Michigan WIC Guidance for High Risk Conditions

2022

Michigan Department of Health and Human Services WIC Program

Lansing, Michigan Michigan.gov/WIC

Table of Contents

Using the Michigan WIC Guidance for High Risk Conditions 4
103.01+ High Risk Underweight 5
113.01+ High Risk Overweight/Obese 8
131.01+ Low Maternal Weight Gain 11
134.01+ Failure to Thrive 14
135.01+ Slowed/Faltering Growth Pattern 16
141.01+ Low Birth Weight and Very Low Birth Weight Under 24 Months of Age 20
142.01+ Preterm Delivery Less than 24 Months 23
151.01+ Small for Gestational Age 26
153.01+ Large for Gestational Age 29
211.01+ Elevated Blood Lead Levels 32
301.01+ Hyperemesis Gravidarum 35
302.01+ Gestational Diabetes 37
310.01+ History of Preterm Delivery 40
312.01+ History of Low Birth Weight 43
336.01+ Fetal Growth Restriction 46
339.01+ History of Birth with Nutrition-Related Congenital or Birth Defect 48
341.01+ Nutrient Deficiency Diseases 50
342+ Gastrointestinal Disorders 54
343.01+ Diabetes Mellitus 59
344+ Thyroid Disorders 62
345+ Hypertension and Prehypertension 65
346.01+ Renal Disease 68
347.01+ Cancer 70
348+ Central Nervous System Disorders 73
349+ Genetic and Congenital Disorders 76
351.01+ Inborn Errors of Metabolism (IEM) 78
352a+ Infectious Disease - Acute 80
352b+ Infectious Disease - Chronic 83
353.01+ Food Allergies 86

354.01+ Celiac Disease 88
356.01+ Hypoglycemia 90
357.01+ Drug and Nutrient Interactions 92
358+ Eating Disorders 94
359.01+ Recent Major Surgery, Trauma, Burns 97
360+ Other Medical Conditions 99
361.01+ Depression 102
362.01+ Development, Sensory or Motor Delays Interfering with Ability to Eat 105
363.01+ Pre-Diabetes 108
382.01+ Fetal Alcohol Spectrum Disorders 111
383.01+ Neonatal Abstinence Syndrome 115
411.08+ Inappropriate Nutrition Practices for Infants - Very Low Calories and/or Essential Nutrients 118
425.06+ Inappropriate Nutrition Practices for Children - Highly Restrictive Diets, Vegan Diets 120
427.02+ Inappropriate Nutrition Practices for Women - Vegan Diets 122

The purpose of this resource is to assist the nutrition counselor in using critical thinking and effective counseling skills to engage WIC clients and caregivers and create shared care plan goals that promote health.

Below are some key ideas:

- Utilizing effective behavior change strategies in an accepting environment relies on excellent client-centered skills.
- Emotion-based conversations that evoke a desire for clients or caregivers to make a behavior change are more successful.
- A well-written care plan reflects the client's issues and risks with a clear problem statement and goals for behavior change.
- Your nutrition counseling techniques and skills at creating well-written care plans improve with time and practice.
- Not every WIC client is ready to make changes, but a nutrition counseling session can bring awareness and hope.

There are many suggestions and resources for each high risk condition to assist your efforts in improving health outcomes for WIC families.

103.01+ High Risk Underweight

Topic	Guidance and Resource Links
Supporting Resources	103_Underweight (Definition, Justification, Resources) Growth Charts Adjusted for Gestational Age CDC Growth Charts Academy of Nutrition and Dietetics Pediatric Care Manual
Assessment	High risk underweight is for birth to 24 months: ≤ 2.3rd percentile for weight-for-length, and children 2 to 5: ≤ 5.0th percentile BMI-for-age. Weight-for-length/stature is sensitive to acute and long-term undernutrition. Physical growth delay can "proxy" undernutrition effects on immune function, organ and brain development, and hormonal function. WIC staff can assist families by providing referrals to medical providers and other services, if available, in their community. Such resources may provide the recommended medical assessments to rule out or confirm medical conditions and offer treatment when necessary and/or in cases where growth improvement is slow to respond to dietary interventions. Assess for appropriate infant feeding practices, including formula mixing. Help families make nutritionally balanced food choices to promote adequate weight gain. Consider regular monitoring of an underweight infant or child during the certification period. The RD/RDN can positively impact the client by engaging the caregiver and using motivational interviewing techniques to elicit appropriate feeding and food practices. Suggested areas include: ● Gather nutrition and health information from the client record and review the growth pattern. ● Illness-related issues, food insecurity, eating disorders or food avoidance behaviors, home environment, neglect, and other clinical information shared by the authorized person or their health care provider. ● Feeding practices such as: ○ For infants - feeding practices with breastfeeding or formula preparation and feeding; the caregiver's ability to recognize hunger and fullness. ○ For children - regular meals, snacks, and drinks, including appropriate food groups and serving sizes; the caregiver's understanding of division (DOR) of responsibility in feeding children.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the statement of the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for typical PES statement content are:

	• Problems: Underweight, inadequate energy intake, disordered eating pattern. • Etiologies (or root causes): poor appetite, inadequate calorie intake, lack of prior nutrition-related education regarding infant/toddler feeding practices. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as percentile weight-for-length (infants) or percentile BMI-for-age (children).
Intervention	Guide the caregiver using motivational interviewing techniques and identify one or two behavior change goals to consider, try, or plan to change and improve the nutritional status of their infant or child. Use SMART or WHAT goal strategies for success. The intervention should relate to the issue(s) or risk(s) the caregiver would like to address and/or the root cause of the problem(s) identified. Suggestions for caregivers may include: ○ For infants - add extra feedings each day; respond to hunger cues; add HMF to breastmilk at feedings. ○ For children - offer extra nutritious meals and/or snacks; add nutrient-dense foods to increase calories; practice DOR. ○ Referral to the HCP for slow response to dietary intervention is warranted to rule out medical conditions. ○ If breastfeeding, offer a referral to a breastfeeding specialist.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the client has achieved the behavior change goal and if high risk underweight (birth to 24 months: ≤ 2.3rd percentile for weight-for-length, and children 2 to 5: ≤ 5.0th percentile BMI-for-age) resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the infant's or child's growth pattern for changes and additional information from the client record. • Use motivational interviewing techniques to assess the caregiver's behavior change goal success. • If the high risk for underweight status has resolved, the client is no longer high risk for underweight; then high risk nutrition counseling can end. • If the high risk underweight status has not been resolved, reassess and guide the caregiver to develop one or two additional or different behavior change goals.
Client Resources	**Newborns:** For Infants, Hold the Milk English Formula Basics for Healthy Babies English Feeding Your Baby – Birth to 10 days English Spanish Arabic

	(DCH-1322)			
	Infants 1 to 5 Months:			
	Do's and Don'ts for Baby's First Foods	English		
	For Infants, Hold the Milk	English		
	Feeding Your Baby – Birth to 6 months (DCH-1480)	English	Spanish	Arabic
	Infants 6 to 11 Months:			
	Do's and Don'ts for Baby's First Foods	English		
	For Infants, Hold the Milk	English		
	Healthy Eating for Infants	English		
	Feeding Your Baby – 6 to 12 months (DCH-1481)	English	Spanish	Arabic
	On The Menu (DCH-1512)	English	Spanish	Arabic
	Let's Eat! (e-forms)			
	Children:			
	Healthy Eating for Preschoolers	English	Spanish	
	Healthy Eating for Toddlers	English		
	Feeding Your 2 to 5-Year-Old (UDIM)	English		
	Healthy Meals with MyPlate	English	Spanish	
	Sample Menu for a One-Year-Old	English	Spanish	
	Sample Menu for a Two-Year-Old	English	Spanish	
	Selecting Snacks for Toddlers	English	Spanish	
	Feeding and Nutrition Tips: Your 2-Year-Old.	English	Spanish	
	wichealth.org Lessons **Infants:** *Feeding Your Newborn* *Feeding Your Infant Solid Foods* **Children 1-5:** *Feeding Your 1-Year-Old* *Help Your Child Develop Healthy Eating Habits* *Solving Picky Eating*			

Topic	Guidance and Resource Links
Supporting Resources	113_Obese (Children 2-5 Years of Age) (Definition, Justification, Resources) Growth Charts - Clinical Growth Charts Academy of Nutrition and Dietetics Pediatric Care Manual

Assessment	The rapid rise in the prevalence of obesity in children and adolescents is one of the most important public health issues in the United States today. The causes of increased obesity rates in the United States are complex. Both genetic make-up and environmental factors contribute to the obesity risk. Contributors include a large and growing abundance of calorically dense foods and an increasingly sedentary lifestyle for all ages. Although obesity tends to run in families, a genetic predisposition does not inevitably result in obesity.
	
	Environmental and behavioral factors can influence the development of obesity in genetically at-risk people. The WIC Program plays a vital role in reducing the prevalence of obesity by actively identifying and enrolling young children who may be obese or at risk of overweight/obesity in later childhood or adolescence.
	
	Consider all factors that may result in overweight:
	● Excessive energy intake
	● Decreased energy expenditure
	● Impaired regulation of energy metabolism
	● Problematic feeding practices or family behaviors
	
	Obesity for children 2-5 years of age is defined as ≥95th percentile Body Mass Index (BMI) or weight-for-stature as plotted on the 2000 CDC 2-20 years gender specific growth charts. BMI is calculated and plotted on growth charts and is a screening tool.
	
	The goal of WIC nutrition counseling is to help the child achieve recommended rates of growth and development. WIC staff can frame the discussion to make achieving growth a shared goal. When discussing a child's weight with a parent or caregiver, use more neutral terms like weight disproportionate to height or excess weight.
	
	Suggested areas include:
	● Gather nutrition and health information from the client record and review the growth pattern.
	● Feeding practices such as:
	  • Review meals, snacks, and drinks, including appropriate food groups and serving sizes.
	  • Determine the parent or caregiver's understanding of division of responsibility (DOR) in feeding children.
	  • Activity level (sedentary or active).

Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue(s) or risk(s) as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Overweight/obesity, excessive energy intake, excessive growth rate, disordered eating pattern. • Etiologies (or root causes): food and nutrition knowledge deficit, lack of prior nutrition-related education regarding infant/ toddler feeding practices, a culture of overeating, physical inactivity. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as percentile BMI-for-age (children 2-20) or percentile weight-for-stature (CDC 2000 growth charts for a 2-20 year old).
Intervention	Guide the caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve their child's nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issue(s) or risk(s) the caregiver would like to address and/or the root cause(s) of the problem(s) identified. Interventions may include: • The child will recognize satiety cues and not use food for comfort. • Promote high nutritional quality foods (fruits and vegetables) while avoiding unnecessary or excessive amounts of calorie rich foods and beverages (high fat/high sugar foods and drinks). • Increase physical activity/reduce inactivity (like screen time). • Refer to the HCP for slow response to interventions is warranted to rule out medical conditions.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the caregiver achieved the behavior change goal and if obesity risk (≥95th percentile BMI-for-age) resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the child's growth pattern for changes and additional information from the client record. • Use motivational interviewing techniques to assess the caregiver's success with behavior change goals. • If the obesity status resolved, the client is no longer high risk, and nutrition counseling can end. • If the obesity status has not resolved, reassess and guide the caregiver to develop one or two additional or different behavior change goals.
Client Resources	Healthy Eating for Preschoolers English Spanish Healthy Eating for Toddlers English Feeding Your 2 to 5-Year-Old (UDIM) English Healthy Meals with MyPlate English Spanish Sample Menu for a Two-Year-Old English Spanish

	Selecting Snacks for Toddlers	English Spanish
	Feeding and Nutrition Tips: Your 2-Year-Old.	English Spanish
	wichealth.org Lessons	
	Help Your Child Develop Healthy Eating Habits	

131.01+ Low Maternal Weight Gain

Topic	Guidance and Resource Links
Supporting Resources	131_Low Maternal Weight Gain (Definition, Justification, Resources) Weight Gain During Pregnancy ACOG Academy of Nutrition and Dietetics Nutrition Care Manual

Assessment	The amount of weight gain during pregnancy has immediate and long-term implications for both mother and infant. Maternal weight gain during the 2nd and 3rd trimesters is an important determinant of fetal growth. Low maternal weight gain is associated with an increased risk of small for gestational age infants, especially in underweight and, to a lesser extent, in normal weight women.
	
	During pregnancy, poor maternal nutrition can have permanent, detrimental effects on the child's health in later years. Weight loss during pregnancy can result in small for gestational age infants, stillbirth, and neonatal death. Weight loss during pregnancy in obese women remains controversial.
	
	The low rate of weight gain, such that in the 2nd and 3rd trimester, for simpleton pregnancies:
	• Underweight (BMI <18.5) is <1 lb./week
	• Normal weight (BMI 18.5 to 24.9) is <0.8 lb./week
	• Overweight (BMI 25.0 to 29.9) is <0.5 lb./week
	• Obese (BMI ≥30.0) is <0.4 lb./week
	
	Low weight gain at any point in the pregnancy, such that using the Institute of Medicine (IOM)-based weight gain grid, a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category, as follows:
	• Underweight (BMI<18.5) is 28-40 lbs.
	• Normal weight (BMI 18.5 to 24.9) is 25-35 lbs.
	• Overweight (BMI 25.0 to 29.9) is 15-25 lbs.
	• Obese (BMI ≥30.0) is 11-20 lbs.
	
	For twin pregnancies, normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds.
	
	The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information about medical care and treatment plans and identify contributing factors for low weight gain. Suggested areas include:
	• Gather nutrition and health information from the client record, including weight gain pattern.
	• As the client about:
	  • Health status, dietary intake, and other concerns.
	  • The health care provider's diagnosis, treatment plan, and monitoring.
	  • Struggles with appetite or nausea.

