Problems
- Breastfeeding the Older Baby

Refer to the Clinical Nutrition and Breastfeeding Support Section of the WIC & Nutrition Manual for additional information on Breastfeeding Contraindications and informal milk sharing.

TOBACCO, ALCOHOL OR HARMFUL SUBSTANCES

Assessment:

- Assess alcohol consumption
- Assess use of cigarettes or other tobacco products
- Assess use of drugs

Counseling Points:

- Discuss how tobacco and/or alcohol can affect the woman, fetus, infant, and child. This should include information about smoking cessation if appropriate and the effects of secondhand smoke.
- Discuss recommendations to not use tobacco products. Refer to 1-800-QUIT NOW (1-800-784-8669) if participant smokes.
- Discuss recommendations to not take any medications, over-the-counter or otherwise, unless specifically ordered by a physician.
- Discuss recommendations to not use drugs (marijuana, cocaine, etc.).
- Discuss recommendations to not drink alcohol.

The 5 A's Tobacco or Substance Use Counseling:

1. Ask if she uses harmful substances
2. Advise to quit
3. Assess willingness to attempt to quit
4. Assist by referring to cessation resources/substance abuse program/support group
5. Assess status of cessation or treatment at follow up visits

Education Materials:

- Smoking-Alcohol-Drugs: How can it affect you and your family?
- My Pyramid in Action: Dietary Supplements During Pregnancy and Breastfeeding
- Healthy Choices for You and Your Family
- Give Your Baby a Healthy Start- Tips for New Moms FNS-489

EXPLAIN THE WIC PROGRAM (NEW PARTICIPANTS)

Assessment:

- Assess questions the participant has about the WIC Program, certification process, eligibility requirements, use of food benefits, etc.

Counseling Points:

- Discuss certification process (height, weight, iron screening, nutrition assessment)
- Advise participant of eligibility
- Advise of eligibility period and recertification scheduling
- Discuss importance of benefits of the program (nutrition education, breastfeeding support, referrals and healthy foods)
- Encourage continued participation through pregnancy and child's 5th birthday
- Review foods list, food prescription, and list of authorized vendors

Nutrition Education Materials:

- How WIC Helps
- KY Approved Food List
- Participant and Household Benefit List/Shopping List
- Choose MyPlate or appropriate nutrition guide for status

SAFE SLEEP ENVIRONMENT FOR INFANTS

For infants up to age one:

Assessment:

- Assess any concerns caretaker has regarding safe sleep for infant.

Counseling Points:

Discuss American Academy of Pediatrics (AAP) Safe Sleep Policy.

The Kentucky Department of Public Health supports the American Academy of Pediatrics Policy on Safe Sleep to reduce the incidence of Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS). The AAP Safe Sleep Policy includes:

- Placing baby on their back for every sleep time;
- Placing baby on a firm sleep surface. Sitting devices such as car seats, strollers, swings, infant carriers and infant slings are not recommended for routine sleep;
- Placing baby in the same room where the parents sleep but **not** on the same bed (room sharing without bed sharing);
- Keeping soft objects, loose bedding, or any objects that could increase risk of entrapment, suffocation, or strangulation out of the crib. These objects include pillows, blankets and bumper pads;
- Not using wedges and positioners;
- Breastfeeding as much and for as long as the mother can;
- Offering a pacifier at nap time and bedtime. With breastfeeding infants, delay pacifier introduction until breastfeeding is firmly established, usually 3-4 weeks;
- Not letting the baby get too hot. In general, infants should be dressed appropriately for the environment, with no more than 1 layer more than an adult would wear to be comfortable in that environment;
- Scheduling and going to all well-child visits;
- Keeping baby away from smokers and places where people smoke;
- Not using products that claim to reduce the risk of SIDS.

The AAP recommends supervised, awake tummy time daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

Education Materials:

- [Safe Sleep for Your Baby](#) (NIH Pub. No. 12-5759)
- [Safe Sleep Kentucky: ABCs of Safe Sleep](http://safesleepky.com/need-to-know/abcs-of-safe-sleep/) <http://safesleepky.com/need-to-know/abcs-of-safe-sleep/>

REVIEW AND DISCUSS PREVIOUSLY SET NUTRITION GOALS
(RECERTIFICATION'S ONLY)

Assessment:

- Assess progress toward goal(s) established at the certification visit/previous nutrition education visit.
- Conduct WIC certification visit

Counseling Points:

- Acknowledge progress as well as challenges for participant in meeting goals.
- For participants who completed online nutrition education lesson, review and discuss the lesson completion certificate, participant goal set during the lesson, and links visited.
- Provide appropriate counseling based on current certification.

Education Materials:

- Utilize education materials appropriate for current certification to support current or new personalized nutrition goals.

DISCUSS SPECIFIC NUTRITIONAL RISKS IDENTIFIED & ASSIGNED

Assessment:

- Assess for all applicable risk codes for category
- Utilize participant centered questions

It may be appropriate to gather more information to determine management of a condition.

Questions may be asked, such as:

- Is the condition managed by a medical professional?
- Is the condition controlled by diet or medication?
- What medication was prescribed?
- How may contact be made with the professional (if further information for care is needed)?

Nutrition Education Counseling Points:

- See Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol in the Clinical Nutrition and Breastfeeding Promotion Section of the WIC and Nutrition Manual.

Education Materials:

- See Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol in the Clinical Nutrition and Breastfeeding Promotion Section of the WIC and Nutrition Manual for recommended nutrition education materials for specific nutrition risk codes.
- See Reference Materials for Certification and Follow-Up Counseling Guidelines in the Clinical Nutrition and Breastfeeding Promotion Section of the WIC and Nutrition Manual.
- <http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm>

APPENDICES

Appendix A

Estimated Calorie Needs per Day, by Age, Sex, and Physical Activity Level

(Dietary Guidelines for Americans 2015-2020)

MALES

AGE	Sedentary ^[a]	Moderately active ^[b]	Active ^[c]
2	1,000	1,000	1,000
3	1,000	1,400	1,400
4	1,200	1,400	1,600

FEMALES

AGE	Sedentary ^[a]	Moderately active ^[b]	Active ^[c]
2	1,000	1,000	1,000
3	1,000	1,200	1,400
4	1,200	1,400	1,400
5	1,200	1,400	1,600
6	1,200	1,400	1,600
7	1,200	1,600	1,800
8	1,400	1,600	1,800
9	1,400	1,600	1,800
10	1,400	1,800	2,000
11	1,600	1,800	2,000
12	1,600	2,000	2,200

FEMALES

AGE	Sedentary ^[a]	Moderately active ^[b]	Active ^[c]
13	1,600	2,000	2,200
14	1,800	2,000	2,400
15	1,800	2,000	2,400
16	1,800	2,000	2,400
17	1,800	2,000	2,400
18	1,800	2,000	2,400
19-20	2,000	2,200	2,400
21-25	2,000	2,200	2,400
26-30	1,800	2,000	2,400
31-35	1,800	2,000	2,200
36-40	1,800	2,000	2,200
41-45	1,800	2,000	2,200
46-50	1,800	2,000	2,200
51-55	1,600	1,800	2,200

Notes

[a] Sedentary means a lifestyle that includes only the physical activity of independent living.

[b] Moderately Active means a lifestyle that includes physical activity equivalent to walking about 1.5 to 3 miles per day at 3 to 4 miles per hour, in addition to the activities of independent living.

[c] Active means a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the activities of independent living.

[d] Estimates for females do not include women who are pregnant or breastfeeding.

Source: Institute of Medicine. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Washington (DC): The National Academies Press; 2002.

Appendix B

CHOOSE MYPLATE FOOD GROUP RECOMMENDATIONS

The following pages contain the ChooseMyPlate recommendations for:

- Grains
- Meats and Protein
- Dairy
- Vegetables
- Fruits

As well as

- MyPlate Daily Checklist for Preschoolers- provides calorie needs by preschool age and activity
- Meal and Snack Patterns for 1000 Calories, 1200 Calories, 1400 Calories and 1600 Calories

Grains Group

What foods are in the Grains Group?

Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples of grain products.

Grains are divided into 2 subgroups, Whole Grains and Refined Grains. Whole grains contain the entire grain kernel — the bran, germ, and endosperm. Examples of whole grains include whole-wheat flour, bulgur (cracked wheat), oatmeal, whole cornmeal, and brown rice. Refined grains have been milled, a process that removes the bran and germ. This is done to give grains a finer texture and improve their shelf life, but it also removes dietary fiber, iron, and many B vitamins. *Some examples of refined grain products* are white flour, degermed cornmeal, white bread, and white rice.

Most refined grains are enriched. This means certain B vitamins (thiamin, riboflavin, niacin, folic acid) and iron are added back after processing. Fiber is not added back to enriched grains. Check the ingredient list on refined grain products to make sure that the word "enriched" is included in the grain name. Some food products are made from mixtures of whole grains and refined grains.

How many grain foods are needed daily?

The amount of grains you need to eat depends on your age, sex, and level of physical activity. Recommended daily amounts are listed in this table below. Most Americans consume enough grains, but few are whole grains.

At least half of all the grains eaten should be whole grains.

DAILY GRAIN TABLE			
		DAILY RECOMMENDATION*	DAILY MINIMUM AMOUNT OF WHOLE GRAINS
Children	2-3 years old	3 ounce equivalents	1 ½ ounce equivalents
	4-8 years old	5 ounce equivalents	2 ½ ounce equivalents
Girls	9-13 years old	5 ounce equivalents	3 ounce equivalents
	14-18 years old	6 ounce equivalents	3 ounce equivalents
Boys	9-13 years old	6 ounce equivalents	3 ounce equivalents
	14-18 years old	8 ounce equivalents	4 ounce equivalents
Women	19-30 years old	6 ounce equivalents	3 ounce equivalents
	31-50 years old	6 ounce equivalents	3 ounce equivalents
	51+ years old	5 ounce equivalents	3 ounce equivalents
Men	19-30 years old	8 ounce equivalents	4 ounce equivalents
	31-50 years old	7 ounce equivalents	3 ½ ounce equivalents
	51+ years old	6 ounce equivalents	3 ounce equivalents

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

What counts as an ounce-equivalent of grains?

