

WIC Assessment/Care Plan Form for Women

12/2012

Name	Age	Due Date	Date of Delivery
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Desired Health Outcomes:

Pregnant Woman: Delivers a healthy, full-term infant while maintaining optimal health status.

Breastfeeding/Postpartum Woman: Achieves optimal health during the childbearing years and reduces the risk of chronic disease

Health Determinant	What to Assess	Pregnant Cert Date	Breastfeeding Cert Date	Postpartum Cert Date
Receives ongoing preventive health care including prenatal or early postpartum care	Have you been to the doctor yet for this pregnancy? <ul style="list-style-type: none"> • Circle R if made referral for prenatal care Dr. Name _____ _____	Y N		
	Have you been to the doctor for your postpartum appointment? <ul style="list-style-type: none"> • Circle R if made referral for doctor 		Y N R	Y N R
	Have you seen a dentist in the past 12 months? <ul style="list-style-type: none"> • Circle R if made referral to dentist Dentist Name _____ _____	Y N	Y N R	Y N R

Health determinate	What to Assess	Definition of risk criteria	USDA risk	Pregnant	Breastfeeding	Postpartum	
Achieves desirable postpartum weight or BMI	Pre-pregnancy weight status	Underweight: Pre-pregnancy BMI <18.5	101	1U			
	For Pregnant women:	Overweight: Pre-pregnancy BMI ≥25.0	111	10			
Achieves recommended maternal weight gain	For BF or PP women	Underweight Pre-pregnancy or current BMI <18.5	101		1U	1U	
		Overweight Pre-pregnancy BMI ≥25	111		10	10	
	For BF Mid-cert Women ≥6 months postpartum	Overweight Current BMI ≥25	111		10		
	Maternal pattern of weight gain	High Maternal Weight Gain		133	1E	1E	1E
		*Low Maternal Weight Gain		131	1I		
*Weight Loss During Pregnancy			132	1I			
	Physical Activity – What do you like to do for physical activity? What kinds of activities do you and your family do together?						

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Pregnant	
Remains free from nutrition related illness, complications or injury	Hemoglobin	Low Hemoglobin Level	201	2H	
	Pregnancy-related risk conditions, past and current	Age ≤ 17 at conception	331	3B	
		High parity and young age	333	3P	
		Lack of adequate prenatal care	334	3L	
		How is your pregnancy going?	Closely spaced pregnancies	332	3I
		Is this your first pregnancy?	*Multi-fetal gestation	335	3N
			Any history of preterm (≤ 37 wks) delivery	311	3J
		Tell me about any problems you've had with a past pregnancy or delivery?	Any history of LBW infant (≤ 5 pounds 8 ounces)	312	3J
			Any history of LGA infant (≥ 9 pounds)	337	3I
			History of spontaneous abortion, fetal or neonatal loss	321	3U
		Did you have any baby born early or premature?	*Any history of birth with congenital defect	339	3W
			Pregnant woman currently breastfeeding	338	3X
		(Complete WIC System Fields)	*Any history of gestational diabetes	303	3K
			*Any history of preeclampsia	304	3K
			*Gestational Diabetes – this pregnancy	302	3K
	Medical Conditions	Have you ever had any health problems, surgery or serious injuries?	Blood lead level ≥ 10 ug/DL	211	2L
			Drug nutrient interactions	357	3H
			Infectious disease in past 6 months	352	3M
		Have you ever been told by a doctor that you have any medical problems?	*Recent major surgery, trauma, burns	359	3R
			*Hypertension/ Prehypertension	345	3V
			Food Allergies	353	4A
			Lactose Intolerance	355	4A
		Do you take any type of medications?	Celiac Disease	354	4A
			*Inborn errors of metabolism	351	4B
			*Cancer	346	4C
			*Renal Disease	347	4C
			*Other Medical Conditions	360	4C
			*Gastrointestinal Disorders	342	4D
			*Nutrient Deficiency Diseases	341	4D
			*Diabetes	343	4F
			*Thyroid disorders	344	4F
			*Hypoglycemia	356	4F
		Do you have any problems with your teeth?	*Central Nervous System disorders	348	4G
			*Genetic/Congenital disorders	349	4G
			Developmental Delays	362	4G
			*Eating Disorders	358	4I
			Depression	361	4J
			Dental Problems	381	4H
			Family & social environment	Homeless	801
		Migrant		802	8A
		What else can I help you with?		Woman with limited ability	903
Recipient of Abuse				901	4X
Does anyone else living in the household smoke inside the home?	Environmental tobacco smoke exposure	904	4S		
Food Safety	Eating potentially harmful foods	427.5	8H		
	PICA – compulsive ingestion of nonfood items	427.3	8Q		
Avoids alcohol, tobacco, and illegal drugs	Substance Use During Pregnancy – 4P's form & WIC System Fields	Smoking	371	3D	
		Alcohol	372	3E	
		Illegal Drug Use	372	3F	
Consumes a variety of foods to meet energy and nutrient requirements	Nutrition practices	Eating a Diet very low in calories or nutrients; Inadequate vitamin/mineral supplementation	427.2	8L	
		Nutrition Survey Questions	Failure to meet dietary guidelines for Americans	401	9X
	Do you have enough food in the house?		Client has food security concerns		Y
On WIC in another state and has a valid Verification of Certification but specific risk criteria not available	Transfer of certification		502	8B	