Client Issue(s)/ Nutrition Risk(s)	Engage the pregnant woman in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Inadequate energy intake, inadequate pregnancy weight gain, disordered eating pattern. • Etiologies/root causes: food and nutrition knowledge deficit; increased energy needs; poor appetite; food and nutrition adherence limitations. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as current weight, rate of weight gain, tracking weight gain on the weight gain grid.
Intervention	Guide the caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status of the pregnant woman. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Interventions may include: • Increase knowledge of types and amounts of foods from the food groups for a healthy pregnancy. • Try eating smaller, more frequent meals with snacks. • Eat healthy, high-calorie snack options, such as peanut butter instead of legumes. • Tailor the food package for higher-calorie WIC foods. • Offer a referral to the HCP if suspected hyperemesis gravidarum or other services based on pregnancy concerns.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the client has achieved their behavior change goal and if the maternal weight gain issues resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the pregnant woman's weight gain pattern for changes and additional medical and health information from the client record. • Use motivational interviewing techniques to assess the pregnant woman's success with behavior change goals. • If the maternal weight gain has resolved, the client is no longer at high risk for HG, and high risk nutrition counseling can end. • If the maternal weight gain has not resolved, reassess, and guide the client to develop one or two additional or different behavior change goals.
Client Resources	Tips for Pregnant Moms English Spanish Healthy Eating for Women Who Are Pregnant or Breastfeeding English Pregnancy Complications English Spanish Healthy Weight During Pregnancy English State Shared Lessons: Healthy Eating During Pregnancy (Group) Pregnancy Pointers (SDE)

	wichealth.org Lesson: *Eat Well for a Healthy Pregnancy*

134.01+ Failure to Thrive

Topic	Guidance and Resource Links
Supporting Resources	134_FailureToThrive (Definition, Justification, Resources) Growth Charts Adjusted for Gestational Age Calculating Gestational Adjusted Age CDC Growth Charts Academy of Nutrition and Dietetics Pediatric Care Manual

Assessment	Presence of failure to thrive (FTT) diagnosed, documented, or reported by a HCP or self-reported by the caregiver for infants and children.
	
	Failure to thrive is a serious growth problem with an often complex etiology. Some indicators that an HCP might use to diagnose FTT include:
	• Weight consistently below the 3rd percentile for age.
	• Weight less than 80% of the ideal weight for height/age.
	• A progressive fall-off in weight to below the 3rd percentile.
	• A decrease in the expected growth rate along the child's previously defined growth curve irrespective of its relationship to the 3rd percentile.
	
	Failure to thrive often occurs because of illness-related, environmental, behavioral, and/or social causes. The RD/RDN can positively impact the client by engaging the caregiver(s) and using motivational interviewing techniques to elicit information about feeding and food practices. Suggested areas include:
	• Gather nutrition and health information from the client record and review the growth pattern.
	• Illness related issues, food insecurity, eating disorders or food avoidance behaviors, home environment, neglect, and other clinical information shared by the authorized person or their health care provider.
	• Feeding practices such as:
	  ◦ For infants - breastfeeding or formula preparation and feeding; recognizing hunger and fullness; starting solids.
	  ◦ For children - regular meals, snacks, and drinks, including appropriate food groups and serving sizes.

Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Inadequate energy intake; underweight, food and nutrition related knowledge deficit; disordered eating pattern. • Etiologies/root causes: lack of prior nutrition-related education regarding infant/child feeding practices; increased energy needs; poor appetite. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as: current weight, rate of weight gain/loss and percentile on the growth grid, food intake, and/or eating pattern.

Intervention	Guide the caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status of their infant or child. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions for caregivers may include: ● For infants - add extra small feedings each day; respond to hunger cues; talk to the HCP about adding HMF to breastmilk. ● For children - offer extra nutritious meals and/or snacks.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the caregiver achieved their behavior change goal and if the FTT resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Review the infant's or child's growth pattern for changes and additional information from the client record. ● Use motivational interviewing techniques to assess the caregiver's success with behavior change goals. ● If the FTT resolved, the client is no longer at high risk for FTT, and high risk nutrition counseling can end. ● If the FTT has not resolved, reassess, and guide the caregiver to develop one or two additional or different behavior change goals.
Client Resources	Healthy Eating for Preschoolers English Spanish Feeding Your 2 to 5-Year-Old-UDIM English Healthy Meals with MyPlate English Spanish Healthy Snacks with Smiles English Spanish Sample Menu for a One-Year-Old English Spanish Sample Menu for a Two-Year-Old English Spanish Selecting Snacks for Toddlers English Spanish Feeding and Nutrition Tips: Your 2-Year-Old. English Spanish wichealth.org Lessons Infants: *Feeding Your Infant Solid Foods* *Feeding Your Newborn* Children 1-5: *Feeding Your 1-Year-Old* *Help Your Child Develop Healthy Eating Habits* *Solving Picky Eating*

135.01+ Slowed/Faltering Growth Pattern

Topic	Guidance and Resource Links
Supporting Resources	135 Slowed Faltering Growth Pattern (Definition, Justification, Resources) Growth Charts Adjusted for Gestational Age Calculating Gestational Adjusted Age CDC Growth Charts Academy of Nutrition and Dietetics Pediatric Care Manual
Assessment	Slow or faltering growth is defined as: • Infants birth to 2 weeks: excessive weight loss after birth, defined as ≥7% birth weight • Infants 2 weeks to 6 months of age: Any weight loss. Use two separate weight measurements taken at least eight weeks apart. Growth faltering is defined as a growth rate below that which is appropriate for an infant's age and sex. It can affect length, weight, and head circumferences resulting in values lower than expected. Growth faltering may include weight faltering (a drop in weight-for-age) or slowed growth where both weight and length growth are slower than expected. An example of weight faltering is a drop in weight after a minor illness or a measurement/plotting error. Growth in infants is steady and predictable. It reflects health and nutrition status, and most have no growth problems. Normal growth is also pulsatile with periods of rapid growth or growth spurts followed by slower or no measurable growth. Growth can be seasonal, and weight can vary depending on the time of day and infant feeding schedule. Growth can be increased or slowed by various conditions, with changes in growth as the first sign of a pathological condition. Such conditions include undernutrition, hypothyroidism, iron deficiency, human immunodeficiency virus (HIV), inborn errors of metabolism, lead toxicity, zinc deficiency, immune deficiency, failure of a major organ system such as the gastrointestinal digestive system, renal cardiovascular, and pulmonary. Timely detection of poor growth in early life is a way to identify infants at risk for growth faltering and intervene before undernutrition has detrimental health outcomes. Slowed/faltering growth is defined as: • Infants birth to 2 weeks: Excessive weight loss after birth, defined as ≥7% birth weight. • Infants two weeks to 6 months: Any weight loss using two separate weight measurements taken at least eight weeks apart. The RD/RDN can positively impact the client by engaging the caregiver(s) and using motivational interviewing techniques to elicit information about feeding practices. Suggested areas include:

	• Gather anthropometric information from the client record and review the growth pattern. Review for accuracy of weight, length, and head circumference measurements.
	  • Excessive weight loss after birth:
	  • An infant with a weight loss of greater or equal to seven percent signals the need for careful evaluation and intervention.
	  • Infants with a weight loss of 10% or more are a marker for a medical referral.
	  • Any weight loss 2 weeks to 6 months:
	  • Weight loss is not expected after the first two weeks of life and requires follow-up.
	  • After birth, growth faltering can be caused by inadequate dehydration or acute illness like gastroenteritis, or fluid loss that exceeds fluid intake.
	  • Weight loss can also be caused by acute infections, feeding problems, allergy to milk protein, lead poisoning, HIV, malnutrition, pyloric stenosis, gastrointestinal reflux, celiac disease, cystic fibrosis, neglect, growth failure, congenital heart disease, and inborn errors of metabolism.
	• Explore potential causes for weight loss or faltering growth:
	  • Breastfeeding problems (poor positioning, latch and/or milk transfer) or formula preparation and feeding; recognizing hunger and fullness; maternal depression and/or poor maternal knowledge; emotional deprivation; early introduction of solid foods; strict feeding schedules.

Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Inadequate energy intake; underweight, food and nutrition related knowledge deficit. • Etiologies/root causes: lack of prior nutrition related education regarding infant feeding practices; increased energy needs; poor appetite. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as: current weight in relation to rate of weight gain/loss and percentile on growth grid.
Intervention	Guide the caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status of their infant. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions for caregivers may include:

	• Breastfeeding problems: Refer to a lactation specialist for breastfeeding issues (latch, positioning, responding to hunger cues). • Formula feeding issues: Review formula preparation, feedings/amount per day, responding to hunger/fullness cues. • Refer to the HCP: Birth to 2 weeks over 10% weight loss; 2 weeks to 6 months if weight continues to falter or markers such as length for age or stagnant head circumference occurs.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the slow/faltering growth resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the infant's or child's growth pattern for changes and additional information from the client record. • Use motivational interviewing techniques to assess the caregiver's success with behavior change goals. • If the slow/faltering growth pattern resolved, the client is no longer high risk, and high risk nutrition counseling can end. • If the FTT has not resolved, reassess, and guide the caregiver to develop one or two additional or different behavior change goals. Consider a referral to an HCP for an assessment.
Client Resources	**Breastfeeding Basics** Breastfeeding Matters (DCH-3903) Making Milk–Yes You Can (DCH-3904) Getting Milk from Mom to Baby (DCH-3905) Making It Work (DCH-3909) Breastfeeding – Getting Started in 5 Easy Steps (DCH-0259) Diapers of the Breastfed Baby (DCH-1210) Human Milk, Formula or Both (DCH-1451) Latch Checklist (MDHHS-Pub-1223) Lactation Education Resources English Spanish Arabic Chinese Vietnamese Polish Breastfeeding Basics for New Moms English **Breastfeeding Coffective** We're Prepared Checklist DCH-1110) Get Ready to Fall in Love (DCH-1109) Together Growing Stronger Families (DCH-1514) **Breastfeeding Problems** Increasing Milk Supply (MDHHS-Pub-1222) Questions About Medicines, Alcohol, & Smoking While Breastfeeding (DCH-3910) Preventing Problems: Sore Nipples (DCH-3907) Preventing Problems: Breast Infection & Soreness (DCH-3908) Lactation Education Resources English Spanish Arabic Chinese Vietnamese Polish

	wichealth.org Lessons *Breastfeeding: Building a Bond for a Lifetime* *Feeding Your Infant Solid Foods* *Feeding Your Newborn*

141.01+ Low Birth Weight and Very Low Birth Weight Under 24 Months of Age

Topic	Guidance and Resource Links
Supporting Resources	141+ Low Birth Weight and Very Low Birth Weight (Definition, Justification, Resources) Growth Charts Adjusted for Gestational Age Calculating Gestational Adjusted Age CDC Growth Charts Academy of Nutrition and Dietetics Pediatric Care Manual
Assessment	Low birth weight and very low birth weight are defined as: • Low birth weight (LBW): Birth weight is defined as ≤5 pounds 8 ounces (≤2500 g) for infants and children less than 24 months. • Very low birth weight (VLBW): Birth weight defined as ≤3 pounds 5 ounces (≤1500 g), for infants and children less than 24 months. Low birth weight is one of the most important biologic predictors of infant death and deficiencies in physical and mental development during childhood among those babies who survive and continue to be a strong predictor of growth in early childhood. Infants and children born LBW or VLBW, particularly if caused by fetal growth restriction, need an optimal nutrient intake to survive, meet the needs of an extended period of relatively rapid postnatal growth, and complete their growth and development. The RD/RDN can positively impact the client by engaging the parent and/or caregiver(s) using motivational interviewing techniques to elicit information about feeding practices. Suggested areas include: • Gather nutrition and health information from the client record and review the growth pattern and feeding practices. • For infants: Encourage skin-to-skin contact by caregivers. If breastfeeding or expressing and pumping, offer support. Offer education for safe preparation, handling and storage of breast milk or formula. Offer a breastfeeding support referral. • For children less than 24 months: Elicit information about feeding issues, especially chewing, swallowing, and feeding skills. Offer a CDC Developmental Milestones screening and, if necessary, a referral.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Underweight (LBW or VLBW). • Etiologies/root causes: fetal growth restriction. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or

	caregiver reports) such as birth weight, rate of weight gain, and percentile on the growth chart.
Intervention	Guide the caregiver using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change and to improve the nutritional status of their infant or child. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the caregiver would like to address and/or the root cause of the problem(s) identified. Suggestions for caregivers may include: ● For infants - more skin to skin contact to encourage more frequent feedings. Meet with a lactation specialist or breastfeeding peer counselor to troubleshoot breastfeeding issues. Practice proper preparation, handling, and storage of breastmilk or formula. ● For children – offer frequent meals and snacks focusing on nutrient dense foods for catchup growth and development. Limit juice to 4 oz. per day and eliminate sugar sweetened beverages. Offer referrals to improve feeding and other developmental issues.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if catch up growth occurred. Determine if it resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Review the infant's or child's growth pattern for changes and additional information from the client record. ● Use motivational interviewing techniques to assess the caregiver's success with behavior change goals. ● If catch up growth has occurred, provide affirmation, and celebrate the caregiver's successes. ● Birth weight status cannot be resolved. The RD/RDN should reassess and guide the caregiver to continue if catch up growth is occurring or offer to develop one or two additional or different behavior change goals.
Client Resources	Infants: **Breastfeeding Basics** Breastfeeding Matters (DCH-3903) Making Milk–Yes You Can (DCH-3904) Getting Milk from Mom to Baby (DCH-3905) Making It Work (DCH-3909) Breastfeeding – Getting Started in 5 Easy Steps (DCH-0259) Diapers of the Breastfed Baby (DCH-1210) Human Milk, Formula or Both (DCH-1451) Latch Checklist (MDHHS-Pub-1223) Lactation Education Resources English Spanish Arabic Chinese Vietnamese Polish Breastfeeding Basics for New Moms English