In general, 1 slice of bread, 1 cup of ready-to-eat cereal, or ½ cup of cooked rice, cooked pasta, or cooked cereal can be considered as 1 ounce-equivalent from the Grains Group. The table below lists specific amounts that count as 1 ounce-equivalent of grains towards your daily recommended intake. In some cases the number of ounce-equivalents for common portions are also shown.

<https://www.choosemyplate.gov/grains>

Meats and Protein Foods

What foods are in the Protein Foods Group?

All foods made from meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts, and seeds are considered part of the Protein Foods Group. Beans and peas are also part of the Vegetable Group.

Select a variety of protein foods to improve nutrient intake and health benefits, including at least 8 ounces of cooked seafood per week. Young children need less, depending on their age and calorie needs. The advice to consume seafood does not apply to vegetarians. Vegetarian options in the Protein Foods Group include beans and peas, processed soy products, and nuts and seeds. Meat and poultry choices should be lean or low-fat.

How much food from the Protein Foods Group is needed daily?

The amount of food from the Protein Foods Group you need to eat depends on age, sex, and level of physical activity. Most Americans eat enough food from this group, but need to make leaner and more varied selections of these foods. Recommended daily amounts are shown in the table below.

DAILY PROTEIN FOODS TABLE		
DAILY RECOMMENDATION*		
Children	2-3 years old	2 ounce equivalents
	4-8 years old	4 ounce equivalents
Girls	9-13 years old	5 ounce equivalents
	14-18 years old	5 ounce equivalents
Boys	9-13 years old	5 ounce equivalents
	14-18 years old	6 ½ ounce equivalents
Women	19-30 years old	5 ½ ounce equivalents
	31-50 years old	5 ounce equivalents
	51+ years old	5 ounce equivalents
Men	19-30 years old	6 ½ ounce equivalents
	31-50 years old	6 ounce equivalents
	51+ years old	5 ½ ounce equivalents

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

What counts as an ounce-equivalent in the Protein Foods Group?

In general, 1 ounce of meat, poultry or fish, ¼ cup cooked beans, 1 egg, 1 tablespoon of peanut butter, or ½ ounce of nuts or seeds can be considered as 1 ounce-equivalent from the Protein Foods Group.

Selection Tips

- Choose lean or low-fat meat and poultry. If higher fat choices are made, such as regular ground beef (75-80% lean) or chicken with skin, the fat counts against your limit for calories from saturated fats.
- Select some seafood that is rich in omega-3 fatty acids, such as salmon, trout, sardines, anchovies, herring, Pacific oysters, and Atlantic and Pacific mackerel.
- Processed meats such as ham, sausage, frankfurters, and luncheon or deli meats have added sodium. Check the Nutrition Facts label to help limit sodium intake. Fresh chicken, turkey, and pork that have been enhanced with a salt-containing solution also have added sodium. Check the product label for statements such as “self-basting” or “contains up to ___% of ___”, which mean that a sodium-containing solution has been added to the product.
- Choose unsalted nuts and seeds to keep sodium intake low.

<https://www.choosemyplate.gov/protein-foods>

Dairy Foods

What foods are included in the Dairy Group?

All fluid milk products and many foods made from milk are considered part of this food group. Most Dairy Group choices should be fat-free or low-fat. Foods made from milk that retain their calcium content are part of the group. Foods made from milk that have little to no calcium, such as cream cheese, cream, and butter, are not. Calcium-fortified soymilk (soy beverage) is also part of the Dairy Group.

How much food from the Dairy Group is needed daily?

The amount of food from the Dairy Group you need to eat depends on age. Recommended daily amounts are shown in the table below.

DAILY DAIRY TABLE					
DAILY RECOMMENDATION					
Children	2-3 years old	2 cups	Women	19-30 years old	3 cups
	4-8 years old	2 ½ cups		31-50 years old	3 cups
Girls	9-13 years old	3 cups		51+ years old	3 cups
	14-18 years old	3 cups	Men	19-30 years old	3 cups
Boys	9-13 years old	3 cups		31-50 years old	3 cups
	14-18 years old	3 cups		51+ years old	3 cups

What counts as a cup in the Dairy Group?

In general, 1 cup of milk, yogurt, or soymilk (soy beverage), 1 ½ ounces of natural cheese, or 2 ounces of processed cheese can be considered as 1 cup from the Dairy Group. The table below lists specific amounts that count as 1 cup in the Dairy Group towards your daily recommended intake.

Selection tips

- Choose fat-free or low-fat milk, yogurt, and cheese. If you choose milk or yogurt that is not fat-free, or cheese that is not low-fat, the fat in the product counts against your limit for calories from saturated fats.
- If sweetened milk products are chosen (flavored milk, yogurt, drinkable yogurt, desserts), the added sugars also count against your limit for calories from added sugar.
- For those who are lactose intolerant, smaller portions (such as 4 fluid ounces of milk) may be well tolerated. Lactose-free and lower-lactose products are available. These include lactose-reduced or lactose-free milk, yogurt, and cheese, and calcium-fortified soymilk (soy beverage). Also, enzyme preparations can be added to milk to lower the lactose content.
- Calcium choices for those who do not consume dairy products include:
 - Calcium-fortified juices, cereals, breads, rice milk, or almond milk. Calcium-fortified foods and beverages may not provide the other nutrients found in dairy products. Check the labels.
 - Canned fish (sardines, salmon with bones) soybeans and other soy products (tofu made with calcium sulfate, soy yogurt, tempeh), some other beans, and some leafy greens (collard and turnip greens, kale, bok choy). The amount of calcium that can be absorbed from these foods varies

<https://www.choosemyplate.gov/dairy>

Vegetable Group

What foods are in the Vegetable Group?

Any vegetable or 100% vegetable juice counts as a member of the Vegetable Group. Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut-up, or mashed.

Based on their nutrient content, vegetables are organized into 5 subgroups: dark-green vegetables, starchy vegetables, red and orange vegetables, beans and peas, and other vegetables.

How many vegetables are needed?

The amount of vegetables you need to eat depends on your age, sex, and level of physical activity.

Recommended total daily amounts and recommended weekly amounts from each vegetable subgroup are shown in the two tables below.

DAILY VEGETABLE TABLE		
DAILY RECOMMENDATION*		
Children	2-3 years old	1 cup
	4-8 years old	1 ½ cups
Girls	9-13 years old	2 cups
	14-18 years old	2 ½ cups
Boys	9-13 years old	2 ½ cups
	14-18 years old	3 cups
Women	19-30 years old	2 ½ cups
	31-50 years old	2 ½ cups
	51+ years old	2 cups
Men	19-30 years old	3 cups
	31-50 years old	3 cups
	51+ years old	2 ½ cups

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

Vegetable subgroup recommendations are given as amounts to eat WEEKLY. It is not necessary to eat vegetables from each subgroup daily. However, over a week, try to consume the amounts listed from each subgroup as a way to reach your daily intake recommendation.

What counts as a cup of vegetables?

In general, 1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup from the Vegetable Group. The table below lists specific amounts that count as 1 cup of vegetables (in some cases equivalents for ½ cup are also shown) towards your recommended intake.

<https://www.choosemyplate.gov/vegetables>

Fruit Group

What foods are in the Fruit Group?

Any fruit or 100% fruit juice counts as part of the Fruit Group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed.

How much fruit is needed daily?

The amount of fruit you need to eat depends on age, sex, and level of physical activity. Recommended daily amounts are shown in the table below.

DAILY FRUIT TABLE		
DAILY RECOMMENDATION*		
Children	2-3 years old 4-8 years old	1 cup 1 to 1 ½ cups
Girls	9-13 years old 14-18 years old	1 ½ cups 1 ½ cups
Boys	9-13 years old 14-18 years old	1 ½ cups 2 cups
Women	19-30 years old 31-50 years old 51+ years old	2 cups 1 ½ cups 1 ½ cups
Men	19-30 years old 31-50 years old 51+ years old	2 cups 2 cups 2 cups

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

What counts as a cup of fruit?

In general, 1 cup of fruit or 100% fruit juice, or ½ cup of dried fruit can be considered as 1 cup from the Fruit Group. This table below shows specific amounts that count as 1 cup of fruit (in some cases equivalents for ½ cup are also shown) towards your daily recommended intake.

<https://www.choosemyplate.gov/fruit>

MyPlate Calorie Levels: MyPlate Daily Checklist for Preschoolers

The MyPlate Daily Checklist (formerly Daily Food Plan) shows what and how much your child should eat to meet his or her needs. Checklists are based on average needs by age and activity level, so you should use the Checklist as a general guide. Your preschooler's food needs also depend on how fast he or she is growing and other factors. So, do not be concerned if your preschooler does not eat the exact amounts suggested. Each child's needs may differ from the average, and appetites can vary from day to day. Try to balance the amounts over a few days or a week.

- Put the MyPlate Daily Checklist into action with meal and snack ideas.
- Offer different foods from day to day. Encourage your child to choose from a variety of foods.
- Serve foods in small portions at scheduled meals and snacks.
- Choose healthy snacks for your preschooler.
- Beverages count too. Make smart beverage choices.

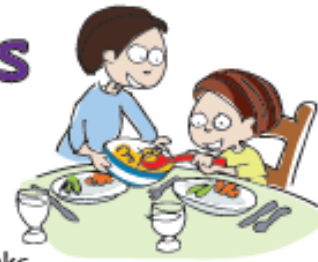
Use the table below to access the right MyPlate Daily Checklist for your child. We also have an interactive calculator that will provide the exact same information for your preschooler as the table below. Here's an idea: From the table below, get your child's Checklist. Then, create your own Checklist using the interactive calculator. Be a healthy role model for your child!