Health Determinants	What to assess	Definition of risk criteria	USDA Risk Code	Breastfeeding	Postpartum	
Remains free from nutrition related illness, complications or injury	Hemoglobin	Low Hemoglobin Level	201	2H	2H	
	Pregnancy related risk conditions with THE MOST RECENT PREGNANCY	Age ≤ 17 at conception	331	3B	3B	
		High parity and young age	333	3P	3P	
		Closely spaced pregnancies	332	3I	3I	
		How is it being a new mom?	*Multi-fetal gestation	335	3N	3N
		Did you have any problems during your pregnancy or delivery?	History of preterm (≤ 37 wks) delivery	311	3J	3J
			History of LBW infant (≤ 5 pounds 8 ozs)	312	3J	3J
			History of LGA infant (≥ 9 pounds)	337	3I	3I
		Was your baby born early/premature?	History of spontaneous abortion, fetal or neonatal loss	321	3U	3U
			History of birth with congenital defect	339	3W	3W
		Was your baby born with any health problems?	*History of gestational diabetes	303	3K	3K
	*History of preeclampsia		304	3K	3K	
	Medical Conditions		Infectious disease in past 6 months	352	3M	3M
		*Recent major surgery, trauma, burns	359	3R	3R	
		*Hypertension/ Prehypertension	345	3V	3V	
		Have you ever had any health problems, surgery or serious injuries?	Drug Nutrient Interactions	357	3H	3H
			Food Allergies	353	4A	4A
			Lactose Intolerance	355	4A	4A
		Have you ever been told by a doctor that you have any medical conditions?	Celiac Disease	354	4A	4A
			*Inborn errors of metabolism	351	4B	4B
			*Cancer	346	4C	4C
			*Renal Disease	347	4C	4C
	What concerns do you or your doctor have about your health?	*Other Medical Conditions	360	4C	4C	
		*Gastrointestinal Disorders	342	4D	4D	
		*Nutrient Deficiency Diseases	341	4D	4D	
		*Diabetes or Pre-Diabetes	343/363	4F	4F	
	Do you take any type of medications?	*Thyroid disorders	344	4F	4F	
		*Hypoglycemia	356	4F	4F	
		*Central Nervous System disorders	348	4G	4G	
		*Genetic/Congenital disorders	349	4G	4G	
		For BF1 Mid-cert: Have you seen a doctor or other healthcare professional in the last 6 months?	Developmental Delays	362	4G	4G
			*Eating Disorders	358	4I	4I
	Depression		361	4J	4J	
Blood lead level >10 ug/dl	211	2L	2L			
Do you have problems with your teeth?	Dental Problems	381	4H	4H		
Family & social environment	Homeless	801	8A	8A		
	Migrant	802	8A	8A		
What else can I help you with?	Woman with limited ability	903	4E	4E		
	Recipient of Abuse	901	4X	4X		
Does anyone else living in the household smoke inside the home?	Environmental tobacco smoke exposure	904	4S	4S		
Food safety	PICA – compulsive ingestion nonfood items	425	8Q	8Q		
Avoids alcohol, tobacco, and illegal drugs	Use of tobacco, alcohol or illegal drugs	Smoking	371	3D	3D	
		Alcohol Use	372	3E	3E	
		Illegal Drug Use	372	3F	3F	
Consumes a variety of foods to meet energy and nutrient requirements	Nutrition practices	Diet Very Low in calories/nutrients; Inadequate vitamin/mineral supplement	427	8L	8L	
	Nutrition Survey Questions	Failure to meet dietary guidelines	401	9X	9X	
		• ONLY if no other risk criteria identified				
Do you have enough food in the house?	Client has food security concerns		Y	N	Y	N
Breastfeeds her infant successfully	Factors affecting breastfeeding	Breastfeeding Complications	602	6A		
		Breastfeeding Mother of Priority 4 infant	601	6B		
		Breastfeeding Mother of Priority 2 Infant	601	6C		
		Breastfeeding Mother of Priority 1 Infant	601	6D		
How is breastfeeding going for you? What type of support do you have for breastfeeding?						
On WIC in another state and has valid Verification of Certification but specific risk criteria not available	Transfer of Certification	502	8B	8B		
BF1 Mid-cert Date	Do weight and diet survey; Follow-up on risk codes – circle any new risks and note date Provide breastfeeding support					

High Risk Care plan * risk codes	Is client under routine care of health care provider? Y N Discuss current plan of care/client understanding of plan of care Referral Progress	
PGW Staff initials 2nd N Ed Staff initials & date 2nd N Ed Staff initials & date	Client wants to work on Staff concern Follow-up at next visit Materials Provided	Progress:
BF1 BF2 PPW Staff initials 2nd N Ed Staff initials & date	Client wants to work on Staff concern Follow-up at next visit Materials Provided	Progress
BF1 Mid-cert Staff initials & date 2nd N Ed Staff initials & date	Client wants to work on Staff concern Follow-up at next visit Materials Provided	Progress