	Breastfeeding Coffective We're Prepared Checklist DCH-1110) Get Ready to Fall in Love (DCH-1109) Together Growing Stronger Families (DCH-1514) **Breastfeeding Common Challenges** Increasing Milk Supply (MDHHS-Pub-1222) Questions About Medicines, Alcohol, & Smoking While Breastfeeding (DCH-3910) Preventing Problems: Sore Nipples (DCH-3907) Preventing Problems: Breast Infection & Soreness (DCH-3908) Tips for Freezing & Refrigerating Breast Milk English Spanish Expressing Breastmilk on the Job English Spanish How to Keep Your Breast Pump Kit Clean English Spanish Infant Formula Feeding English How to Safely Prepare Formula with Water English Spanish Introducing New Flavors to Babies English Children under 24 months: Sample Menu for a One-Year-Old English Spanish Selecting Snacks for Toddlers English Spanish Food Safety Tips for Young Children English wichealth.org Lessons **Infants:** *Feeding Your Newborn* *Babies First Cup* *Feeding Your Infant Solids* **Children Under 24 months:** *Feeding Your 1-Year-Old* *Help Your Child Develop Healthy Eating Habits*

142.01+ Preterm Delivery Less than 24 Months

Topic	Guidance and Resource Links
Supporting Resources	142.01+ Preterm Delivery Less than 24 Months (Definition, Justification, Resources) Growth Charts Adjusted for Gestational Age Calculating Gestational Adjusted Age CDC Growth Charts Academy of Nutrition and Dietetics Pediatric Care Manual
Assessment	Typical pregnancies last 40 weeks. Premature or preterm birth is when delivery occurs between 20 and 37 weeks (≤36 weeks 6/7 weeks gestation). An early term delivery occurs between 37 and 38 weeks (≥37 0/7 and ≤38 6/7 week gestation). The risk of preterm birth increases with the number of prior preterm births. Risk factors associated may include low weight gain during pregnancy, maternal obesity, hypertension, diabetes, or sexually transmitted diseases. Preterm birth is the leading cause of infant death in the U.S. Babies born too early may have low birth or very low birth weight, increased calorie needs, feeding difficulties, impaired digestion, and absorption, breathing problems, developmental delays, vision problems, hearing problems, increased risk of SIDS, temperature control problems, hypotension, anemia, hypoglycemia, prone to infections. Breastfeeding is recommended for infants, especially preterm babies, because mother's milk is designed to meet the baby's particular nutrition needs. Children born preterm are at increased risk for neurodevelopmental problems, intellectual/cognitive impairments, motor problems, feeding difficulties such as chewing and swallowing, emotional issues such as anxiety and depression, and behavioral concerns such as attention problems and hyperactivity. The RD/RDN can positively impact the client by engaging the mother and/or caregiver(s) and using motivational interviewing techniques to elicit information about feeding practices. Suggested areas include: • Gather nutrition and health information from the client record and review the growth pattern and feeding practices. • For infants: If breastfeeding or expressing and pumping breast milk, offer support. Offer education or validate safe preparation, handling, and storage of breast milk or formula. Offer a breastfeeding support referral, if necessary. • For children less than 24 months: Elicit information about feeding issues, especially chewing, and swallowing, and feeding skills. • Offer the caregiver a CDC Developmental Milestones screening and, if necessary, a referral.
Client Issues)/	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative.

Nutrition Risk(s)	Suggestions for common PES statement content are: • Problems: Underweight; feeding difficulties; breastfeeding difficulties; inadequate energy intake. • Etiologies/root causes: Poor appetite; lack of prior nutrition related education regarding infant/child feeding practices; difficulty latching on; prematurity/preterm. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as birth weight, rate of weight gain, percentile on the growth chart, feeding issues.
Intervention	Guide the caregiver using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change and to improve the nutritional status of their infant or child. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the caregiver would like to address and/or the root cause of the problem(s) identified. Suggestions for caregivers may include: • For infants - more skin-to-skin contact to encourage more frequent feedings. Meet with a breastfeeding peer counselor to troubleshoot breastfeeding issues. Practice proper preparation, handling, and storage of breastmilk or formula. • For children - offer frequent meals and snacks focusing on nutrient dense foods for catch up growth and development. Limit juice to 4 oz. per day and eliminate sugar sweetened beverages. Offer referrals to improve feeding and other developmental issues.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if catch up growth occurred. Determine if it resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the infant's or child's growth pattern for changes and additional information from the client record. • Use motivational interviewing techniques to assess the caregiver's success with behavior change goals. • If catch up growth has occurred, provide affirmation, and celebrate the caregiver's successes. • Preterm status cannot be resolved. The RD/RDN should reassess and guide the caregiver to continue if catch up growth is occurring or offer to develop one or two additional or different behavior change goals.
Client Resources	Infants: Lactation Education Resources English Spanish Arabic Chinese Vietnamese Polish Tips for Freezing & Refrigerating Breast Milk English Spanish

	Expressing Breastmilk on the Job	English	Spanish
	How to Keep Your Breast Pump Kit Clean	English	Spanish
	Infant Formula Feeding	English	
	How to Safely Prepare Formula with Water	English	Spanish
	Introducing New Flavors to Babies	English	
	Children under 24 months:		
	Sample Menu for a One-Year-Old	English	Spanish
	Selecting Snacks for Toddlers	English	Spanish
	Food Safety Tips for Young Children	English	
	wichealth.org Lessons *Feeding Your Newborn* *Babies First Cup* *Feeding Your Infant Solids* *Feeding Your 1-Year-Old* *Help Your Child Develop Healthy Eating Habits*		

151.01+ Small for Gestational Age

Topic	Guidance and Resource Links
Supporting Resources	151+ Small for Gestational Age (Definition, Justification, Resources) Growth Charts Adjusted for Gestational Age Calculating Gestational Adjusted Age CDC Growth Charts Academy of Nutrition and Dietetics Pediatric Care Manual
Assessment	Infants and children diagnosed, documented, or reported as small for gestational age by a physician or someone working under a physician's orders, or as self-reported by the caregiver. Impairment of fetal growth can have adverse effects on the nutrition and health of children during infancy and childhood, including higher mortality and morbidity, slower physical growth, and possibly slower mental development. Infants who are small for gestational age (SGA) are also more likely to have congenital abnormalities. Severely growth retarded infants are at a markedly increased risk for fetal and neonatal death, hypoglycemia, hypocalcemia, polycythemia, and neurocognitive complications of pre- and intrapartum hypoxia. Over the long-term, growth-retarded infants may have permanent mild deficits in growth and neurocognitive development. The RD/RDN can positively impact the client by engaging the mother and/or caregiver(s) and using motivational interviewing techniques to elicit information about feeding practices and development. Suggested areas include: ● Gather nutrition and health information from the client record and review the growth pattern and feeding practices. ● For infants: Encourage skin to skin contact by caregivers. If breastfeeding, offer support for breastfeeding or expressing and pumping breast milk if unable to breastfeed directly from the breast. Offer a breastfeeding support referral. ● Offer education or validate safe preparation, handling, and storage of breast milk or formula. ● For children less than 24 months: Elicit information about feeding issues, especially chewing, and swallowing, and feeding skills.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: Problems: Underweight; inadequate energy intake; food and nutrition-related knowledge deficit. Etiologies/root causes: poor appetite, lack of prior nutrition related education regarding infant/child feeding practices.

	Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as: weight, rate of weight gain, and percentile on the growth chart.

Intervention	The RD/RDN guides the caregiver using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change and to improve the nutritional status of their infant or child. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified.
	
	Suggestions for caregivers may include:
	• For infants - more skin to skin contact to encourage more frequent feedings.
	  • If breastfeeding: meet with a lactation specialist to troubleshoot breastfeeding issues.
	  • For breastfeeding or formula feeding, practice proper preparation, handling and storage of breastmilk or formula at home and outside the home.
	• For children - offer frequent meals and snacks with focusing on nutrient-dense foods for catch up growth and development. Limit juice to 4 oz. per day and eliminate sugar sweetened beverages.
	  • Offer referrals to improve feeding and other developmental issues.
	• Offer the caregiver a CDC Developmental Milestones screening and, if necessary, a referral.

Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the infant or child is tracking for normal growth patterns. Determine if it was resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the infant's or child's growth pattern for changes and additional information from the client record. • Use motivational interviewing techniques to assess the caregiver's success with behavior change goals. • If normal growth has occurred, provide affirmation, and celebrate the caregiver's successes. • Small for gestational age cannot be resolved. The RD/RDN should reassess and guide the caregiver to continue if normal growth is not occurring or offer to develop one or two additional or different behavior change goals.
Client Resources	**Infants:** **Breastfeeding Basics** Breastfeeding Matters (DCH-3903) Making Milk–Yes You Can (DCH-3904) Getting Milk from Mom to Baby (DCH-3905)

	Making It Work (DCH-3909) Breastfeeding – Getting Started in 5 Easy Steps (DCH-0259) Diapers of the Breastfed Baby (DCH-1210) Human Milk, Formula or Both (DCH-1451) Latch Checklist (MDHHS-Pub-1223) Lactation Education Resources English Spanish Arabic Chinese Vietnamese Polish Breastfeeding Basics for New Moms English **Breastfeeding Coffective** We're Prepared Checklist DCH-1110) Get Ready to Fall in Love (DCH-1109) Together Growing Stronger Families (DCH-1514) **Breastfeeding Common Challenges** Increasing Milk Supply (MDHHS-Pub-1222) Questions About Medicines, Alcohol, & Smoking While Breastfeeding (DCH-3910) Preventing Problems: Sore Nipples (DCH-3907) Preventing Problems: Breast Infection & Soreness (DCH-3908) Tips for Freezing & Refrigerating Breast Milk English Spanish Expressing Breastmilk on the Job English Spanish How to Keep Your Breast Pump Kit Clean English Spanish Infant Formula Feeding English How to Safely Prepare Formula with Water English Spanish Introducing New Flavors to Babies English **Children under 24 months:** Sample Menu for a One-Year-Old English Spanish Selecting Snacks for Toddlers English Spanish Food Safety Tips for Young Children English CDC Developmental Milestones English Spanish **wichealth.org Lessons** **Infants:** *Feeding Your Newborn* *Babies First Cup* *Feeding Your Infant Solids* **Children Under 24 months:** *Feeding Your 1-Year-Old* *Help Your Child Develop Healthy Eating Habits*

153.01+ Large for Gestational Age

Topic	Guidance and Resource Links
Supporting Resources	153+ Large for Gestational Age (Definition, Justification, Resources) Growth Charts Adjusted for Gestational Age Calculating Gestational Adjusted Age CDC Growth Charts Academy of Nutrition and Dietetics Pediatric Care Manual
Assessment	Large for gestational age is an infant with a birth weight of ≥ 9 pounds (≥4000 g); or presence of large for gestational age. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders or as self-reported by the caregiver. Infant mortality rates are higher among full term infants who weigh greater than 4000 g (greater than 9 lb.) than for infants weighing between 3,000 and 4000 g (6.6 and 8.8 lbs.). Oversized infants are usually born at term; however, preterm infants with weights high for gestational age also have significantly higher mortality rates than infants with comparable weight born at term. Very large infants regardless of their gestational age, have a higher incidence of birth injuries and congenital anomalies (especially congenital heart disease), and developmental and intellectual retardation. Infants who are large for gestational age may be a result from maternal diabetes and may experience obesity in childhood and extend into adult life. The RD/RDN can positively impact the caregiver by using motivational interviewing techniques to elicit information about feeding practices and development. Suggested areas include: ● Gather nutrition and health information from the client record and review the growth pattern and feeding practices. ● Encourage skin-to-skin contact by caregivers. If breastfeeding, offer support for breastfeeding or expressing and pumping breast milk if unable to breastfeed directly from the breast. Offer a breastfeeding support referral. ● Offer education or validate safe preparation, handling, and storage of breast milk or formula.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Overweight; excessive energy intake. ● Etiologies/root causes: Excessive calorie consumption. ● Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (caregiver reports) such as birth weight, rate of weight gain, percentile from the

	growth chart, number of feedings and/or volume of formula intake per day.
Intervention	The RD/RDN guides the caregiver using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change and to improve the nutritional status of their infant or child. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the caregiver would like to address and/or the root cause of the problem(s) identified. Suggestions for caregivers may include: ● More skin-to-skin contact to encourage more frequent feedings. ● If breastfeeding: meet with a lactation specialist to troubleshoot breastfeeding issues. ● For pumping breast milk or formula feeding, practice proper preparation, handling, and storage of breastmilk or formula. ● Offer the caregiver a CDC Developmental Milestones screening and, if necessary, a referral.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the infant or child is tracking for normal growth patterns. Determine if it resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Review the infant's growth pattern for changes and additional information from the client record. ● Use motivational interviewing techniques to assess the caregiver's success with behavior change goals. ● If normal growth has occurred, provide affirmation, and celebrate the caregiver's successes. ● Large for gestational age cannot be resolved. The RD/RDN should reassess and guide the caregiver to continue if normal growth is not occurring or offer to develop one or two additional or different behavior change goals.
Client Resources	Breastfeeding Matters (DCH-3903) Making Milk–Yes You Can (DCH-3904) Getting Milk from Mom to Baby (DCH-3905) Making It Work (DCH-3909) Breastfeeding – Getting Started in 5 Easy Steps (DCH-0259) Diapers of the Breastfed Baby (DCH-1210) Human Milk, Formula or Both (DCH-1451) Latch Checklist (MDHHS-Pub-1223) Lactation Education Resources English Spanish Arabic Chinese Vietnamese Polish Breastfeeding Basics for New Moms English