AGE	SEX	DAILY PHYSICAL ACTIVITY	CALORIE LEVEL OF FOOD PLAN
2 yrs.	Boys and Girls	Any level	1000 calories
3 yrs.	Boys	Less than 30 minutes	1200 calories
		30-60 minutes, More than 60 minutes	1400 calories
		Less than 30 minutes	1000 calories
	Girls	30-60 minutes	1200 calories
		More than 60 minutes	1400 calories
		Less than 30 minutes	1200 calories
4-5 yrs.	Boys and Girls	Less than 30 minutes	1200 calories
		30-60 minutes	1400 calories
	Boys	More than 60 minutes	1600 calories
	Girls	More than 60 minutes	1400 calories

Meal and Snack Patterns

for a 1000 calorie Daily Food Plan ...


These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



Click on either pattern to see examples of food choices for meals and snacks.


Meal and Snack Pattern A
(1000 calorie Daily Food Plan)

Breakfast
1 ounce Grains
½ cup Fruit
½ cup Dairy*




Morning Snack
½ ounce Grains
½ cup Fruit

Lunch
1 ounce Grains
¼ cup Vegetables
½ cup Dairy*
1 ounce Protein Foods



Afternoon Snack
¼ cup Vegetables
½ cup Dairy*

Dinner
½ ounce Grains
½ cup Vegetables
½ cup Dairy*
1 ounce Protein Foods




Meal and Snack Pattern B
(1000 calorie Daily Food Plan)

Breakfast
1 ounce Grains
½ cup Dairy*
1 ounce Protein Foods

Morning Snack
½ cup Fruit
½ cup Dairy*

Lunch
1 ounce Grains
¼ cup Vegetables
½ cup Dairy*



Afternoon Snack
¼ cup Vegetables
½ cup Fruit

Dinner
1 ounce Grains
½ cup Vegetables
½ cup Dairy*
1 ounce Protein Foods

*Offer your child fat-free or low-fat milk, yogurt, and cheese.

Daily Food Plan (1000 calories)	Total amount for the day
Grain Group	3 ounces
Vegetable Group	1 cup
Fruit Group	1 cup
Dairy* Group	2 cups
Protein Foods Group	2 ounces



Meal and Snack Patterns

for a 1200 calorie Daily Food Plan ...


These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



Click on either pattern to see examples of food choices for meals and snacks.


Meal and Snack Pattern A
(1200 calorie Daily Food Plan)

Breakfast
1 ounce Grains
½ cup Fruit
½ cup Dairy*




Morning Snack
1 ounce Grains
½ cup Fruit

Lunch
1 ounce Grains
½ cup Vegetables
½ cup Dairy*
1 ounce Protein Foods



Afternoon Snack
½ cup Vegetables
½ cup Dairy*

Dinner
1 ounce Grains
½ cup Vegetables
1 cup Dairy*
2 ounces Protein Foods




Meal and Snack Pattern B
(1200 calorie Daily Food Plan)

Breakfast
1 ounce Grains
½ cup Dairy*
1 ounce Protein Foods

Morning Snack
½ cup Fruit
½ cup Dairy*

Lunch
2 ounces Grains
½ cup Vegetables
½ cup Dairy*



Afternoon Snack
½ cup Vegetables
½ cup Fruit

Dinner
1 ounce Grains
½ cup Vegetables
1 cup Dairy*
2 ounces Protein Foods

*Offer your child fat-free or low-fat milk, yogurt, and cheese.

Daily Food Plan (1200 calories)	Total amount for the day
Grain Group	4 ounces
Vegetable Group	1½ cups
Fruit Group	1 cup
Dairy* Group	2½ cups
Protein Foods Group	3 ounces



Meal and Snack Patterns

for a 1400 calorie Daily Food Plan ...


These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



Click on either pattern to see examples of food choices for meals and snacks.


Meal and Snack Pattern A
(1400 calorie Daily Food Plan)

Breakfast
1 ounce Grains
½ cup Fruit
½ cup Dairy*




Morning Snack
1 ounce Grains
½ cup Fruit
1 ounce Protein Foods

Lunch
1 ounce Grains
½ cup Vegetables
½ cup Fruit
½ cup Dairy*
1 ounce Protein Foods



Afternoon Snack
½ cup Vegetables
½ cup Dairy*

Dinner
2 ounces Grains
½ cup Vegetables
1 cup Dairy*
2 ounces Protein Foods




Meal and Snack Pattern B
(1400 calorie Daily Food Plan)

Breakfast
1 ounce Grains
½ cup Dairy*
1 ounce Protein Foods

Morning Snack
½ cup Fruit
½ cup Dairy*

Lunch
2 ounces Grains
½ cup Vegetables
½ cup Fruit
½ cup Dairy*



Afternoon Snack
½ cup Vegetables
½ cup Fruit
1 ounce Protein Foods

Dinner
2 ounces Grains
½ cup Vegetables
1 cup Dairy*
2 ounces Protein Foods

*Offer your child fat-free or low-fat milk, yogurt, and cheese.

Daily Food Plan (1400 calories)	Total amount for the day
Grain Group	5 ounces
Vegetable Group	1½ cups
Fruit Group	1½ cups
Dairy* Group	2½ cups
Protein Foods Group	4 ounces



Meal and Snack Patterns

for a 1600 calorie Daily Food Plan ...


These patterns are examples of how the Daily Food Plan can be divided into meals and snacks for a preschooler. There are many ways to divide the amounts recommended from each food group into daily meals and snacks.



Click on either pattern to see examples of food choices for meals and snacks.


Meal and Snack Pattern A
(1600 calorie Daily Food Plan)

Breakfast
1 ounce Grains
½ cup Fruit
½ cup Dairy*




Morning Snack
1 ounce Grains
½ cup Fruit
1 ounce Protein Foods

Lunch
1 ounce Grains
½ cup Vegetables
½ cup Fruit
½ cup Dairy*
1 ounce Protein Foods



Afternoon Snack
½ cup Vegetables
½ cup Dairy*

Dinner
2 ounces Grains
1 cup Vegetables
1 cup Dairy*
3 ounces Protein Foods




Meal and Snack Pattern B
(1600 calorie Daily Food Plan)

Breakfast
1 ounce Grains
½ cup Dairy*
1 ounce Protein Foods

Morning Snack
½ cup Fruit
½ cup Dairy*

Lunch
2 ounces Grains
½ cup Vegetables
½ cup Fruit
½ cup Dairy*



Afternoon Snack
½ cup Vegetables
½ cup Fruit
1 ounce Protein Foods

Dinner
2 ounces Grains
1 cup Vegetables
1 cup Dairy*
3 ounces Protein Foods

*Offer your child fat-free or low-fat milk, yogurt, and cheese.

Daily Food Plan (1600 calories)	Total amount for the day
Grain Group	5 ounces
Vegetable Group	2 cups
Fruit Group	1½ cups
Dairy* Group	2½ cups
Protein Foods Group	5 ounces



<https://www.choosemyplate.gov/preschoolers-meal-and-snack-patterns>

Appendix C

Infant Feeding Recommendations

Guidelines for Feeding Healthy Infants (for WIC staff)

WIC Learning Online
job aid

Birth to 6 months

Exclusive breastfeeding is recommended for the first 6 months, with continuation for the first year or longer as mutually desired by mother and baby. lovingsupport.fns.usda.gov



The WIC Program promotes and supports exclusive breastfeeding as the standard method of infant feeding unless breastfeeding is contraindicated.

Newborns will breastfeed 8 to 12 times per day. As babies age, their stomachs can hold more milk and they are better at breastfeeding; therefore, feedings will be farther apart and may take less time."

For newborns on formula, in the first few days, they will take 2 to 3 ounces of formula every 3 to 4 hours. By 6 months of age, babies may consume approximately 32 ounces per day. During growth spurts, the frequency of feedings may increase.

Babies do not feed on a strict schedule, so it's best to watch the baby, not the clock.
For information on satiety cues, refer to the job aid *Developmental Skills/Infant Hunger & Satiety Cues*

Starting Complementary Foods

Use growth as a guide to determine adequacy of complementary feeding practices. When discussing complementary feeding with caregivers, advise on:

- Introducing one new, single-ingredient food at a time starting with baby foods such as iron-fortified cereal or baby meat which are both high in iron and zinc. It is important to wait at least 3 to 5 days to observe for possible allergic reactions or intolerances before starting another new food. Start with one feeding and gradually increase feedings to about three times per day.
- Establishing healthy/appropriate eating patterns, i.e., a variety of grains, vegetables, fruits, and protein.
- Gradually increasing variety and amounts of each food with the infant's age. By 7 to 8 months of age, infants should be consuming food from all food groups.