	We're Prepared Checklist DCH-1110) Get Ready to Fall in Love (DCH-1109) Together Growing Stronger Families (DCH-1514) Increasing Milk Supply (MDHHS-Pub-1222) Questions About Medicines, Alcohol, & Smoking While Breastfeeding (DCH-3910) Preventing Problems: Sore Nipples (DCH-3907) Preventing Problems: Breast Infection & Soreness (DCH-3908) Tips for Freezing & Refrigerating Breast Milk English Spanish Expressing Breastmilk on the Job English Spanish How to Keep Your Breast Pump Kit Clean English Spanish Infant Formula Feeding English How to Safely Prepare Formula with Water English Spanish Introducing New Flavors to Babies English CDC Developmental Milestones English Spanish wichealth.org Lessons *Feeding Your Newborn* *Babies First Cup* *Feeding Your Infant Solids*

211.01+ Elevated Blood Lead Levels

Topic	Guidance and Resource Links
Supporting Resources	211.01+ Elevated Blood Lead Levels (Definition, Justification, Resources) CDC's Childhood Lead Poisoning Prevention Program Lead Poisoning Prevention | Lead Mi Lead Safe - For Healthcare Providers Academy of Nutrition and Dietetics Nutrition Care Manual
Assessment	An elevated blood lead level is ≥ 5 ug/deciliter within the past 12 months. Lead poisoning is a persistent but entirely preventable public health problem in the United States. Elevated blood lead levels at or above the CDC reference value are a potent, pervasive neurotoxicant associated with harmful effects on health, nutritional status, learning, and behavior. Avoidance of lead exposure remains the primary prevention strategy for reducing adverse health effects. Typical pica items can be soil, clay, ice, starch, baking powder, chalk, and paint. Lead in a pregnant woman crosses the placenta and can have a detrimental impact on a developing fetus, and pica can cause lead poisoning for pregnant women. Breastfeeding women can pass lead to the infant through breast milk. Children and infants with elevated blood lead levels may also practice pica. Lead poisoning is most common in children living in low income, migrant, or new refugee households. Adequate consumption of calcium, iron, selenium, and zinc along with vitamins C, D, and E decreases lead absorption in adults and lowers the susceptibility to the toxic effects in children. The RD/RDN can positively impact the client by engaging the client(s) and/or caregiver(s) and using motivational interviewing techniques to elicit information about lead exposure and/or pica practices. Suggested areas include: ● Gather nutrition and health information from the client record, especially lead screening or testing results. ● Explore causes of lead exposure such as pica practices, items or housing with old paint or living in or around housing built before 1978, contaminated soil or tap water, toys, candy, folk medicine from other countries, working or living with a person involved in auto refinishing, construction, or plumbing. ● Explore the client's or caregiver's knowledge of lead toxicity and current treatment and strategies to eliminate lead exposure.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Altered nutrition related lab value. ● Etiologies/root causes: exposure to lead.

	• Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as blood lead value and/or lead exposure.
Intervention	Guide the client or caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve blood lead levels. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client or caregiver would like to address and/or the root cause of the problem(s) identified. Suggestions for the client and/or the caregiver may include: • Offer and explain risk factors and sources of lead. • Suggest removing the source(s) of lead and offering a referral to the local lead treatment program to determine the lead source. • If pica practices are occurring, offer to assist with developing alternative strategies for cravings. • For breastfeeding mothers: Breastfeed with blood lead levels less than 40 ug/dL. Mothers with confirmed blood lead levels greater than 40 ug/dL should begin breastfeeding when their blood lead level drops below 40 ug/dL. Until then, they should pump and discard their breast milk. • For infants: Breastfeeding should continue for all infants with blood lead levels below 5 ug/dL. Infants born to mothers with blood lead levels over 5 ug/dL and less than 40 ug/dL can continue to breastfeed unless there are indications that the breast milk is contributing to elevating blood lead levels. • Encourage consumption of foods with nutrients that help minimize absorption of ingested lead, such as calcium, iron, vitamin C.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if lead exposure and/or toxicity was resolved, reduced, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client record for recent blood lead levels, pica practices or lead exposure-related behaviors. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If the client or caregiver continues to practice pica or has addressed the lead exposure. • If the client's blood lead level has resolved, the client is no longer at high risk for elevated blood lead levels, and high risk nutrition counseling can end. • If the client's blood lead level has not resolved, offer to assist the client or caregiver to develop additional or different behavior change goals.
Client Resources	Five Things You Can Do English Spanish Keep Heavy Metals from Weighing You Down English Know the Facts English Spanish

	Lead in Drinking Water MI	English		
	Lead in the Environment	English		
	Learn About Lead MI	English		
	Prevent Childhood Lead Poisoning	English		
	Protect Against Lead Exposure with WIC Foods	English		
	Well Fed Means Less Lead MI	English	Spanish	Arabic
	wichealth.org Lesson: *Protect Your Family from Lead With Healthy Foods*			

301.01+ Hyperemesis Gravidarum

Topic	Guidance and Resource Links
Supporting Resources	301_Hyperemesis Gravidarum (Definition, Justification, Resources) Treatment for Hyperemesis Gravidarum - NIH Morning Sickness: Nausea and Vomiting of Pregnancy - ACOG Academy of Nutrition and Dietetics Nutrition Care Manual

Assessment	Nausea and vomiting of pregnancy occur in 70% to 80% of all pregnancies. It is generally called "morning sickness," as most experience this during the morning. Hyperemesis gravidarum (HG) is severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances.
	
	Pregnant clients diagnosed with HG are at risk of weight loss, dehydration, ketonuria, and electrolyte imbalances such as hypokalemia and can result in hospitalization. Clients with HG have an increased risk of giving birth to low birth weight, small for gestational age, and premature infants. It is the second most common reason for hospitalization for pregnant clients.
	
	The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information about medical care and treatment plans. Suggested areas include:
	• Gather nutrition and health information from the client record, including the weight gain pattern.
	• Ask the client to share the health care provider's diagnosis, treatment plan, and monitoring.
	• Ask the client:
	  • How the client identifies offending foods and smells that may trigger nausea.
	  • If the client wants to know more about the symptoms of dehydration, such as increased thirst, dry mouth, low urine output, or urine that is darker in color than normal.
	  • What has the client tried to avoid or diminish nausea such as avoiding large fluid intakes in the morning, eating crackers or dry cereals before getting out of bed, eating low fat, high carbohydrates, or protein, easy to digest foods, ginger pops, avoiding greasy, spicy, and fatty foods, eating several small meals throughout the day instead of three large meals.
	  • When and how often the client takes a prenatal supplement? At night? Before bedtime?
	  • How the client is feeling about the client's pregnancy weight gain.

Client Concern(s)/	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are:

Nutrition Risk(s)	• Problems: Imbalance of nutrients; unintended weight loss; inadequate energy intake; altered nutrition related laboratory values. • Etiologies/root causes: food intolerances with persistent nausea and vomiting. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as: pregnancy weight and weight gain on grid, electrolyte values of _____, and reports of HG episodes.
Intervention	Guide the woman using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status of the pregnant client. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions include: • Plan three lighter meals and three snacks throughout the day rather than eating greasy foods or three large meals. • Sip on water throughout the day with a goal of ____cups every day. • Remove offending foods or smells including _____. • If weight gain is needed: Plan to add 1-2 nutrient dense foods per day to increase weight, such as _____. • Take a prenatal supplement every day in the evening.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the client achieved the behavior change goal, and if the HG resolved, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the pregnant client's weight gain pattern for changes and additional medical and health information from the client record. • Use motivational interviewing techniques to assess the pregnant client's success with behavior change goals. • If the HG has resolved the client is no longer high risk for HG and high risk nutrition counseling can end. • If the HG has not resolved, reassess and guide the pregnant client to develop one or two additional or different behavior change goals.
Client Resources	Tips for Pregnant Moms English Spanish Healthy Eating for Women Who Are Pregnant or Breastfeeding English Pregnancy Complications English Spanish Healthy Weight During Pregnancy English **State Shared Lessons:** Healthy Eating During Pregnancy (Group) Pregnancy Pointers (SDE) wichealth.org Lesson: *Eat Well for a Healthy Pregnancy*

302.01+ Gestational Diabetes

Topic	Guidance and Resource Links
Supporting Resources	302 Gestational Diabetes (Definition, Justification, Resources) Nutrition Care Manual Diabetes | WIC Works Resource System Institute of Medicine Pregnancy Weight Gain Management of Diabetes in Pregnancy Facilitating Behavior Change to Improve Health Outcomes Summary and Recommendations of the Fifth International Workshop-Conference on Gestational Diabetes Mellitus Nutrition Therapy for Adults with Diabetes or Prediabetes
Assessment	Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's order or as self-reported by the client. GDM is characterized by an increased risk of large-for-gestational-age birth weight and neonatal and pregnancy complications, and an increased risk of long-term maternal type 2 diabetes and offspring abnormal glucose metabolism in childhood. Offspring exposed to untreated GDM have reduced insulin sensitivity and beta-cell compensation and are more likely to have impaired glucose tolerance in childhood. Clients with a history of GDM have a greatly increased risk of conversion to type 2 diabetes over time and a 10-fold increased risk of developing type 2 diabetes compared with clients without GDM. Studies suggest 70-85% of women diagnosed with GDM can control GDM with lifestyle modification alone. After a diagnosis, treatment starts with medical nutrition therapy (MNT), physical activity, and weight management, depending on pregestational weight, and glucose monitoring. MNT is the primary treatment for the management of GDM and an individualized nutrition plan is developed between the client and an RD/RDN familiar with the management of GDM. The food plan should be based on a nutrition assessment with guidance from the dietary reference intakes (DRI). The DRI for all pregnant clients recommends a minimum of 175 g carbohydrate, 71 g of protein, and 28 g of fiber. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information about lifestyle habits. Suggested areas include: ● Gather nutrition and health information from the client record related to GDM, medications, weight pattern, eating plan, physical activity, and alcohol and substance use.

	• Elicit information about the client or caregiver's understanding of GDM, current management of GDM, and their goals. • Explore issues around lifestyle management of GDM and goals for MNT, physical activity, and weight management. • Explore referrals and coordination of care with the HCP and other diabetes care specialists such as RDs/RDNs specializing in diabetes care and education.
Client Issue(s)/ Nutrition Risk(s)	Engage the client in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Altered nutrition related laboratory values; excessive carbohydrate intake; food and nutrition related knowledge deficit. • Etiologies/root causes: Endocrine dysfunction of blood glucose; cultural practices to affect the ability to learn/apply information and/or manage care; nutrition and food knowledge deficit concerning appropriate amounts and types of dietary carbohydrate. • Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as fasting or postprandial blood glucose and/or A1c values of ____.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions for the client may include: • Follow the individualized nutrition plan by the RD/RDN specializing in diabetes care and education for the management of GDM. According to the Institute of Medicine , the nutrition plan should provide adequate calorie intake to promote fetal/neonatal and maternal health, achieve glycemic goals, and promote weight gain. • Encourage physical activity to work up to and maintain 2.5 hours (150 minutes) per week, minimum. • Follow up with the HCP and other health professionals involved in diabetes care about glucose monitoring and weight management throughout the pregnancy.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the GDM was managed effectively, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation:

	• Review the client's client record for blood glucose monitoring and weight changes. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If the GDM has not improved, reassess, and guide the client to develop one or two additional or different behavior change goals to improve gestational diabetes management.
Client Resources	Diabetes and Pregnancy: Gestational Diabetes English Diabetes During Pregnancy English Gestational Diabetes English Spanish Diabetes Overview | NIDDK English Spanish

310.01+ History of Preterm Delivery

Topic	Guidance and Resource Links
Supporting Resources	311 History of Preterm or Early Term Delivery (Definition, Justification, Resources) Weight Gain During Pregnancy ACOG Academy of Nutrition and Dietetics Nutrition Care Manual
Assessment	Clients with a history of preterm delivery have an increased risk of spontaneous preterm delivery in a subsequent pregnancy compared to those with no history of prior spontaneous preterm delivery. Prior spontaneous preterm delivery is highly associated with recurrence in subsequent pregnancies. A history of one previous preterm birth is associated with a recurrent risk of 17-37%; the risk increases with the number of prior preterm births and decreases with the number of term deliveries. Typically, a pregnancy lasts about 40 weeks. According to the American College of Obstetricians and Gynecologists, premature or preterm birth is defined as a birth that occurs between 20 and 37 weeks of pregnancy. Early term delivery is 37 to 38 weeks gestation, and full term delivery is 39 to 40 weeks gestation. Preterm births account for approximately 70% of newborn deaths and 36% of infant deaths. Prematurity affects about 12% of all live births in the US, and about 50% of these preterm births were preceded by preterm labor. Preterm birth remains a leading cause of infant death in the US. Premature infants have physical problems that have nutrition implications, including immature sucking, swallowing and immature digestion and absorption of carbohydrates and lipids. Preterm infants are at risk for several illnesses/health conditions that range from minor to severe complications depending on the circumstances. When a client delivers an early term infant or chooses an early elective delivery, she is at increased risk for postpartum depression, cesarean delivery, and other complications requiring a longer hospital stay. Steps pregnant clients can take to decrease the prevalence of preterm births include: ● Maintain a healthy diet, including daily prenatal vitamins and minerals. ● Cease consumption of alcohol, drugs, or other dangerous toxins during pregnancy. ● Avoid stress. ● Seek regular prenatal care throughout pregnancy. ● Contact their health care provider with questions or concerns. WIC can assist in reducing preterm deliveries by increasing prevention strategies and improving outcomes through: ● Recommending healthy maternal weight gain and providing nutrition education to address the WIC food package and other healthy foods that contribute to a balanced diet. ● Promoting early and regular prenatal care.

	• Encouraging the use of prenatal vitamins, as prescribed by the health care provider. • Recommending adherence to Dietary Guidelines for Americans and Physical Activity Guidelines for Americans. The amount of weight gain during pregnancy has both immediate and long term implications for both mother and infant. Maternal weight gain during the 2nd and 3rd trimesters is an important determinant of fetal growth. Low maternal weight gain is associated with preterm birth among underweight clients, and to a lesser extent, normal weight clients. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information about medical care and treatment plans and identify contributing factors for a history of preterm delivery. Suggested areas include: • Gather nutrition and health information from the client record and ask the client about weight gain and difficulties with previous pregnancies.
Client Issue(s)/ Nutrition Risk(s)	Engage the pregnant client in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Food and nutrition related knowledge deficit; undesirable food choices; physical inactivity. • Etiologies/root causes: Not ready for lifestyle change; unwilling or disinterested in learning/applying information; increased life stress. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as current weight, weight tracking on the maternal weight gain grid.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Interventions may include: • Increase knowledge of types and amounts of foods from the food groups for a healthy pregnancy. • Encourage adequate weight gain by regular visits to the HCP and monitoring weight gain. • Encourage healthy eating and activity habits for a healthy pregnancy.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the maternal weight gain issues resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation:

	• Use motivational interviewing techniques to assess the client's success with behavior change goals. • If the client's knowledge and beliefs have not resolved, reassess and guide the client to develop one or two additional or different behavior change goals.
Client Resources	Tips for Pregnant Moms English Spanish Healthy Eating for Women Who Are Pregnant or Breastfeeding English Pregnancy Complications English Spanish Healthy Weight During Pregnancy English State Shared Lessons: Healthy Eating During Pregnancy (Group) Pregnancy Pointers (SDE) wichealth.org Lesson: *Eat Well for a Healthy Pregnancy*

312.01+ History of Low Birth Weight

Topic	Guidance and Resource Links
Supporting Resources	312 History of Low Birth Weight (Definition, Justification, Resources) Weight Gain During Pregnancy ACOG Academy of Nutrition and Dietetics Nutrition Care Manual
Assessment	A history of a low birth weight infant is defined as the birth of an infant weighing ≤ 5 lb. 8 oz. (≤ 2500 grams). A client's history of a delivery of a low birth weight (LBW) baby is the most reliable predictor for LBW in the client's subsequent pregnancy. The risk of LBW is 2-5 times higher than average among clients who have had previous LBW deliveries and increases with the number of previous LBW deliveries. This is true for histories in which the LBW was due to premature birth, fetal growth restriction (FGR), or a combination of these factors. The extent to which nutritional interventions (dietary supplementation and counseling) can decrease the risk for repeat LBW depends upon the relative degree to which poor nutrition was implicated in the client's previous poor pregnancy outcome. Nutritional deficiencies and excesses have been shown to result in LBW and pregnancy loss. The pregnant client's weight gain is one of the most important correlates of birth weight and of FGR. Steps pregnant clients can take to decrease the prevalence of a low birth weight babies include: ● Maintain a healthy diet, including daily prenatal vitamins and minerals. ● Cease consumption of alcohol, drugs, or other dangerous toxins during pregnancy. ● Avoid stress. ● Seek regular prenatal care throughout pregnancy. ● Contact their health care provider with questions or concerns. WIC can assist in reducing low birth weight deliveries by increasing prevention strategies and improving outcomes through: ● Recommending healthy maternal weight gain and providing nutrition education to address the WIC food package and other healthy foods that contribute to a balanced diet. ● Promoting early and regular prenatal care. ● Encouraging use of prenatal vitamins, as prescribed by the health care provider. ● Recommending adherence to Dietary Guidelines for Americans and Physical Activity Guidelines for Americans. The amount of weight gain during pregnancy has both immediate and long term implications for both mother and infant. Maternal weight gain during the 2nd and 3rd trimesters is an important determinant of fetal growth. Low maternal weight

	gain is associated with preterm birth among underweight women and to a lesser extent, normal weight women. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information about medical care and treatment plans and identify contributing factors for a history of low birth weight delivery. Suggested areas include: • Gather nutrition and health information from the client record and ask the client about weight gain and difficulties with previous pregnancies.
Client Issue(s)/ Nutrition Risk(s)	Engage the pregnant woman in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Food and nutrition related knowledge deficit; undesirable food choices; physical inactivity. • Etiologies/root causes: Not ready for lifestyle change; unwilling or disinterested in learning/applying information; increased life stress. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as current weight, maternal weight gain grid tracking.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Interventions may include: • Increase knowledge of types and amounts of foods from the food groups for a healthy pregnancy. • Attend regular pregnancy appointments with the HCP and monitor for adequate pregnancy weight gain.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the maternal weight gain issues resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the client's success with behavior change goals. • Check for appropriate weight gain on the maternal weight gain grid. • Check for eating patterns for adequate weight gain. • If the client's knowledge and beliefs have not resolved, reassess, and guide the client to develop one or two additional or different behavior change goals.
Client Resources	Tips for Pregnant Moms English Spanish Healthy Eating for Women Who Are Pregnant or Breastfeeding English Pregnancy Complications English Spanish

	Healthy Weight During Pregnancy English **State Shared Lessons:** Pregnancy Pointers (SDE) wichealth.org Lesson: *Eat Well for a Healthy Pregnancy*

336.01+ Fetal Growth Restriction

Topic	Guidance and Resource Links
Supporting Resources	336 Fetal Growth Restriction (Definition, Justification, Resources) Weight Gain During Pregnancy ACOG Academy of Nutrition and Dietetics Nutrition Care Manual
Assessment	Fetal growth restriction (FGR) usually leads to low birth weight (LBW), which is the strongest possible indicator of perinatal mortality risk. Severely growth restricted infants are at increased risk of fetal and neonatal death, hypoglycemia, polycythemia, cerebral palsy, anemia, bone disease, birth asphyxia, and long term neurocognitive complications. FGR may also lead to increased risk of ischemic heart disease, hypertension, obstructive lung disease, diabetes mellitus, and death from cardiovascular disease in adulthood. Also, FGR may be caused by conditions affecting the fetus, such as infections and chromosomal and congenital anomalies. In addition, restricted growth is associated with maternal height, prepregnancy weight, birth interval, and maternal smoking. WIC can assist in improving health outcomes through: • Recommending healthy maternal weight gain and providing nutrition education to address the WIC food package and other healthy foods that contribute to a balanced diet. • Promoting early and regular prenatal care. • Encouraging use of prenatal vitamins, as prescribed by the health care provider. • Recommending adherence to Dietary Guidelines for Americans and Physical Activity Guidelines for Americans. • Promote stop smoking to improve the birth outcomes. The amount of weight gain during pregnancy has both immediate and long term implications for both mother and infant. Maternal weight gain during the 2nd and 3rd trimesters is an important determinant of fetal growth. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information about medical care and treatment plans and identify contributing factors of fetal growth restriction. Suggested areas include: • Gather nutrition and health information from the client record and ask the client about pregnancy weight gain, eating plan, physical activity, and alcohol and substance use (smoking). • Elicit information about the client's understanding of FGR and the importance of appropriate maternal weight gain to promote a healthy pregnancy. • Explore issues around weight gain goals and ways to promote adequate pregnancy weight gain.

Client Issue(s)/ Nutrition Risk(s)	Engage the pregnant client in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Inadequate energy intake; underweight; food and nutrition related knowledge deficit. • Etiologies/root causes: Not ready for lifestyle change; unwilling or disinterested in learning/applying information; food and nutrition knowledge deficit concerning adequate energy intake. • Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as current weight.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve nutrition status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Interventions may include: • Increase knowledge of types and amounts of foods from the food groups for a healthy pregnancy. • Regular visits with their HCP to monitor for appropriate weight gain.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the fetal growth restriction issues resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the woman's success with behavior change goals. • If the client's knowledge and beliefs have not resolved, reassess, and guide the woman to develop one or two additional or different behavior change goals.
Client Resources	Tips for Pregnant Moms English Spanish Healthy Eating for Women Who Are Pregnant or Breastfeeding English Pregnancy Complications English Spanish Healthy Weight During Pregnancy English State Shared Lessons: Pregnancy Pointers (SDE) wichealth.org Lesson: *Eat Well for a Healthy Pregnancy*

339.01+ History of Birth with Nutrition-Related Congenital or Birth Defect

Topic	Guidance and Resource Links
Supporting Resources	339 History of Birth Nutrition-Related Congenital or Birth Defect (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual Learn More about Birth Defects
Assessment	This risk condition applies to clients who have given birth to infants with congenital or birth defects linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid, excessive vitamin A. The single greatest risk factor for a pregnancy with a neural tube defect is a personal or family history of such a defect. More than 50% of recurrences can be prevented by taking folic acid before conception. Intake of folic acid may also be inversely related to the occurrence of cleft lip and palate. Recurrent birth defects can also be linked to other inappropriate nutritional intake prior to conception or during pregnancy, such as inadequate zinc (LBW) or excessive vitamin A (cleft palate or lip). The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information by identifying contributing factors for a history of birth with nutrition-related congenital or birth defects. Suggested areas include: ● Gather nutrition and health information from the client record and ask the client about eating patterns and dietary supplement use (inadequate zinc, inadequate folic acid/folate and/or excessive amounts of vitamin A).
Client Issue(s)/ Nutrition Risk(s)	Engage the client in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Inadequate vitamin intake of folic acid; inadequate mineral intake of zinc; excessive intake of vitamin A; imbalance of nutrients. ● Etiologies/root causes: Food and knowledge deficit concerning appropriate amounts and types of food and supplemental sources of vitamins and/or minerals; consumption of high dose nutrient supplements. ● Signs and symptoms: List objective information: subjective (client or caregiver reports) such as dietary supplement usage; eating foods with folate.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Interventions may include:

	• Increase knowledge of types and amounts of foods from the food groups and regular intake of a prenatal vitamin and minerals to help prevent birth defects and promote a healthy pregnancy.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if it resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the client's success with behavior change goals, including appropriate amounts of vitamins and/or minerals for a healthy pregnancy. • If the client's knowledge and beliefs have not resolved, reassess and guide the client to develop one or two additional or different behavior change goals.
Client Resources	Tips for Pregnant Moms English Spanish Healthy Eating for Women Who Are Pregnant or Breastfeeding English Commit to Healthy Choices to Help Prevent Birth Defects English Spanish wichealth.org Lesson: *Eat Well for a Healthy Pregnancy*

341.01+ Nutrient Deficiency Diseases

Topic	Guidance and Resource Links
Supporting Resources	341 Nutrient Deficiency or Disease (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual National Institutes of Health Office of Dietary Supplements Malnutrition (Undernutrition) Screening Tools for All Adults
Assessment	A nutrient deficiency or disease includes protein energy malnutrition (PEM), scurvy, rickets, beriberi, hypocalcemia, osteomalacia, vitamin K deficiency, pellagra, xerophthalmia, and iron deficiency. Nutrient deficiencies or diseases can be the result of poor nutritional intake, chronic health conditions, acute health conditions, medications, altered nutrient metabolism, or a combination of these factors. They can lead to alterations in energy metabolism, immune function, cognitive function, bone formation, and/or muscle function, as well as growth and development if the deficiency is present during the fetal development and early childhood. Macronutrient deficiencies include deficiencies in protein, fat, and/or calories. Micronutrient deficiencies would include deficiencies in vitamins and minerals in the body. According to NHANES data from 2005-2012, a significant proportion of clients who participate in WIC have inadequate nutrient intakes of vitamin E and most pregnant women reported inadequate intakes of iron and 10-50% reported inadequate intakes of magnesium, folate, zinc, vitamin A, vitamin C, and vitamin B6. Micronutrient deficiencies during pregnancy are of great concern to the developing fetus that is at risk of certain birth defects, including B vitamins, vitamin K, magnesium, copper, and zinc. Iodine deficiency can lead to intellectual disability. Nutrient deficiencies or diseases can be subclinical or clinical. Clinical deficiencies involve noticeable changes to the appearance of skin, nails, hair, oral cavity, and bone formation. Some examples are: • Vitamin A - night blindness and xerophthalmia. • Vitamin B6 - microcytic anemia, scaling of the lips and cracks in the corners of the mouth, swollen tongue, depression, and confusion. • Vitamin B12 - megaloblastic anemia, fatigue, weakness, constipation, loss of appetite, and weight loss. • Vitamin C - scurvy (fatigue, inflammation of the gums, and weakened connective tissue). • Vitamin D - rickets in children or osteomalacia in adults, and fatigue. • Calcium – osteoporosis. • Folate - megaloblastic anemia. • Iodine - stunted growth and neurodevelopmental deficits.

	• Iron - microcytic, hypochromic anemia; impaired cognitive function, poor body temperature regulation, depressed immune function, spoon like shape of nails. • Magnesium - loss of appetite, fatigue, weakness, nausea, vomiting, numbness, tingling, muscle cramps, seizures, personality changes and abnormal heart rhythms. • Zinc - stunted growth, depressed immune function, hair loss, eye and skin lesions, delayed wound health, and taste alterations. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information about medical care and treatment plans and identify contributing factors of nutrient deficiency or disease. Suggested areas include: • Gather nutrition and health information from the client record and ask the client or caregiver about current treatments for the nutrient deficiency or disease. • Elicit information about the client or caregiver's understanding of the nutrient deficiency or disease and the importance for receiving treatment to promote health. • Explore issues around ways to promote adequate nutrition for health.
Client Issue(s)/ Nutrition Risk(s)	Engage the pregnant client in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Inadequate energy intake; underweight; inadequate protein energy intake; inadequate vitamin intake (specify); inadequate mineral intake (specify). • Etiologies/root causes: Food and nutrition knowledge deficit concerning adequate energy intake/vitamin intake/mineral intake; limited access to food or nutrients. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports), including eating patterns and food intake.
Intervention	The WIC food package is designed to include foods that contain specific nutrients to improve the health status of WIC participants. WIC staff can: • Encourage intake of whole grains, legumes, dairy, lean protein, and a variety of fruits, and vegetables. • Emphasize appropriate portion size and variety to avoid nutrient to nutrient interaction. • Provide education on foods that contain the specific nutrient(s) of concern. • Provide education on preparing foods that are part of the WIC food package. • Refer individuals who report food insecurity to appropriate resources in the community like SNAP and/or food pantries.