When counseling on feeding practices in general, focus on the quality of the feeding environment, feeding routines and behaviors, and food choices, such as:

- Establishing predictable routines for meals and snacks
- Limiting meal times to 15 to 20 minutes
- Avoiding grazing behaviors with snacks or liquids
- Feeding only in a high chair at the table
- Responding to infants' hunger and satiety cues



Last Updated: June 2017

WIC Works Resource System - wicworks.fns.usda.gov

Typical Daily Portion Sizes *(serving sizes may vary with individual infants)*

Age	Human Milk	Infant Formula	Grain Products	Vegetables	Fruits	Protein-rich Foods
Birth to 6 months	Only human milk (or formula) is needed for the first 6 months					
6 to 8 months Start complementary foods when developmentally ready, about 6 months Start with ~0.5 - 1 ounces	Breastfeeding infants should continue to be breastfed, on demand. Though formula-fed infants take in ~24 to 32 ounces, provide an amount based on an individual nutrition assessment. Infants' intake of human milk/formula may decrease as complementary foods increase.	~1 to 2 ounces Iron-fortified infant cereals, bread, small pieces of crackers	~2 to 4 ounces Cooked, plain strained/pureed/mashed*	~2 to 4 ounces Plain strained/pureed/mashed*	~1 to 2 ounces Plain strained/pureed/mashed meat, poultry, fish, eggs, cheese, yogurt, or mashed legumes	
8 to 12 months	Provide guidance and encouragement to breastfeeding mothers and continue to support those mothers who choose to breastfeed beyond 12 months. Formula-fed infants take in ~24 ounces, but provide an amount based on an individual nutrition assessment.	~2 to 4 ounces Iron-fortified infant cereals Other grains: baby crackers, bread, noodles, corn grits, soft tortilla pieces	~4 to 6 ounces Cooked, finely chopped/diced*	~4 to 6 ounces Finely chopped/diced*	~2 to 4 ounces Ground/finely chopped/diced meat, poultry, fish, eggs, cheese, yogurt or mashed legumes	

* Infants under 12 months of age should not consume juice unless clinically indicated. After 12 months, encourage fruit over fruit juice; any juice consumed should be as part of a meal or snack and from an open cup (i.e., not bottles or easily transportable covered cups).

Foods to Avoid

Soda, gelatin, coffee, tea or fruit punches and "ade" drinks 	Milk until 12 months 	Added salt 	Added oil, butter, other fats, seasoning 	Added sugar, syrups, other sweeteners 	Fried foods, gravies, sauces, processed meats 
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Important Notes to Remember

- Babies weaned from human milk before 12 months should receive iron-fortified formula.
- Wean entirely off the bottle and onto a cup at 12 to 14 months.
- Keep bottles out of bedtime and nap routines to avoid exposing infants' teeth to sugars and reduce the risk for ear infections and choking.
- Check carefully for bones in commercially or home-prepared meals containing meat, fish, or poultry.
- Remove seeds, skin, and pits from fruits. For additional choking prevention information, refer to the *Infant Feeding: Tips for Food Safety* job aid.

Last Updated: June 2017

WIC Works Resource System - wicworks.fns.usda.gov

https://wicworks.fns.usda.gov/wicworks/WIC_Learning_Online/support/job_aids/guide.pdf

Appendix D

Nutrition Education Materials

The following materials are available from the Pamphlet Library (Frankfort Habilitation, Phone: 502-227-9529, Fax: 502-227-7191) or and may be printed for the KY Nutrition Services website at <http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm>

MyPlate

- MyPlate – Choose MyPlate
- MyPlate – Eating Healthy for Vegetarians
- MyPlate – Make Half Your Grains Whole
- MyPlate – Protein Foods
- MyPlate – Salt and Sodium
- MyPlate – Snack Tips for Parents (English & Spanish)
- MyPlate – Kid Friendly Veggies and Fruits
- MyPlate – Add more Vegetables
- MyPlate – Focus on Fruits
- MyPlate – Make Better Beverage Choices (English & Spanish)
- MyPlate – Be Food Safe (English & Spanish)

Breastfeeding Materials

- Breastfeeding – Planning Ahead (English & Spanish)
- Breastfeeding – Baby’s Best Start (English & Spanish)
- Breastfeeding the Premature Infant
- Getting Started with Breastfeeding (English & Spanish)
- Nutrition During Breastfeeding (English & Spanish)
- Is My Baby Getting Enough (English & Spanish)
- Expressing Your Breast Milk (English & Spanish)
- KY Human Milk Storage Guidelines (English & Spanish)
- Managing Basic Problems (English & Spanish)
- Medications and Breastfeeding (English & Spanish)
- Breastfeeding – Helpful Hints for Nipple Care (English & Spanish)
- Breastfeeding Older Baby (English & Spanish)
- Tips for Breastfeeding Moms (English & Spanish)

Infant

- Infant Feeding Guide Birth to 4 Months (English & Spanish)
- Infant Feeding Guide 4 – 8 Months (English & Spanish)
- Infant Feeding Guide 8 – 12 Months (English & Spanish)
- Kangaroo Care Handout (English & Spanish)
- KY WIC Program Standard Infant Formula Guidelines (English & Spanish)
- USDA Infant Feeding Guide
- Weaning from the Bottle
- What if My Baby’s Formula Needs to be Changed (English & Spanish)

Children

- 1 – 3 Year Toddler Feeding Guide (English & Spanish)
- 3 – 5 Year Toddler Feeding Guide (English & Spanish)
- 5 – 2 – 1 – 0 Brochure (English & Spanish)
- Healthy Eating for Preschoolers (English & Spanish)
- Healthy Tips for Picky Eaters (English & Spanish)
- How to Care for Your Child’s Teeth (English & Spanish)

Pregnancy and Post-Partum Nutrition

- First Trimester Prenatal Guide (English & Spanish)
- Second Trimester Prenatal Guide (English & Spanish)
- Third Trimester Prenatal Guide (English & Spanish)
- Tips for Pregnant Moms (English & Spanish)
- Post-partum Nutrition

Vitamins and Minerals

- Folic Acid and Calcium (English & Spanish)
- Iron for Strong Blood Cells (English & Spanish)
- Vitamins A and C (English & Spanish)

Other Nutrition Education Materials

- Beans Handout (English & Spanish)
- Food Safety (English & Spanish)
- Healthy Choices for You and Your Family
- Lead Prevention Diet (English & Spanish)
- Safe Sleep Environment (English & Spanish)
- Smoking – Alcohol – Drugs (English & Spanish)
- Whole Grain Handout

Links to Above Handouts:

KY WIC Nutrition Education Materials

- <http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm>

Appendix E

Essential Staff Competency for WIC Nutrition Assessment

The six competency areas for WIC Nutrition Assessment include:

1. Principles of Life-Cycle Nutrition
2. Nutrition Assessment Process
3. Anthropometric and Hematological Data Collection Techniques
4. Communication
5. Multicultural Awareness
6. Critical Thinking

Source: USDA's VENA, A Guide to the Art and Science of WIC Nutrition Assessment.

https://wicworks.fns.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf

1. Life Cycle Nutrition Competency:

1. Principles of Life-Cycle Nutrition

Competency Statement: Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood.

Knowledge Required	Performance Expected
Nutrition requirements and dietary recommendations for women, infants, child and children served by WIC.	Analyzes health and nutrition histories based on lifecycle stage. Evaluates the impact of the parent/feeding dynamics on nutritional status, growth and development.
Federal nutrition policy guidance and its implications for women, infants and children served by WIC (e.g., Dietary Guidelines for Americans, MyPyramid).	Interprets and compares dietary practices of WIC participants to federal policy guidance. Differentiates between safe and inappropriate food and nutrition practices.
Relevant evidence-based recommendations published by the American Academy of Pediatrics, the American Dietetic Association, the American College of Obstetrics and Gynecology, and the International Lactation Consultant Association.	Analyzes and compares dietary practices to evidence-based recommendations. Assesses potential barriers to breastfeeding. Recognizes health and lifestyle contraindications to breastfeeding.
The basic physiology of lactation and evidence-based techniques for lactation management.	Applies knowledge of physiology in the assessment of breastfeeding problems. Completes breastfeeding assessments at critical points in the early postpartum period according to State agency policies. Analyzes breastfeeding problems using evidence-based information as the standard. Evaluates the impact of early formula supplementation and mother/infant separation on milk supply and the mother's breastfeeding intention.

2. Nutrition Assessment Process

2. Nutrition Assessment Process

Competency Statement: Understands the WIC nutrition assessment process including risk assignment and documentation.

Knowledge Required	Performance Expected
Purpose of nutrition assessment in the WIC Program and how to collect information.	<p>Uses nutrition assessment information to determine eligibility, tailor food packages, provide appropriate nutrition education, and make appropriate referrals.</p> <p>Provides individualized nutrition assessment for WIC applicants.</p> <p>Uses assessment techniques that consider the varied needs of age-specific populations.</p> <p>Obtains timely and relevant assessment data including anthropometric, biochemical, clinical, dietary, family and social environment information.</p> <p>Uses standardized data collection tools or procedures according to State agency policies.</p>
WIC nutrition risk criteria.	<p>Applies risk definitions correctly and uses appropriate cut-off values when assigning nutrition risks.</p> <p>Evaluates the need for documentation of diagnosis vs. self-report of medical conditions according to State agency policies.</p>
Importance of documenting nutrition assessment results.	<p>Completes tools and forms for documenting nutrition risk according to State agency policies.</p> <p>Maintains appropriate documentation of contacts with participants according to State agency policies.</p> <p>Uses accepted documentation form for nutrition care plans according to State agency policies.</p>

3. Anthropometric and hematological data collection techniques

3. Anthropometric and Hematological Data Collection Techniques

Competency Statement: Understands the importance of using appropriate measurement techniques to collect anthropometric and hematological data.

Knowledge Required	Performance Expected
Relevance of anthropometric data to health and nutrition status.	Demonstrates appropriate anthropometric measurement techniques. Reads, records, and plots measurements accurately. Interprets growth data and prenatal weight gain correctly.
Relationship of hematological parameters to health and nutrition status.	Demonstrates appropriate techniques for performing a hemoglobin or hematocrit assessment according to State agency policies. Evaluates blood work results according to State agency policy (e.g., adjusts for smoking and elevation, etc.).

4. Communication

4. Communication

Competency Statement: Knows how to develop rapport and foster open communication with participants and caretakers.