	• Reinforce the medical and dietary treatment plans provided by the HCP and refer to HCPs for medical follow up care. • Refer individuals who smoke to tobacco cessation programs. Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve nutrition status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Interventions may include: • Increase knowledge of types and amounts of foods to restore nutrient levels. • Client will consume __ servings of ____ each day to restore nutrient levels and take a daily multivitamin and mineral.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the nutrient deficiency or disease issues were resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals, such as taking a multivitamin and mineral supplement, increasing intake of foods with nutrients. • If the client or caregiver's knowledge and beliefs have not resolved, reassess and guide them to develop one or two additional or different behavior change goals.
Client Resources	Does My Child Need a Supplement? English Dietary Supplements - What You Need to Know English Spanish Vitamin A English Spanish Vitamin B6 English Spanish Vitamin B12 English Spanish Vitamin C English Spanish Vitamin C Fact Sheet for Consumers English Vitamin D English Spanish Vitamin D Fact Sheet for Consumers English Calcium English Spanish Calcium Fact Sheet for Consumers English Folate English Spanish Folic Acid is part of my Healthy Lifestyle English Spanish Folate Fact Sheet for Consumers English Folic Acid English Spanish Iodine English Spanish Iodine Fact Sheet for Consumers English Iron English Spanish Iron English

	Iron Deficiency Anemia	English Spanish
	Iron Fact Sheet for Consumers	English Spanish
	Foods to Fight Iron Deficiency	English
	wichealth.org lesson *Iron for Strong Blood*	
	Magnesium	English Spanish
	Magnesium Fact Sheet for Consumers	English
	Zinc	English Spanish
	Zinc Fact Sheet for Consumers	English

Topic	Guidance and Resource Links
Supporting Resources	342 Gastrointestinal Disorders (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual Acid Reflux (GER & GERD) in Adults | NIDDK Irritable Bowel Syndrome in Children | NIDDK Definition & Facts for Crohn's Disease | NIDDK Ulcerative Colitis | NIDDK Pancreatitis | NIDDK
Assessment	Gastrointestinal diseases and/or conditions that interfere with the intake or absorption of nutrients include gastroesophageal reflux disease (GERD), peptic ulcer, post bariatric surgery, short bowel syndrome, inflammatory bowel disease, including ulcerative colitis or Crohn's disease, liver disease, biliary tract disease, and pancreatitis. Gastrointestinal disorders increase nutritional risk in several ways, including restricted food intake, abnormal deglutition, impaired digestion of food in the intestinal lumen, generalized or specific nutrient malabsorption, or excessive gastrointestinal losses of endogenous fluids and nutrients. Frequent loss of nutrients through vomiting, diarrhea, malabsorption, or infections can result in malnourishment and lowered disease resistance. GERD is irritation and inflammation of the esophagus due to reflux of gastric acid into the esophagus. Nutritional care of GERD includes avoiding eating within 3 hours before going to bed; avoiding fatty foods, chocolate, peppermint, and spearmint, which may relax the lower esophageal sphincter; and coffee and alcoholic beverages, which may increase gastric secretion. Peptic ulcer normally involves the gastric and duodenal regions of the gastrointestinal tract. Because the primary cause of peptic ulcers is *Helicobacter pylori* infection, the focus of treatment is the elimination of the bacteria with antibiotic and proton pump inhibitor therapy. Persons with peptic ulcers should avoid alcohol, coffee, chocolate, and specific spices such as black pepper. Short bowel syndrome (SBS) is the result of extensive small bowel resection. SBS in infants is mostly the result of small bowel resection for the treatment of congenital anomalies, necrotizing enterocolitis, and congenital vascular. In adults, Crohn's disease, radiation enteritis, mesenteric vascular accidents, trauma, and recurrent intestinal obstruction are the most common conditions treated by small bowel resection and resulting in SBS.

	Many types of surgical procedures are used for the intervention of morbid obesity. These procedures promote weight loss by restricting dietary intakes. The risks for developing nutritional deficiencies and/or malabsorption of nutrients are greatly increased. Since gastric bypass decreases availability of gastric acid and intrinsic factor, vitamin B12 deficiency can develop without supplementation. Taking daily nutrition supplements and eating foods high in vitamins and minerals are important. Inflammatory bowel disease (IBD) includes Crohn's disease and ulcerative colitis. Weight loss, growth impairment, and malnutrition are the most prevalent nutritional problems observed in IBD. Exclusive elemental nutrition has been used in attaining the remission of Crohn's disease and symptoms tend to recur promptly after resuming the conventional diet. Liver disease has far-reaching effects on nutritional status. Acute liver injury is often associated with anorexia, nausea, and vomiting. For nutritional therapy, there should be a balance between preventing muscle wasting and promoting liver regeneration without causing hepatic encephalopathy. Persons with chronic liver disease should consume the same amount of dietary protein as that required by normal individuals ((0.74g/kg). In chronic pancreatitis there is a reduced secretion of pancreatic enzymes leading to malabsorption. In severe cases, tissue necrosis can occur. A high carbohydrate, low-fat, low protein diet is recommended. Biliary tract diseases including cholelithiasis (gallstones, without infection), choledocholithiasis (gallstone in the bile duct cause obstruction, pain and cramps), cholecystitis (inflammation of gallbladder caused by bile duct obstruction) are common biliary tract diseases. A low fat diet (25% to 30% of total calories) is recommended. WIC nutritionists can support the medical nutrition therapy (MNT) given by clinical dietitians and monitor adherence to therapeutic dietary regimens. They may recommend appropriate medical food or formula to the HCP and make referrals to appropriate HCP for medical nutrition therapy by a clinical dietitian when indicated. WIC nutrition service can reinforce and support the medical and medical nutrition therapy that participants with gastrointestinal diseases or conditions receive from health care providers and other health professionals. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques to elicit information about treatment plans from HCPs and self-management.

	Suggested areas include: • Gather nutrition and health information from the client record related to gastrointestinal disease and/or condition, medications, eating plan, and other pertinent information. • Elicit information about the client or caregiver's understanding of their gastrointestinal disease and/or condition, current treatment plan, and their goals. • Explore issues around lifestyle management of gastrointestinal disease and/or condition and goals for MNT. Areas to explore include abdominal pain, anorexia, altered taste, diarrhea, food avoidances, food misinformation, nausea, and vomiting. • Explore referrals and coordination of care with the HCP and other health professionals such as RDs/RDNs specializing in gastrointestinal diseases and/or conditions.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Altered GI function; increased nutrient needs due to malnutrition/malabsorption; inadequate energy intake; inadequate oral intake; inadequate vitamin intake; inadequate mineral intake of ____; malnutrition (mild, moderate, or severe); excessive fiber intake. • Etiologies/root causes: alteration in GI structure; food and nutrition knowledge deficit concerning the appropriate amounts and types of _____ [list fiber, protein, fat, vitamins and/or minerals]. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as weight loss of ___; nutrient deficiency of ____; diarrhea/abdominal pain and/or bloating.
Intervention	Guide the client or caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions for the client or caregiver may include:

	• Follow the individualized nutrition plan by the HCP and RD/RDN specializing in gastrointestinal diseases. • GERD: For infants, switch to a texture modified formula (to treat spit up) and/or protein modified (hydrolyzed protein or amino acid-based formula). Remove known irritants to the child's diet such as caffeine, chocolate, and spicy foods. For children, individualize diet based on the age and developmental stage. The diet may need to be protein modified (hydrolyzed protein). For adults, avoid alcohol, chocolate, and high fat foods. Elevate the head of the bed while sleeping. • Peptic ulcer: Eat mostly fruits, vegetables, whole grains, and fat free or low fat milk and milk products. Eat lean meats, poultry, fish, beans, eggs, and nuts. Choose fats such as olive oil and canola oil. Eat fewer foods that have added salt and sugar.
	• Gallbladder conditions: eat small, frequent meals and snacks. Limit fat to less than 30% of your total daily calories. Choose food low in fat (3 grams or less per serving). • IBD/Crohn's disease and ulcerative colitis: May need a multivitamin and mineral supplement. Eat small meals or snacks every 3 to 4 hours. If symptoms persist, then eat a lower fiber diet. Drink at least 8 cups of fluid a day (limit caffeinated, sugary drinks). If no symptoms the HCP may recommend adding more fiber to the diet. Foods may include canned fruit in heavy syrup, beverages with sugar or corn syrup, sausage, bacon, lunch meats, dried beans and peas, nuts and coconut, hot dogs, hummus, raw fruits, raisins, prunes and sweetened fruit juices, drinks with caffeine and sugary drinks. • Irritable bowel syndrome (IBS): Eat low FODMAP diet by reducing carbohydrates such as grain, fruits, dairy products, legumes, snack foods, juices and other drinks that contain sugar, and vegetables, especially starchy vegetables such as potatoes, corn, and peas. • Pancreatitis: Eat small, low fat meals and drink enough fluids to relieve pain. Eat nonfat or low-fat foods. Reduce fat to 25% to 30% of daily calories. • Post-bariatric surgery: Supplementation with vitamins and minerals (especially folate, B12, iron, thiamine, and calcium). Management of blood glucose (A1c 6.5% to 7%). Eat low-calorie, high protein snacks between meals to avoid overeating and maintain appropriate levels of hunger, maximize weight loss and absorption of nutrients. Regular physical

	activity to maintain lean body mass, control blood glucose, and improve cardiovascular health.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the gastrointestinal disease and/or condition was managed effectively, has improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client's client record for weight related issues and eating patterns. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If the gastrointestinal disease and/or condition has not improved, reassess, and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Reflux in Babies and Toddlers English Eating, Diet, & Nutrition for GER & GERD | NIDDK English Spanish Eating, Diet, & Nutrition for Ulcerative Colitis | NIDDK English Eating, Diet, & Nutrition for Irritable Bowel Syndrome in Children | NIDDK English Spanish Eating, Diet, & Nutrition for Crohn's Disease | NIDDK English Spanish Eating, Diet, & Nutrition for Pancreatitis | NIDDK English Spanish

343.01+ Diabetes Mellitus

Topic	Guidance and Resource Links
Supporting Resources	343 Diabetes Mellitus (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual CDC Growth Charts Diabetes | WIC Works Resource System Standards of Medical Care in Diabetes Facilitating Behavior Change and Well-being to Improve Health Outcomes: Standards of Medical Care in Diabetes—2021 Nutrition Therapy for Adults with Diabetes or Prediabetes The infant and toddler with diabetes: Challenges of diagnosis and management
Assessment	Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Diabetes mellitus may be broadly described as a chronic, systemic disease characterized by abnormalities in the metabolism of carbohydrates, protein, fats, and insulin, and abnormalities in the structure and function of blood vessels and nerves. The chronic hyperglycemia of diabetes is associated with long-term damage, dysfunction, and failure of various organs, especially the eyes, kidneys, nerves, heart, and blood vessels and includes type 1 diabetes mellitus, type 2 diabetes mellitus, and maturity onset diabetes of the young (MODY). MODY is a series of familial disorders characterized by early onset and mild hyperglycemia. Specific genetic defects have been identified on chromosomes 7, 12, and 20. MODY is often diagnosed before the age of 25 years. It is caused by a dominantly inherited defect of insulin secretion. Clients with MODY are often non-obese and without metabolic syndrome. The two major classifications of diabetes are type 1 diabetes (beta-cell destruction usually leading to absolute insulin deficiency) and type 2 diabetes (ranging from predominantly insulin resistance with relative insulin deficiency to predominantly insulin secretory defect with insulin resistance). WIC nutrition service can reinforce and support the medical and medical nutrition therapy (MNT) that participants with diabetes receive from health care providers and other health professionals. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques to elicit information about diabetes self-management. Suggested areas include: • Gather nutrition and health information from the client record related to diabetes self-management, medications, weight pattern, eating plan, physical activity, and alcohol and substance use. • Elicit information about the client or caregiver's understanding of DM, current management of DM, and their goals. • Explore issues around lifestyle management of DM and goals for MNT, physical activity.

	• Explore referrals and coordination of care with the HCP and other diabetes care specialists such as RDs/RDNs specializing in diabetes care and education.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Altered nutrition related laboratory values; excessive carbohydrate intake; food and nutrition related knowledge deficit. • Etiologies/root causes: Endocrine dysfunction of blood glucose; cultural practices to affect ability to learn/apply information and/or manage care; nutrition and food knowledge deficit concerning appropriate amount and types of dietary carbohydrate. • Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as fasting or postprandial blood glucose and/or A1c values of ____.
Intervention	Guide the client or caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions for the client or caregiver may include: • Follow the individualized nutrition plan by the RD/RDN specializing in diabetes care and education for the management of DM. It should provide adequate calorie intake to promote fetal/neonatal and maternal health, achieve glycemic goals, and promote weight gain according to the Institute of Medicine recommendations. • Encourage physical activity to work up to and maintain 2.5 hours (150 minutes) per week, minimum. Increase physical activity to 30 minutes a day, at least five days a week. You can break up your activity into smaller chunks of time—for example, a brisk 10-minute walk three times a day. • Follow up with HCP and other health professionals for glucose monitoring and weight management throughout the pregnancy. • If necessary, offer a referral to a diabetes specialist.
Monitoring and Evaluation	Monitoring and evaluation involve determine if the behavior change goal was achieved and if the DM was managed effectively, has improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client's client record for blood glucose monitoring, physical activity, and weight changes. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals.

	• If the DM has not improved, reassess and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	What is Diabetes English Diabetes Overview | NIDDK English Spanish Diabetes During Pregnancy English Pregnancy if You Have Diabetes | NIDDK English Spanish Healthy Pregnant or Postpartum Women English Spanish Type 2 Diabetes - The Basics English Spanish Diabetes in Children English Spanish

Topic	Guidance and Resource Links
Supporting Resources	344+ Thyroid Disorders (Definition, Justification, Resources) Nutrition Care Manual American Thyroid Association | ATA Thyroid Patient Information Nutrition Management of Thyroid Disease: What RDNs Need to Know ($) Health Professional's Guide to Nutrition Management of Thyroid Disease ($)
Assessment	Thyroid dysfunction that occurs in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following: hyperthyroidism, hypothyroidism, congenital hyperthyroidism, congenital hypothyroidism, and postpartum thyroiditis. The thyroid gland manufactures three thyroid hormones: thyroxine (T4), triiodothyronine (T3), and calcitonin. The thyroid hormones regulate how the body gets energy from food (metabolism). Iodine is an essential component of the T4 and T3 hormones and must come from the diet. Iodine is available from various foods and is naturally present in soil and seawater. A dysfunctional thyroid gland can become enlarged (goiter) because of an overproduction of thyroid hormones (hyperthyroidism) , conversely, from insufficient thyroid hormone production (hypothyroidism). Thyroid hormones influence virtually every organ system in the body. Maternal needs for dietary iodine and thyroid hormone medication (if prescribed) increase during pregnancy as maternal thyroid hormones and iodine are transferred to the fetus along with an increased loss of iodine through the maternal kidneys. Concurrently, the fetus is unable to produce thyroid hormones during the first trimester and is entirely dependent on the maternal supply of thyroid hormones. As a result, maternal production of T4 must increase by at least 50% during pregnancy. If the pregnant woman is receiving thyroid hormone therapy, often a 30%-50% increase in thyroid hormone medication is also needed. Individuals with thyroid disorders can benefit from WIC foods, and WIC nutrition services can reinforce and support the medical and dietary therapy prescribed by the health care provider. The following messages may be appropriate depending on the type of thyroid disorder: ● Encourage iodine sufficiency, unless contraindicated, with an adequate intake of foods high in iodine such as iodized table salt, bread, saltwater fish, kelp, egg yolks, milk, and milk products. ● Advise clients to review the iodine content of their prenatal supplement. It is recommended that all prenatal vitamin-mineral supplements for use during pregnancy and lactation contain at least 150 ug of iodine a day. ● Promote breastfeeding, as there are no contraindications to breastfeeding and thyroid hormone replacement therapy if normal thyroxine levels in the

	maternal plasma are maintained. Breast milk provides iodine to the infant and is influenced by the dietary intake of the pregnant and lactating mother. • Hypothyroidism can develop for the first time during the postpartum period, but the mother's ability to lactate is not affected. However, if a client with untreated hypothyroidism breastfeeds, their milk supply may become insufficient. In such instances, replacement thyroid hormone therapy is necessary to help increase milk production. • Weight management - hyperthyroidism: The elevated plasma levels of thyroid hormones may cause increased energy expenditure and weight loss along with increased appetite. Individuals with hyperthyroidism usually regain their typical body weight with a concurrent decrease in appetite. Therefore, the monitoring of weight status and dietary adequacy are recommended. • Weight management - hypothyroidism: Many individuals with hypothyroidism experience an increase in weight due to a decrease in basal metabolic rate (BMR) and excessive accumulation of water and salt. Most of the weight gained is due to excess water and salt retention. After medical treatment, a small amount of weight may be lost. If an overweight condition persists, weight control therapy may be necessary. • Recommend cautionary use of soy formulas and foods or supplements rich in soy, fiber, or iron when therapeutic thyroid medications are prescribed, since soy, iron, calcium fiber and phytates may interfere with the absorption of oral thyroid hormone therapy.
Client Issue(s)/ Nutrition Risk(s)	Engage the client or caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Altered nutrition related laboratory values; food and nutrition related knowledge deficit; excessive energy intake; overweight/obesity; unintended weight loss/gain; inadequate mineral intake of iodine. • Etiologies/root causes: Endocrine dysfunction; cultural practices to affect ability to learn/apply information and/or manage care; nutrition and food knowledge deficit concerning iodine • Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as T3 and T4 values of ____.
Intervention	Guide the client or caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client or caregiver would like to address and/or the root cause of the problem(s) identified. Suggestions for the client or caregiver may include: • Follow the HCP's treatment for thyroid disorder, including medications and monitoring.

	• Adequate iodine: Review the prenatal supplement for iodine content (150 ug) and encourage foods with iodine (iodized table salt, milk products, egg yolks, saltwater fish). • Breastfeeding: Achieve adequate levels of thyroxine by following the HCP treatment plan to maintain good milk supply. • Avoid taking thyroid medications with soy, iron, calcium, fiber, and food high in phytates (legumes, seeds, nuts, grains). • Weight management: Set a goal of gradual weight loss if overweight (1-2 pounds per week) and moderate physical activity most days.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the thyroid disorder was managed effectively, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client's client record for thyroid hormone levels and weight changes. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If the thyroid disorder has resolved, the client is no longer at high risk, and nutrition counseling can end. • If the thyroid disorder has not resolved, reassess, and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Hyperthyroidism English Spanish Hyperthyroidism in Pregnancy English Hypothyroidism English Spanish Hypothyroidism in Pregnancy English Spanish Postpartum Thyroiditis English Iodine Deficiency English Spanish Thyroid and Weight English Spanish Congenital Hypothyroidism English Spanish We Can! Families Finding the Balance English Healthy Weight, Nutrition and Physical Activity English Losing Weight: Getting Started English

345+ Hypertension and Prehypertension

Resource	Guidance and Resource Links
Supporting Resources	345+ Hypertension Prehypertension MI (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual High Blood Pressure for Health Professionals | NHLBI, NIH The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) | NHLBI, NIH The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents | NHLBI, NIH Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents Diagnosing and Managing Hypertension in Adults DASH Eating Plan | NHLBI, NIH
Assessment	Hypertension (HTN) is defined as high blood pressure which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia, and gestational hypertension. Prehypertension is defined as being at high risk or developing hypertension based on blood pressure levels. Over 75 million adults in the United States (1 in every 3) have HTN, and about the same number have prehypertension. Only half of adults in the United States with HTN have their blood pressure under control. Blood pressure (BP) levels in adults are typically classified as: ● Normal blood pressure: <120/<80 mmHg ● Prehypertension: Consistent reading of 12-139/80-89 mmHg ● Hypertension: Consistent reading of ≥140/≥90 mmHg Blood pressure levels in children measured on three or more occasions: ● Normal blood pressure: Both systolic and diastolic below the 90th percentile for sex, age, and height. ● Prehypertension: Both systolic and diastolic measured at ≥90th percentile and <95th percentile for sex, age and height. ● Hypertension: Both systolic and diastolic measured at ≥95th percentile for sex, age, and height. Management of HTN includes lifestyle modification and medication. In prehypertensive individuals, implementing lifestyle changes can prevent or delay the onset of HTN. Lifestyle changes to manage HTN and prehypertension include the following: ● Check blood pressure at least yearly or as recommended by the health care provider. ● Consume a diet consistent with the Dietary Guidelines for Americans or follow the Dietary Approaches to Stop Hypertension (DASH) eating plan. DASH Eating Plan | NHLBI, NIH ● Engage in regular physical activity.

	• Achieve and maintain a healthy weight. • Limit alcohol and avoid any use of tobacco, marijuana, or illegal substances. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques to elicit information about lifestyle habits. Suggested areas include: • Gather nutrition and health information from the client record related to blood pressure measurements, medications, weight pattern, eating plan, physical activity, and alcohol and substance use. • Elicit information about the client or caregiver's understanding of HTN, current management of BP, and their goals. • Explore issues around making lifestyle changes to improve and/or normalize blood pressure.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Excessive oral intake, excessive energy intake, overweight/obesity; excessive sodium intake; altered nutrition related laboratory values; food and nutrition related knowledge deficit; not ready for diet/lifestyle change. • Etiologies/root causes: Cultural practices to affect ability to learn/apply information and/or manage care; nutrition and food knowledge deficit concerning food sources of sodium; limited confidence in ability to change; physical inactivity; excessive energy intake; physical inactivity. • Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as weight, BMI-for-age, blood pressure values of ___.
Intervention	Guide the client or caregiver using motivational interviewing techniques and identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client or caregiver would like to address and/or the root cause of the problem(s) identified. Suggestions for the client or caregiver may include: • Make at least one dietary change to follow a DASH diet, i.e., eat at least 3-4 fruits per day. • Add one or more regular physical activities each week. • Limit or stop consuming alcohol and/or stop using tobacco, marijuana, or illegal substances.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the HTN was managed effectively, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation:

	• Review the client's record for blood pressure measurements, weight changes. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If the HTN or prehypertension has resolved the client is no longer at high risk, and nutrition counseling can end. • If the HTN or prehypertension has not resolved, reassess and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	**For women**: What is High Blood Pressure? English Spanish High Blood Pressure During Pregnancy | cdc.gov English About Preeclampsia and Eclampsia English Spanish DASH Eating Plan | NHLBI, NIH Tips to Lowering Calories on DASH | NHLBI, NIH English Meal Plans Adult Nutrition Care Manual Pre-Eclampsia: After Pregnancy English Spanish **For children:** Healthy Eating for Preschoolers English Spanish Feeding Your 2 to 5-Year-Old (UDIM) English Healthy Meals with MyPlate English Spanish Healthy Snacks with Smiles English Spanish Sample Menu for a One-Year-Old English Spanish Sample Menu for a Two-Year-Old English Spanish **wichealth.org Lessons:** Infants: *Feeding Your Infant Solid Foods* Children 1-5: *Feeding Your 1-Year-Old* *Help Your Child Develop Healthy Eating Habits* Women: *Be Healthy with Veggies and Fruit*

346.01+ Renal Disease

Topic	Guidance and Resource Links
Supporting Resources	346 Renal Disease (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual Standards of Practice and Standards of Professional Performance for RDNs in Nephrology Nutrition KDOQI Clinical Practice Guideline for Nutrition in CKD: 2020 Update jR0218 Nephrology Nutrition Standards Highlights A Clinical Guide to Nutrition Care in Kidney Disease, 2nd Ed.($) Chronic Kidney Disease and the Nutrition Care Process ($)
Assessment	Renal disease includes pyelonephritis and persistent proteinuria but excludes urinary tract infection involving the bladder. The presence of renal disease can be reported by a physician or someone working under a physician's orders, or self-reported by the client or caregiver. Renal disease can result in growth failure in children and infants. In pregnant women, fetal growth is often limited and there is a high risk of developing preeclampsia-like syndrome. Clients with chronic renal disease often have proteinuria with risk of azotemia (high BUN and creatinine levels) if protein intake becomes too high. The RD/RDN can positively impact the client or caregiver by using sensitivity and motivational interviewing techniques to elicit information about the client's renal disease status and treatment effects. Suggested areas include: ● Gather nutrition and health information from the client record regarding weight, food intake, renal disease, and other information related to the health status. Of special consideration is the intake of calories, protein, sodium, potassium, phosphorus, calcium, fluids. ● Engage the client or caregiver in conversations about eating patterns, nutrition diet/treatment plan, medications, other treatments, and the effects on overall health. ● Offer to coordinate care with the client's HCP and/or health care team.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Inadequate protein intake; excessive protein intake; inadequate oral intake; excessive oral intake; inadequate mineral intake (*specify*); excessive mineral intake (*specify*); malnutrition. ● Etiologies/root causes: poor appetite; renal dysfunction; unwilling or uninterested in modifying protein intake; food and knowledge deficit concerning appropriate management of renal disease. ● Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or

	caregiver reports) such as: weight, BMI, sarcopenia (loss of muscle mass); laboratory value(s) of _____; adherence to the renal diet plan.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions include: ● Follow renal diet plan per the HCP and/or renal dietitian. ● Strategize ways to promote adherence to therapy goals and improve health status.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the client was able to follow an eating plan/diet and reach therapy goals. Determine if nutrition issues resolved, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Evaluate the eating pattern and if following the treatments of the health care team. Offer support with meal and fluid planning with coordination of care with the HCP and/or renal dietitian. ● Review the client's weight, BMI or growth pattern for changes and additional information from the client record. ● Review anthropometrics (weight, BMI, or growth pattern) and laboratory values (if available). ● Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals. ● If the behavior change goal(s) was not met or it was difficult or challenging to manage renal diet therapy, reassess and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Kidney Disease: The Basics Treatment and Support National Kidney Foundation Nutrition Eating Right for Chronic Kidney Disease | NIDDK English Spanish French Nutrition for Children with Chronic Kidney Disease | NIDDK English Spanish Managing Your Fluid Intake English Spanish

Topic	Guidance and Resource Links
Supporting Resources	347 Cancer (Definition, Justification, Resources) Oncology Nutrition Standards Highlights Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice and Standards of Professional Performance for Registered in Oncology Nutrition Academy of Nutrition and Dietetics Nutrition Care Manual Cancer Nutrition in Cancer Care (PDQ®)–Health Professional Version
Assessment	Cancer is a chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition must be severe enough to affect nutritional status. An individual's nutritional status at the time of diagnosis of cancer is associated with the outcome of treatment. The type of cancer and stage of disease progression determines the type of medical treatment and if indicated, nutrition management. Individuals with a diagnosis of cancer are at significant health risk and under specific circumstances may be at increased risk depending upon the stage of disease progression or type of ongoing cancer treatment. The RD/RDN can positively impact the client or caregiver by using sensitivity and motivational interviewing techniques to elicit information about cancer diagnosis and treatment effects. Suggested areas include: • Gather nutrition and health information from the client record regarding weight, food intake, cancer diagnosis and other information related to the health status. • Engage the client or caregiver in conversations about the cancer diagnosis and treatments, and the effects on ingestion, digestion, and overall health.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Unintended weight loss; inadequate energy intake; chronic disease or condition related to malnutrition; food and nutrition related knowledge deficit. • Etiologies/root causes: Food and nutrition knowledge deficit concerning adequate energy intake; increased energy needs; psychological causes such as depression. • Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as weight, sarcopenia (muscle wasting), food intake.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the

	nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified.
	