Knowledge Required	Performance Expected
<p>The principles of effective communication for collecting nutrition assessment information.</p>	<p>Uses appropriate techniques to establish a relationship and begin a conversation.</p> <p>Practices active listening and observation skills.</p> <p>Collects information without interrupting or correcting the applicant.</p> <p>Checks for understanding by paraphrasing or reflecting what was heard.</p> <p>Compares client's verbal responses to non-verbal behaviors to assess client's attitude and feelings.</p> <p>Uses an effective balance of open-ended and closed-ended questions.</p> <p>Completes nutrition assessment tasks before providing nutrition counseling.</p> <p>Selects self-administered data collection tools that are appropriate for the target population (i.e., language, reading level, length, format) according to State agency policy.</p> <p>Assesses real and perceived barriers to breastfeeding.</p>
<p>USDA and State agency policies about participant confidentiality.</p>	<p>Obtains release of information according to State agency policy before sharing any participant data.</p> <p>Protects participants' confidentiality in conversations with coworkers and other participants.</p>

5. Multicultural awareness

5. Multicultural Awareness

Competency Statement: Understands how sociocultural issues (race, ethnicity, religion, group affiliation, socioeconomic status, and world view) affect nutrition and health practices and nutrition-related health problems.

Knowledge Required	Performance Expected
Cultural groups in the target population including their families and communities, values and beliefs, characteristics, and resources.	Respects different belief systems about issues such as bloodwork, immunizations, dietary supplements, alternative medicine, and traditional healers. Evaluates cultural practices for their potential to harm the client's health or nutritional status.
Cultural eating patterns and family traditions such as core foods, traditional celebrations, and fasting.	Includes core foods and recognizes their nutrient contributions in any assessment of eating patterns. Evaluates food selection and preparation within a cultural context.
Differences in communication styles between groups and how these differences may impact the assessment process.	Uses culturally appropriate communication styles to collect nutrition assessment information. Uses interpretation and/or translation services appropriately to collect nutrition assessment information from clients with limited English proficiency. Uses culturally appropriate strategies to assess breastfeeding practices and beliefs.

6. Critical Thinking

Competency Statement: Knows how to synthesize and analyze data to draw appropriate conclusions.

Knowledge Required	Performance Expected
Principles of critical thinking.	<p>Collects all information before drawing conclusions and deciding upon the best course of action.</p> <p>Asks additional questions to clarify information or gather more details.</p> <p>Recognizes factors that contribute to the identified nutrition problem(s).</p> <p>Recognizes superfluous information and disregards it.</p> <p>Considers the applicant's point of view about nutrition and health priorities, needs and concerns.</p> <p>Identifies relationships between behaviors/practices and nutritional risk.</p> <p>Checks the accuracy of inconsistent or unusual measurements and referral data according to State agency policy.</p> <p>Identifies factors that influence the accuracy of anthropometric or biochemical measurements (e.g., uncooperative child, hydration status, faulty equipment) and documents them. Takes appropriate actions according to State agency policy (e.g., rechecks measurements, documents factors that interfere with measurements).</p> <p>Draws conclusions about nutritional status supported by objective data, observations, experience, and reasoning.</p> <p>Prioritizes nutrition problems to be addressed.</p>

Appendix F Infant Weight Loss Chart

Birth Weight Loss Charts

Infant 7% Birth Weight Loss Chart (LB-OZ)

Birth Wt.	7% Loss	Birth Wt.	7% Loss	Birth Wt.	7% Loss	Birth Wt.	7% Loss	Birth Wt.	7% Loss	Birth Wt.	7% Loss
5-0	4-11	6-0	5-10	7-0	6-9	8-0	7-7	9-0	8-6	10-0	9-5
5-1	4-12	6-1	5-11	7-1	6-10	8-1	7-8	9-1	8-7	10-1	9-6
5-2	4-13	6-2	5-12	7-2	6-10	8-2	7-9	9-2	8-8	10-2	9-7
5-3	4-14	6-3	5-13	7-3	6-11	8-3	7-10	9-3	8-9	10-3	9-8
5-4	4-15	6-4	5-13	7-4	6-12	8-4	7-11	9-4	8-10	10-4	9-9
5-5	5-0	6-5	5-14	7-5	6-13	8-5	7-12	9-5	8-11	10-5	9-10
5-6	5-0	6-6	5-15	7-6	6-14	8-6	7-13	9-6	8-12	10-6	9-11
5-7	5-1	6-7	6-0	7-7	6-15	8-7	7-14	9-7	8-13	10-7	9-12
5-8	5-2	6-8	6-1	7-8	7-0	8-8	7-15	9-8	8-14	10-8	9-13
5-9	5-3	6-9	6-2	7-9	7-1	8-9	8-0	9-9	8-15	10-9	9-13
5-10	5-4	6-10	6-3	7-10	7-2	8-10	8-1	9-10	9-0	10-10	9-14
5-11	5-5	6-11	6-4	7-11	7-3	8-11	8-2	9-11	9-1	10-11	9-15
5-12	5-6	6-12	6-5	7-12	7-4	8-12	8-3	9-12	9-2	10-12	10-0
5-13	5-7	6-13	6-6	7-13	7-5	8-13	8-4	9-13	9-2	10-13	10-1
5-14	5-8	6-14	6-7	7-14	7-6	8-14	8-4	9-14	9-3	10-14	10-2
5-15	5-9	6-15	6-8	7-15	7-7	8-15	8-5	9-15	9-4	10-15	10-3

Infant 10% Birth Weight Loss Chart (LB-OZ)

Birth Wt.	10% loss	Birth Wt.	10% loss	Birth Wt.	10% loss	Birth Wt.	10% loss	Birth Wt.	10% loss	Birth Wt.	10% loss
5-0	4-8	6-0	5-6	7-0	6-5	8-0	7-3	9-0	8-2	10-0	9-0
5-1	4-9	6-1	5-7	7-1	6-6	8-1	7-4	9-1	8-2	10-1	9-1
5-2	4-10	6-2	5-8	7-2	6-7	8-2	7-5	9-2	8-3	10-2	9-2
5-3	4-11	6-3	5-9	7-3	6-7	8-3	7-6	9-3	8-5	10-3	9-3
5-4	4-12	6-4	5-10	7-4	6-8	8-4	7-7	9-4	8-6	10-4	9-4
5-5	4-13	6-5	5-11	7-5	6-9	8-5	7-8	9-5	8-7	10-5	9-5
5-6	4-13	6-6	5-12	7-6	6-10	8-6	7-9	9-6	8-7	10-6	9-5
5-7	4-14	6-7	5-13	7-7	6-11	8-7	7-9	9-7	8-8	10-7	9-6
5-8	4-15	6-8	5-14	7-8	6-12	8-8	7-10	9-8	8-9	10-8	9-7
5-9	5-0	6-9	5-15	7-9	6-13	8-9	7-11	9-9	8-10	10-9	9-8
5-10	5-1	6-10	5-15	7-10	6-14	8-10	7-12	9-10	8-11	10-10	9-9
5-11	5-2	6-11	6-0	7-11	6-15	8-11	7-13	9-11	8-12	10-11	9-10
5-12	5-3	6-12	6-1	7-12	7-0	8-12	7-14	9-12	8-12	10-12	9-11
5-13	5-4	6-13	6-2	7-13	7-0	8-13	7-15	9-13	8-13	10-13	9-12
5-14	5-5	6-14	6-3	7-14	7-1	8-14	8-0	9-14	8-14	10-14	9-12
5-15	5-5	6-15	6-4	7-15	7-2	8-15	8-1	9-15	8-15	10-15	9-13

This institution is an equal opportunity provider.

Developed 10/17



Appendix G

Clinic Environment and Customer Service

USDA FNS WIC Nutrition Service Standards (NSS) for Clinic Environment & Customer Service

- Agencies ensure that WIC operations provide participant-centered services in an environment that communicates respect and is conducive to participants achieving positive health outcomes.
- The context of overall clinic considerations plays a large role in providing quality nutrition services.
- Providing nutrition services in an environment that promotes the health and well-being of participants and in ways that are appealing, accommodating, respectful, and relevant to their individual needs facilitates not only in assisting participants to achieve positive health outcomes but also in retaining participants in the Program.

NSS & Clinic Environment

1. Ensure that outside **signage** makes it easy to locate the WIC clinic.
2. Ensure that all areas where staff obtains participants' information and anthropometric data maximize **privacy** to prevent others from overhearing conversations, viewing documents or viewing information on computer screens.
3. Provide a clean, comfortable, **inviting and child-friendly** reception/waiting area.
4. To the extent possible, **arrange areas for nutrition and health assessment counseling in a way that allows participants and staff to sit face-to-face without physical barriers** (i.e., knee-to-knee).
 - *Be sure to make eye contact with participant, and have open dialogue- avoid completing certification by strictly going through the WIC Wizard in the CMS system, focusing on the Computer Screen.*
5. Ensure all areas are clean, well-maintained and child safe (e.g., play areas are secure and equipped with age-appropriate, safe, equipment/toys; medical supplies are out of the reach of children).
6. Maintain equipment in good working order and check calibration on a routine basis.
7. Clearly identify biohazard containers for medical waste and keep them out of reach of children.
8. As appropriate, work with property management to have restrooms that are clean and sanitary, accessible to people with disabilities, and include a diaper changing area.
9. Provide a non-smoking environment.
10. **Ensure that all staff treat participants and their colleagues with respect and provide services in a respectful manner.**
11. **Favor positive over negative signage (e.g. enjoy your conversation out of the clinic area, or enjoy your food and drink outside).**
12. If used, display posters convey **positive messages and images, are culturally diverse**, and are rotated on a routine basis to ensure messages stay fresh and current.
13. **Provides a breastfeeding-supportive environment**

Section 400 Appendices Nutrition Education and Counseling

WIC Certification Nutrition Education Counseling Protocol..... 3
Individual WIC High Risk Counseling Nutrition Education Protocols..... 9
Reference Materials for Certification and Follow-up
Counseling Guidelines 13

**WIC CERTIFICATION NUTRITION EDUCATION
COUNSELING PROTOCOL**

*(In addition to this counseling, all WIC participants must be provided counseling on Specific Nutritional Risk)***Provider: Certifying Health Professional**

Topic	WIC Certification General Nutrition Counseling Protocol by Status
Discuss WIC Program eligibility and benefits	<ul style="list-style-type: none"> • Purpose of the WIC Program (Nutritional support through supplemental food, nutrition education, breastfeeding support and referrals) • WIC is a partnership between the participant and WIC staff • Discuss certification process including nutrition assessment to provide individualized nutrition education, eligibility period and recertification schedule. • Discuss importance and benefits (nutrition education, breastfeeding support, referrals, and healthy foods) for continued participation in the program.
Counsel on basic diet and the importance of regular physical activity.	<p>Determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition? Provide counseling to address questions/concerns/dietary habits.</p> <p>For women and children:</p> <ul style="list-style-type: none"> • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid for Kids and Activity Pyramid. • Review dietary concern(s) and appropriate action. • Encourage an average of 30 minutes for women and 60 minutes for children of physical activity each day. • Limit screen time to no more than 2 hours/day. • Remove the television from the child's bedroom. • Encourage healthy foods (e.g. low-fat and reduced fat food choices including 1% or less milk, (women/children > 2), 5 Fruits and Vegetables per day & Avoid Sugar Sweetened Drinks) • Refer to health care provider/Lead Program for lead screening and assessment. <p>For infants:</p> <ul style="list-style-type: none"> • Discuss Kentucky Infant Feeding Guide appropriate for age and development. • Encourage caregiver(s) to promote physical activity and motor skill development in their infant (rolling over, standing, movement, play). • Review dietary concern(s) and appropriate action. • Refer to health care provider/Lead Program for lead screening and assessment.
<p>Encourage to breastfeed unless contraindicated for health/lifestyle reasons.</p> <p>See Breastfeeding Counseling and Contraindications in this section.</p>	<p>For pregnant women:</p> <ul style="list-style-type: none"> • Discuss the advantages of breastfeeding. • Discuss the benefits of Kangaroo Care. <p>For breastfeeding women:</p> <ul style="list-style-type: none"> • Encourage continuation and support of breastfeeding. • Discuss the benefits of Kangaroo Care.
Discuss the effects of drug and other harmful substance use (tobacco, alcohol, drugs).	<ul style="list-style-type: none"> • Discuss how tobacco and/or alcohol can affect the woman, fetus, infant, and child. This should include information about smoking cessation if appropriate and the effects of secondhand smoke. • Discuss recommendations to not use tobacco products. Refer to 1-800-QUIT NOW (1-800-784-8669) if client smokes. • Discuss recommendations to not take any medications, over-the-counter or otherwise, unless specifically ordered by a physician. • Discuss recommendations to not use drugs (marijuana, cocaine, etc.). • Discuss recommendations to not drink alcohol.
Discuss Safe Sleep Environment for Infants	<p>For infants:</p> <ul style="list-style-type: none"> • Discuss American Academy of Pediatrics (AAP) Safe Sleep Policy. (See Safe Sleep Environment for Infants in this section)

For participants being recertified for the WIC Program	<ul style="list-style-type: none"> Review and discuss previously set goals. For participants who completed online nutrition education lesson, review and discuss the lesson completion certificate, participant goal set during the lesson, and links visited.
Discuss specific nutritional risk for which participant qualifies.	<ul style="list-style-type: none"> See Table 2: WIC Certification Counseling for Specific Nutritional Risk Protocol

WIC Certification Counseling for Specific Nutritional Risk Protocol

(In addition to this counseling, all WIC participants must be provided WIC Certification Nutrition Education Counseling)

*Status Code: P= any Pregnant Status, BF= any Breastfeeding Woman Status, PP= Postpartum Status, C= Child Status, I= any Infant Status

Provider: Certifying Health Professional

Risk/Status*/ Reference Materials**	Counseling/Education	Referral Guidance
Low Hematocrit/Low Hemoglobin Status: P, PP, BF, C, I	<ul style="list-style-type: none"> Define low hematocrit/low hemoglobin. DISCUSS IRON-RICH FOODS. 	Refer for Medical Evaluation: ♦All status Hematocrit ≤ 27% Hemoglobin ≤ 9 gm./dL.
Elevated Blood Lead Status: P, PP, BF, C, I	<ul style="list-style-type: none"> Discuss importance of adequate calories, calcium, iron, vitamin C and low-fat foods (for children after age 2) which decrease the absorption of lead. Discuss the importance of regular meals and snacks. Discuss CDC recommendations regarding mothers lead levels and breastfeeding (Breastfeeding Woman). See Blood Lead Levels & Breastfeeding. 	Refer for Medical Evaluation. ♦See Lead Guidelines in Core Clinical Services Guide (CCSG). Schedule for High-Risk Secondary Nutrition Education, Refer for MNT per Professional Judgement
Low Head Circumference Status: I, C (up to age 2)	<ul style="list-style-type: none"> Discuss the impact of prematurity to growth and development, if age adjusted. Discuss the importance of nutrition on growth and development 	Refer for Medical Evaluation.
Preterm Birth/Early Term Birth Status: I, C (up to age 2)	<ul style="list-style-type: none"> Discuss the impact of prematurity to growth and development. Discuss the importance of good nutrition for proper growth and development. 	
Low Birth Weight/Very Low Birth Weight Status: I, C (up to age 2)	<ul style="list-style-type: none"> Discuss the impact of birth weight to growth and development. Discuss the importance of good nutrition for proper growth and development. 	Schedule for High-Risk Secondary Nutrition Education, Refer for MNT per Professional Judgement
At Risk for Overweight Status: I, C	<ul style="list-style-type: none"> Discuss the importance of prevention of overweight. Discuss the importance of physical activity. Reduce sedentary activity such as computer games and watching television. Discuss appropriate quantity of food. Discuss healthy foods (e.g. low-fat and reduced fat food choices). (children >age 2) 	

	<ul style="list-style-type: none"> • Discuss the importance of good nutrition for proper growth and development. (infants) 	
Overweight, Obese, High Weight for Length Status: P, PP, BF, C, I	<ul style="list-style-type: none"> • Review growth chart. (children) • Discuss the importance of physical activity. • Reduce sedentary activity such as computer games and watching television. • Discuss appropriate quantity of food. • Discuss healthy foods (e.g. low-fat and reduced fat food choices). (women/children >age 2) 	Schedule for High-Risk Secondary Nutrition Education, Refer for MNT per Professional Judgement
At Risk for Underweight Status: I, C	<ul style="list-style-type: none"> • Review growth chart. • Discuss importance of frequent feeding. • Discuss healthy foods in relation to growth and development. 	
Underweight Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Review growth chart. (infants and children) • Discuss importance of frequent feeding. • Discuss healthy foods in relation to growth, development and appropriate weight gain. 	Schedule for High-Risk Secondary Nutrition Education, Refer for MNT per Professional Judgement
At Risk for Short Stature Status: I, C	<ul style="list-style-type: none"> • Discuss growth for age and stature/size of parents. • Discuss healthy foods in relation to growth and development. 	
Short Stature Status: I, C	<ul style="list-style-type: none"> • Discuss growth for age and stature/size of parents. • Discuss healthy foods in relation to growth and development. 	
Growth Problems Status: I, C	<ul style="list-style-type: none"> • Discuss growth for age and stature/size of parents. • Discuss healthy foods in relation to growth and development. 	
Inappropriate Weight Gain Pattern Status: P, PP, BF, I, C	<p>Pregnant woman</p> <ul style="list-style-type: none"> • Discuss the importance of appropriate weight on the developing fetus. <p>Postpartum or breastfeeding woman</p> <ul style="list-style-type: none"> • Discuss the importance of an adequate diet to promote lactation and/or attaining standard weight. <p>Infant</p> <ul style="list-style-type: none"> • Discuss the importance of frequent feeding in relation to weight gain. <p>Children</p> <ul style="list-style-type: none"> • Discuss healthy foods in relation to growth and development. 	
Alcohol and Substance Use Status: P, PP, BF	<ul style="list-style-type: none"> • Discuss the importance of discontinuing the identified substance use (tobacco, alcohol, drugs) (S-A-D). • Discuss the importance of discontinuing smoked tobacco, electronic nicotine delivery systems (ENDS), smokeless tobacco (chewing tobacco, snuff, dissolvable,) hookahs, cigars, pipes, and nicotine replacement therapies (gums, patches). 	Refer to counseling and/or treatment as appropriate.
Environmental Tobacco Smoke Exposure Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Discuss the importance of consuming foods high in vitamin C • Discuss the importance of fruits and vegetables in the diet • Discuss risk of third hand smoke. 	
BF Infant/BF Woman at Nutritional Risk Status: I, P, BF	<p>Breastfed infant</p> <ul style="list-style-type: none"> • Discuss adequate diet for lactation and health. <p>Breastfeeding mother</p> <ul style="list-style-type: none"> • Discuss the impact of mother's health on growth and development of infant. 	

Breastfeeding Complications Status: BF, P, I	<ul style="list-style-type: none"> • Discuss the impact of an adequate diet. • Discuss the importance of frequent feeding. • Discuss specific condition/problem. 	Refer to IBCLC/Designated Breastfeeding Expert (DBE)/Nutritionist/Dietitian Refer for Medical Evaluation: ♦Mastitis or Severe nipple pain
Infant of a WIC Mother/ Mother at Risk Status: I	<ul style="list-style-type: none"> • Discuss the impact of mother's nutritional risk during pregnancy to infant's health. • Discuss an adequate diet for the infant. • Discuss specific condition/problem. 	
Infant of a Mother with Complications that Impair Nutrition Status: I	<ul style="list-style-type: none"> • Discuss an adequate diet at an appropriate level of comprehension for the client. 	
Pregnancy Induced Conditions Status: P, PP, BF	<ul style="list-style-type: none"> • Discuss specific condition/problem. • Discuss the additional demand on nutrient stores. 	Schedule for High-Risk Secondary Nutrition Education, Refer for MNT per Professional Judgement
Delivery of Preterm /Early Term/ Low Birth Weight Infant Status: P, PP, BF	Pregnant <ul style="list-style-type: none"> • Discuss the problems identified and the effect on current health. • Stress the importance of appropriate weight gain. Breastfeeding/Postpartum <ul style="list-style-type: none"> • Discuss the problems identified and the effect on current health. 	
Fetal or Neonatal Death Status: P, PP, BF	<ul style="list-style-type: none"> • Discuss the problems identified and the effect on current health. 	
General Obstetrical Risk Status: P, PP, BF	Pregnant <ul style="list-style-type: none"> • Discuss the importance of appropriate weight gain for the developing fetus. • Discuss the additional demand on nutrient stores. Breastfeeding/Postpartum <ul style="list-style-type: none"> • Discuss the additional demand on nutrient stores. 	
Nutrition/Metabolic Conditions/Infectious Disease Acute or Chronic Status: P, PP, BF, I, C	Pregnant/Breastfeeding/Postpartum <ul style="list-style-type: none"> • Discuss the relationship of the specific condition/problem to nutritional status and its potential impact on woman's current status. • Discuss impact of over the counter medications and nutrient interactions. Infant/Child <ul style="list-style-type: none"> • Discuss the relationship of the specific condition/problem to nutritional status and its importance to growth and development. • Discuss impact of over the counter medications and nutrient interactions. 	Schedule for High-Risk Secondary Nutrition Education, Refer for MNT per Professional Judgement <u>except</u>: ♦Lactose Intolerance ♦Short Term Antibiotic Use – Drug Nutrient Interaction ♦Asthma – persistent asthma that requires daily medication ♦Food allergies – per patient request and/or professional discretion
Impaired Ability to Prepare Food Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Discuss an adequate diet at an appropriate level of comprehension for the client. • Discuss the specific condition/problem. 	Refer to Social Programs.

Complications which Impair Nutrition Status: P, PP, BF, I, C	Pregnant/Breastfeeding/Postpartum <ul style="list-style-type: none"> • Discuss an adequate diet at an appropriate level of comprehension for the client. • Discuss the relationship of the specific condition/ problem to nutritional status and its potential impact on woman's current status. Infant/Child <ul style="list-style-type: none"> • Discuss an adequate diet at an appropriate level of comprehension for the client. • Discuss the relationship of the specific condition/ problem to nutritional status and its importance to growth and development. 	Schedule for High-Risk Secondary Nutrition Education, Refer for MNT per Professional Judgement For: <ul style="list-style-type: none"> • Complications/ Potential complications which impair nutrition/delays/disabilities that impair chewing/swallowing/require tube feeding.
Dental Problems Status: P, PP, BF, I, C	Pregnant/Breastfeeding/Postpartum/Child/Infant <ul style="list-style-type: none"> • Discuss the importance of proper dental care. • Drink/provide only water between meals. • Limit sugary foods/drinks. Limit juice intake to 100% juice & no more than 4-6 ounces per day. • Brush teeth twice daily. • Talk to dentist/doctor regarding fluoride. • Follow up with your dentist as appropriate for dental problems. Infant/Child <ul style="list-style-type: none"> • Breastfeeding is recommended for the 1st year of life and beyond as mutually desired. • Avoid having infant/child sleep with bottle. • Wipe the gums of young infants with a soft washcloth or soft toothbrush, even prior to tooth eruption. 	
Other Health Risk/Fetal Alcohol Spectrum Disorder Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Discuss adequate diet. 	
Presumed Dietary Risk Status: P, PP, BF, C (age 2 and older)	<ul style="list-style-type: none"> • Counsel on adequate diet. 	
Feeding Practices Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Counsel on specific problem (s) 	
Inappropriate Nutrient Intake Status: P, PP, BF, C	<ul style="list-style-type: none"> • Discuss the importance of calcium and protein sources. • Counsel on adequate diet. 	
Eating Disorders Status: P, PP, BF	<ul style="list-style-type: none"> • Discuss the relationship of the specific condition/ problem to nutritional status and its potential impact on woman's current status. • Counsel on adequate diet. 	<ul style="list-style-type: none"> • Schedule for High-Risk Secondary Nutrition Education, Refer for MNT per Professional Judgement • Refer for Medical Evaluation.
Recipient of Abuse Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Counsel on adequate diet. • Counsel based on readiness. 	Refer to Social Programs.
Foster Care Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Counsel on adequate diet. Children <ul style="list-style-type: none"> • Discuss specific problem/condition such as chronic health problems, birth defects, short stature and inadequate nutrition. 	Refer to Social Programs.
Homelessness Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Counsel on adequate diet with emphasis on homelessness/migrancy as appropriate. 	Refer to Social Programs.

Migrancy Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Counsel on adequate diet with emphasis on homelessness/migrancy as appropriate. 	Refer to Social Programs.
Possibility of Regression- Priority III Status: C	<ul style="list-style-type: none"> • Discuss the importance of a good diet in preventing the previous risk from recurring. 	
Possibility of Regression- Priority IV Status: C	<ul style="list-style-type: none"> • Encourage continuance of a good diet as appropriate for child's age. 	
Transfer of Certification Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Provide nutrition education for condition/problem, if known. 	

HIGH RISK FOLLOW-UP COUNSELING PROTOCOLS TABLE

Individual WIC High Risk Counseling Nutrition Education Protocols

Status: P= any Pregnant Status; BF= any Breastfeeding Status; PP= Postpartum Status; C= Child Status; I= any Infant Status

PROVIDER: CERTIFYING HEALTH PROFESSIONAL	
Topic /Status/	Counseling/Education
Low Hematocrit/Low Hemoglobin Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Discuss Iron and Vitamin C sources in the diet. • Discuss the importance of Iron and role of iron in red blood cells. • Discuss the absorption of iron sources and role of vitamin C in Iron absorption.
Elevated Blood Lead Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Discuss importance of adequate intake of calories, calcium, iron, vitamin C and low-fat foods (after the age of 2) which decreases the absorption of lead. • Discuss the importance of regular meals and snacks.
Low Head Circumference Status: I, C (up to age 2)	<ul style="list-style-type: none"> • Discuss age appropriate feeding for the infant.
Preterm/Early Term Birth Status: I, C (up to age 2)	<ul style="list-style-type: none"> • Discuss age appropriate feeding for infant development or up to age 2 children. • Review growth chart and weight goals.
Low Birth Weight /Very Low Birth Weight Status: I, C (up to age 2)	<ul style="list-style-type: none"> • Discuss age appropriate feeding for infant's or child's development. • Review growth chart and weight goals.
At Risk for Overweight Status: I, C	<ul style="list-style-type: none"> • Discuss the importance of prevention of overweight. • Discuss age appropriate feeding for infant's or child's development. • Discuss the importance of regular physical activity. • Review dietary concern(s) and appropriate action.
Overweight, Obese, High Weight for Length Status: P, PP, BF, C, I	<p>Infant/Child</p> <ul style="list-style-type: none"> • Review growth chart and weight goals. • Discuss age appropriate feeding for child's development. • Discuss the importance of regular physical activity. <p>Pregnant/Postpartum/Breastfeeding Women</p> <ul style="list-style-type: none"> • Review weight goals. • Discuss possible reasons for weight status. • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status. <p>Discuss the importance of regular physical activity.</p>
At Risk for Underweight STATUS: I, C #2, #3, #7-10 (C)	<p>Infant/Child</p> <ul style="list-style-type: none"> • Review growth chart and weight goals. • Discuss age appropriate feeding for infant's or child's development.
Underweight Status: P, PP, BF, I, C	<p>Infant/Child</p> <ul style="list-style-type: none"> • Review growth chart and weight goals. • Discuss age appropriate feeding for infant's or child's development. <p>Pregnant/Breastfeeding/Postpartum Women</p> <ul style="list-style-type: none"> • Review weight goals. • Discuss possible reasons for weight status. • Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status.
At Risk for Short Stature Status: I, C	<ul style="list-style-type: none"> • Review growth chart and height goals. • Discuss age appropriate feeding for infant's or child's development. • Discuss importance of protein for growth.
Short Stature Status: I, C	<ul style="list-style-type: none"> • Review growth chart and height goals. • Discuss age appropriate feeding for infant's or child's development. • Discuss importance of protein for growth.
Growth Problems Status: I, C	<ul style="list-style-type: none"> • Discuss age appropriate feeding for infant's or child's development. • Review growth chart and weight goals. • Discuss importance of protein for growth.
Inappropriate Weight Gain Pattern Status: P, PP, BF, I, C	<p>Infant/Child</p> <ul style="list-style-type: none"> • Discuss age appropriate feeding for infant's or child's development. • Review growth chart and weight goals. <p>Pregnant/Breastfeeding/Postpartum Women</p> <ul style="list-style-type: none"> • Review weight goals. • Discuss possible reasons for weight status.

	<ul style="list-style-type: none"> Review Choose My Plate Dietary Guideline Tip Sheet or My Pyramid to encourage appropriate weight status.
Alcohol and Substance Use Status: P, PP, BF	<ul style="list-style-type: none"> Discuss the importance of discontinuing the identified substance use (tobacco, alcohol, drugs) (SAD). Discuss how the identified use can affect the mother and her fetus, or her infant or other household members. Discuss the importance of discontinuing smoked tobacco, electronic nicotine delivery systems (ENDS), smokeless tobacco (chewing tobacco, snuff, dissolvables,) hookahs, cigars, pipes, and nicotine replacement therapies (gums, patches).
Environmental Tobacco Exposure Status: P, PP, BF, I, C	<ul style="list-style-type: none"> Discuss the importance of continuing a healthy diet. Discuss risk of third hand smoke.
Breastfeeding Infant/BF Woman at Nutritional Risk STATUS: I, BF	<ul style="list-style-type: none"> Discuss an adequate diet for the infant. Discuss using WIC foods to promote optimal health. Discuss recommended number of servings from My Pyramid and the importance of WIC foods.
Breastfeeding Complications Status: I, P,BF	<ul style="list-style-type: none"> Reinforce the importance of an adequate diet. Reinforce the importance of frequent feeding. Discuss specific condition/problem.
Breastfeeding Infant/BF Woman with Feeding Practices STATUS: I, P,BF	<ul style="list-style-type: none"> Discuss an adequate diet for the infant. Discuss using WIC foods to promote optimal health. Discuss recommended number of servings from My Pyramid and the importance of WIC foods.
Infant of a WIC Mother/ Mother at Risk Status: I	<ul style="list-style-type: none"> Discuss an adequate diet for the infant.
Infant of a Mother with Complications that Impair Nutrition Status: I	<ul style="list-style-type: none"> Discuss an adequate diet at an appropriate level of comprehension for the client.
Impaired Ability to Prepare Food Status: P, PP, BF, I, C	<ul style="list-style-type: none"> Discuss the importance of an adequate diet. Discuss specific condition/problem.
Pregnancy Induced Conditions Status: P, PP, BF	<ul style="list-style-type: none"> Encourage appropriate weight gain. Discuss increased nutrient needs. Reinforce an adequate diet. Discuss specific condition/problem. Discuss adequate diet at an appropriate level of comprehension for the client
Delivery of Preterm/Early Term / Low Birth Weight Infant Status: P, PP, BF	<p>Pregnant</p> <ul style="list-style-type: none"> Discuss the problems identified and the effect on current health. Stress the importance of appropriate weight gain. <p>Breastfeeding/Postpartum</p> <ul style="list-style-type: none"> Discuss the problems identified and the effect on current health.
Fetal or Neonatal Death Status: P, PP, BF	<ul style="list-style-type: none"> Reinforce the importance of an adequate diet for health.
General Obstetrical Risk Status: P, PP, BF	<ul style="list-style-type: none"> Discuss specific condition/problem. Discuss the importance of an adequate diet.
Nutrition/Metabolic Conditions/Infectious Acute or Chronic Disease Status: P, PP, BF, I, C	<ul style="list-style-type: none"> Discuss specific condition/problem. Discuss the importance of an adequate diet.
Impaired Ability to Prepare Food Status: P, PP, BF, I, C	<ul style="list-style-type: none"> Discuss the importance of an adequate diet. Discuss specific condition/problem.
Complications which Impair Nutrition Status: P, PP, BF, I, C	<ul style="list-style-type: none"> Discuss specific condition/problem. Discuss the importance of an adequate diet. Discuss an adequate diet at an appropriate level of comprehension for the client.
Dental Problems Status: P, PP, BF, I, C	<ul style="list-style-type: none"> Discuss specific condition/problem. Discuss the importance of an adequate diet.

Other Health Risk/Fetal Alcohol Spectrum Disorder Status: P, BF, PP, I, C	<ul style="list-style-type: none"> • Discuss the importance of a good diet.
Presumed Dietary Risk Status: P, PP, BF, C (age 2 and older).	<ul style="list-style-type: none"> • Discuss the importance of a good diet.
Feeding Practices Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Discuss specific problem and relationship to health, growth or development.
Inappropriate Nutrient Intake Status: P, PP, BF, C	<ul style="list-style-type: none"> • Discuss the importance of an adequate diet.
Eating Disorders Status: P, PP, BF	<ul style="list-style-type: none"> • Discuss specific condition/problem. • Discuss the importance of an adequate diet.
Recipient of Abuse Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Discuss the importance of an adequate diet.
Foster Care Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Discuss the importance of an adequate diet. • Children – Discuss specific condition/problem such as chronic health problems, birth defects, short stature and inadequate nutrition.
Homelessness or Migrancy STATUS: P, PP, BF, I, C	<ul style="list-style-type: none"> • Discuss the importance of an adequate diet with emphasis on homelessness or migrancy.
Possibility of Regression Status: C	<ul style="list-style-type: none"> • Discuss the importance of an adequate diet.
Possibility of Regression-Priority III Status: C	<ul style="list-style-type: none"> • Discuss the importance of an adequate diet.
Transfer of Certification- Priority IV Status: P, PP, BF, I, C	<ul style="list-style-type: none"> • Provide nutrition education, as appropriate.

Individual WIC High Risk Counseling Nutrition Education Protocols

PROVIDER: LACTATION SPECIALIST	
Topic /Status*/ Reference Materials** See Page 41 For Listing of Reference Materials by Number	Counseling/Education
Breastfeeding Infant/BF Woman at Nutritional Risk STATUS: I,P, BF	<ul style="list-style-type: none"> • Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods.
Breastfeeding Complications Status: I, P, BF	<ul style="list-style-type: none"> • Reinforce the importance of an adequate diet. • Reinforce the importance of frequent feeding. • Discuss specific condition/problem.
Breastfeeding Infant/BF Woman with Feeding Practices STATUS: I, P,BF	<ul style="list-style-type: none"> • Discuss an adequate diet for the infant. • Discuss using WIC foods to promote optimal health. • Discuss recommended number of servings from My Pyramid and the importance of WIC foods.

**REFERENCE MATERIALS
FOR CERTIFICATION AND FOLLOW-UP
COUNSELING GUIDELINES**

Reference Materials for Certification and Follow-Up Counseling Guidelines

The following materials are available from the Pamphlet Library
(Frankfort Habilitation, Phone: 502-227-9529, Fax: 502-227-7191)

1. USDA MyPyramid (E & S) 4/2005
 2. Kids MyPyramid (simplified) (E & S) 4/2005
 3. Kids MyPyramid (advanced) (E & S) 4/2005
 4. Prenatal Nutrition Guide – PAM DHS 158, 159, 160 (E & S) 9/2011
 5. Smoking-Alcohol-Drugs: How can it affect you and your family? PAM-DHS-262; (E&S) 7/2007
 6. Infant Feeding Guides – PAM NUTR 17A, 17B, 17C (E & S) 1/2009 & 4/2009
 7. Toddler Feeding Guide Age 1 to 3– PAM-ACH-074 (E & S) 4/2012
 8. Child Feeding Guide Age 3 to 5 – PAM-ACH-075 (E&S) 4/2012 & 9/2012
 9. Healthy Eating for Preschoolers Choose My Plate Tip sheet (FNS-451 & FNS-451S) (E & S) – USDA 10/2012
 10. 5.2.1.0 Healthy Numbers for Kentucky Families Combination Brochure (English)
 11. Iron for Strong Red Blood Cells – PAM DHS 075 11/2006
 12. Weight Gain During Pregnancy – PAM ACH 088 12/2004
 13. Calcium – PAM DHS 100 (E & S) 8/2005
 14. Vitamin A/Vitamin C – PAM MCH 098 (E & S) 8/2008
 15. My Plate DG Tip Sheet 24 (Snack tips for parents) (E & S) 3/2013
 16. Getting Started with Breastfeeding – PAM-ACH-501 (E&S) 7/2007
 17. Breastfeeding: Planning Ahead During Pregnancy – PAM-ACH-060 7/2007
 18. Lead Prevention Diet – PAM ACH 001 11/1998
 19. Healthy Tips for Picky Eaters - FNS-455 (E & S) 5/2012
 20. Activity Pyramid – PAM ACH 50 (E & S) 12/2005
 21. How to Care for Your Child's Teeth (PAM-ACH260) (English) 6/2006
 22. Healthy Tips for Active Play FNS-456 (E & S) 5/2012
 23. Tips for Breastfeeding Moms (FNS-458 & FNS-458S) (E & S) – USDA 02/13.
 24. Tips for Pregnant Moms (FNS-457 & FNS-457S) (E & S) – USDA 02/2013
 25. My Pyramid in Action: Dietary Supplements During Pregnancy and Breastfeeding (English) – USDA October 2007
 26. Food Safety (PAM-DHS-145) (E & S) 08/2009
 27. Whole Grains (PAM-ACH-402) (English) – 4/2009
 28. Tofu (PAM-ACH-403) (English) – 4/2009
 29. Tips to Increase Fruits and Veggies (PAM-ACH-152) (English) – 4/2009
 30. Choose My Plate DG Tip Sheet No.1 & 7 (Choose My Plate & Build a Healthy Meal) (English)- USDA 6/2011
 31. My Plate DG Tip Sheet 12 & 13 (Be A Healthy Role Model & Cut Back on Sweet Treats) (English)- USDA 6/2011
 32. My Plate DG Tip Sheet 9 & 10 (Smart Shopping & Liven Up Your Meals) (English)- USDA 6/2011
 33. My Plate DG Tip Sheet 2 & 3 (Add More Vegetables & Focus on Fruits) (English)- USDA 6/2011
 34. My Plate DG Tip Sheet 6 & 8 (Protein Foods & Healthy Eating for Vegetarians) (English)- USDA 6/2011
 35. Kangaroo Care (Pam-NUTR- 060) (E & S) 09/2011
 36. Beans (PAM-DPH-103) (E & S) 02/2012
 37. Safe Sleep for Your Baby (NIH Pub. No. 12-5759) (E & S) - 06/2013.
 38. Healthy Choices for You and Your Family (E & S) 07/2015
 39. Weaning from the Bottle (E & S) 04/2017
 40. Homemade Baby Food (E & S) 08/18
- E & S = English and Spanish**

LOCALLY DEVELOPED NUTRITION EDUCATION MATERIALS

Locally developed nutrition and breastfeeding education materials must be submitted to the State WIC Office for review and approval. Any materials developed for WIC Program outreach or nutrition education with the WIC logo, Kentucky Shape The Future Breastfeeding logo or the Kentucky Eat More Fruits and Veggies logo must be submitted to the State WIC Office for review and approval.