	Suggestions include:
	• For pregnant clients: Meet appropriate weight gain range of ___ lbs. per week for a healthy pregnancy.
	• For breastfeeding and postpartum clients: Eat and drink adequate amounts of fluids and foods from each of the Food Groups for a healthy gradual return to pre-pregnancy weight or normal weight range.
	• For children: eat adequate amounts of fluids and foods from the Food Groups for growth and development.
	• For infants: Promote breastfeeding or formula feeding for adequate nutrition and growth.
	• General tips:
	  • Try small, frequent meals instead of 2 or 3 large meals.
	  • Keep ready-to-serve food available to eat when the client feels like eating.
	  • If weight loss is an issue, use milk instead of water for soups and cooked cereals; add butter, salad dressing, and oils to vegetables.
	  • Add extra protein to soups by slicing cooked e.g., white into soups.
	• If the smell of food is nauseating, stay out of the room where food is prepared.
	• Take only small portions and go back for second helpings.
	• Pain medications should be taken at least one-half hour before meals to minimize interference with food intake.

Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the client was able to follow a healthy eating pattern and reach adequate weight goals. Determine if nutrition issues resolved, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Evaluate for weight and appetite changes. • Discuss food aversions and ways to reach or maintain weight goals. • Review the infant's or child's growth pattern for changes and additional information from the client record. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If weight and food intake was managed effectively. • If the behavior change goal(s) was not met or it was difficult or challenging to manage weight and food intake issues, reassess and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Recommended Nutrition Education Materials Nutrition During Cancer Treatment

	Nutrition for Children with Cancer Eating Hints: Before, during and after Cancer Treatment English Spanish Nutrition Recipes

348+ Central Nervous System Disorders

Topic	Guidance and Resource Links
Supporting Resources	348 Central Nervous System Disorders (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual Practice Paper of the Academy of Nutrition and Dietetics: Classic and Modified Ketogenic Diets for Treatment of Epilepsy Cerebral Palsy
Assessment	Central nervous system disorders include epilepsy, neural tube defects (NTDs) such as spina bifida, multiple sclerosis (MS), cerebral palsy (CP) and Parkinson's disease. Clients with epilepsy are at nutrition risk due to alterations in nutritional status from prolonged anticonvulsant therapy, inadequate growth, and physical injuries from seizures. The ketogenic diet has been used for the treatment of refractory epilepsy in children. Children on a ketogenic diet for six months or more have been observed to have slower gain in weight and height. Growth monitoring and nutrition counseling to increase energy and protein intakes while maintaining the ketogenic status are recommended. In some cases, formula for children on a ketogenic diet is necessary. Pregnant clients on antiepileptic drugs (AEDs) present a different challenge. AEDs have been associated with the risk of neural tube defects on the developing fetus. Folic acid is recommended for women with epilepsy as it is for other women. Cerebral palsy that affects infants and children has been associated with oral motor dysfunction, poor growth due to eating impairments (biting, chewing, swallowing). Common issues are the rejection of solid foods, choking, coughing and spillage during eating. Growth monitoring and nutrition counseling to modify food consistency and increase energy and nutrient intakes are recommended. Some may require tube feedings and referral to feeding clinics or therapists, e.g., occupational therapist and/or speech language therapist. Neural tube defects in infants and children put them at an increased risk of abnormal growth and development. They may have limited mobility or paralysis, hydrocephalus, limited feeding skills, and/or genitourinary problems. Ambulatory disability, atrophy of lower extremities, and short stature place NTDs affected children at high risk for increased BMI. Multiple sclerosis affected individuals may experience difficulties with chewing and swallowing that require changes in food texture. Obesity and malnutrition are common. Immobility and the use of steroids and antidepressants are contributing factors for obesity. Dysphagia, adynamia, and drug therapy potentially contribute to malnutrition. Adequate intakes of polyunsaturated fatty acids, vitamin D, vitamin B12, and a diet low in animal fat have been suggested to have beneficial effects in relapsing-remitting MS. Breastfeeding should be encouraged.

	Parkinson's disease affected individuals require protein redistribution diets to increase the efficacy of the medication used to treat the disease. Participants treated with levodopa-carbidopa may also need to increase the intake of B vitamins. They will benefit from nutrition counseling on dietary protein modification for adequate nutrition and meeting minimum protein requirements. Individuals with Parkinson's often experience unintended weight loss and it is important to monitor for adequate maternal weight gain. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques to elicit information to identify nutrition and food-related issues for their condition. Suggested areas include: ● Gather nutrition and health information from the client record and ask the client or caregiver about eating and weight/growth issues.
Client Issue(s)/ Nutrition Risk(s)	Engage the client or caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Excessive carbohydrate intake; inadequate fat intake; food and nutrition-related knowledge deficit; unintended weight loss; inadequate oral intake; self-feeding difficulty; biting-chewing difficulty; swallowing difficulty. ● Etiologies/root causes: Lack of prior exposure to ketogenic diet; inadequate energy intake; lack of or limited self-feeding ability; inability to physically coordinate hand movement to mouth; self-feeding difficulty with movement disorder. ● Signs and symptoms: List objective information: subjective (client or caregiver reports) such as consumption of high carbohydrate foods.
Intervention	Guide the client or caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client or caregiver would like to address and/or the root cause of the problem(s) identified. Interventions may include: ● Coordinate care with the HCP, therapists, and prescribed therapy, e.g., ketogenic diet for individuals with epilepsy. ● Consume appropriate energy and protein to prevent weight loss and muscle wasting or excessive weight gain. ● Promote normal GI function with adequate fiber and fluids and regular physical activity; small, frequent meals; upright positioning during and after meals and snacks.

Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals, such as eating adequate fiber, drinking plenty of fluids, regular physical activity, following the diet prescribed by the HCP. ● If the client or caregiver's knowledge and beliefs have not resolved, reassess, and guide them to develop one or two additional or different behavior change goals.
Client Resources	What is the Ketogenic Diet Tips for Preventing Constipation

Topic	Guidance and Resource Links
Supporting Resources	349 Genetic and Congenital Disorders (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual Learn More about Birth Defects Cleft Lip & Palate Down Syndrome Thalassemia Major Sickle Cell Anemia Muscular Dystrophy
Assessment	Individuals with hereditary or congenital conditions that cause physical or metabolic abnormalities can benefit from nutrition counseling. These disorders must alter nutrition status metabolically, mechanically, or both, and may include cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia and muscular dystrophy. Severe cleft lip and palate anomalies commonly cause difficulty with chewing, sucking, and swallowing, even after extensive repair efforts. Impaired esophageal atresia and trachea-esophageal fistula can lead to feeding problems during infancy. Short bowel syndrome includes diarrhea, edema, general malnutrition, anemia, dermatitis, bleeding tendencies, impaired taste, anorexia, and renal calculi. Total parenteral feedings are frequently necessary initially, followed by gradual and individualized transition to oral feedings. Sickle-cell anemia is an inherited disorder from both parents. Good nutrition status is important for growth and to minimize complications of the disease (i.e., liver, kidneys, gallbladder, and immune system). Adequate caloric, iron, folate, vitamin E and vitamin intakes and hydration are important. Muscular dystrophy is a familial disease with progressive atrophy and wasting of muscles. Changes in functionality and mobility can occur rapidly and as a result children may gain weight quickly. Nutrition education can focus on a balanced diet, limiting foods high in simple sugars and fat and increasing fiber intake. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information by identifying contributing factors related to the genetic or congenital disorder. Suggested areas include: • Gather nutrition and health information from the client record and ask the client or caregiver about eating patterns, weight issues, and other medically-related issues.
Client Issue(s)/ Nutrition Risk(s)	Engage the client or caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Biting/chewing difficulty; unintended weight gain; unintended weight loss; breastfeeding difficulty; self-feeding difficulty.

	• Etiologies/root causes: Poor suck ability caused by cleft lip/palate; craniofacial malformations; inadequate energy intake; physical disability; food and knowledge deficit concerning appropriate amounts and types of food. • Signs and symptoms: List objective information: subjective (client or caregiver reports) such as changes in growth patterns/weight; client or caregiver report of feeding issues and eating patterns.
Intervention	Guide the client or caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The interventions should relate to the issues or risks the client or caregiver would like to address and/or the root cause of the problem(s) identified. Interventions may include: • Referral to a breastfeeding specialist for consultation to address sucking ability. • Plan and follow a MyPlate eating pattern that limits excess fat and sugar. • Take a multivitamin and mineral supplement each day to ensure adequate amounts of iron, folate, and vitamin E.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals, such as issues with breastfeeding or formula feeding, eating patterns, following the MyPlate eating pattern, and taking a regular multivitamin and mineral supplement. • If the client or caregiver's behavior change goal has not been resolved, guide them to develop one or two additional or different behavior change goals.
Client Resources	Learn More about Birth Defects English Cleft Lip & Palate English Down's Syndrome English Spanish Down Syndrome for Kids English Spanish Thalassemia Major English Sickle Cell Anemia English Spanish Muscular Dystrophy English Spanish Does My Child Need a Supplement? English Start Simple with MyPlate English

351.01+ Inborn Errors of Metabolism (IEM)

Topic	Guidance and Resource Links
Supporting Resources	351 Inborn Errors of Metabolism (Definition, Justification, Resources) General and Rare Diseases Academy of Nutrition and Dietetics Nutrition Care Manual Learn More about Birth Defects
Assessment	Inborn errors of metabolism (IEMs) are gene alterations that change proteins, carbohydrates, or fat metabolism. Early identification and treatment can significantly reduce associated disability and mortality. Nutrition therapy developed by metabolic treatment facilities is integral to IEM treatment to correct the imbalance and ensure adequate nutrients for normal growth and development. Inborn errors of metabolism generally refer to gene mutations or gene deletions that alter metabolism in the body and are caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. EIMs include amino acid disorders, organize acid metabolism disorders, fatty acid oxidation disorders, lysosomal storage diseases, urea cycle disorders, carbohydrate disorders, peroxisomal disorders, and mitochondrial disorders. EIM disorders can manifest at any stage of life. Treatment for an IEM is referred to a specialized metabolic treatment facility. It is important that caregivers of infants and children with EIM ensure they follow the prescribed dietary regimen. The RD/RDN can positively impact the client by using motivational interviewing techniques to encourage and support caregivers and clients to follow the prescribed dietary regime of the metabolic unit and assist with monitoring of adequacy of the prescribed diet to support growth and development. Suggested areas include: • Gather nutrition and health information from the client record and ask the client about the therapy prescribed by the metabolic staff (HCP, RD/RDN).
Client Issue(s)/ Nutrition Risk(s)	Engage the client or caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Limited adherence to nutrition related recommendations; impaired nutrient utilization. • Etiologies/root causes: Inborn error of metabolism; non-consumption of medical food. • Signs and symptoms: List objective information: subjective (client or caregiver reports) such as client or caregiver reports not following their eating/treatment plan.
Intervention	Guide the client or caregiver using motivational interviewing techniques and identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success.

	The intervention should relate to the issues or risks the client or caregiver would like to address and/or the root cause of the problem(s) identified. Interventions may include: ● Changes the client or caregiver will make to follow the treatment prescribed by the metabolic unit. ● Referral to the RD/RDN at the metabolic unit for consultation with issues related to following the treatment plan.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals. ● If the client or caregiver's issues have not been resolved, reassess and guide them to develop one or two additional or different behavior change goals.
Client Resources	PKU Diet

Topic	Guidance and Resource Links
Supporting Resources	352a Infectious Disease - Acute (Definition, Justification, Resources) MDHHS - WIC Authorized Formulas Academy of Nutrition and Dietetics Nutrition Care Manual Practice Paper: Nutrition Intervention and Human Immunodeficiency Virus Infection Pregnant Women, Infants, and Children | Gender | HIV by Group | HIV/AIDS HIV/AIDS | HIV | HIV Symptoms | AIDS Infections
Assessment	Acute infectious diseases are characterized by a single or repeated episode of relatively rapid onset and short duration. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly from person to person. Infections may also be zoonotic, which are transmitted from animals to humans, or vector-borne, which are transmitted from mosquitoes, ticks, and fleas to humans. The most common acute infectious diseases are Hepatitis A, Hepatitis E, meningitis, parasitic infections, listeriosis, pneumonia, and bronchitis (3 episodes in the last 6 months). To be high risk the infectious disease must be present within the past 6 months, and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or self-reported by the client or caregiver. Both chronic and acute infectious diseases can lead to poor appetite, low nutrient absorption, accelerated nutrient utilization, and/or rapid nutrient loss, depending on the individual's nutritional state before becoming infected and the individual's diet during the improvement period. Regardless of the type of hepatitis, infected individuals with signs of the infection will typically experience anorexia, nausea, vomiting, diarrhea, jaundice, epigastric pain, tiredness, and weakness, which affect one's diet and health. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques with sensitivity and care to elicit information about the client's symptoms, eating pattern, and goals. Suggested areas include: • Gather nutrition and health information from the client record: weight gain/loss, eating pattern, and other symptoms such as loss of appetite and nausea and vomiting episodes. • Ask the client or caregiver about other treatments and services they are receiving from the health care provider and other health professionals. • Ask the client or caregiver to share concerns about the nutritional and health status.

Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Inadequate energy intake; inadequate oral intake; unintended weight loss; malnutrition. • Etiologies/root causes: List infectious disease. • Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as weight change, eating pattern, appetite, nausea, and vomiting episodes.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Potential nutrition intervention strategies: Infections - Encourage sufficient calorie intake to ameliorate accelerated nutrient utilization. Recommend the Dietary Guidelines to ensure healthy eating patterns. Address poor appetite. Provide education on safe food handling and storage practices. Hepatitis - Encourage abstinence from alcohol. Provide information on high calorie, high protein, and moderate fat diets. Recommend high calorie consumption at breakfast as nausea is less common in the morning. Suggest speaking with HCP about consumption of high calorie and protein liquid formula between meals to boost calorie intake. Encourage a bland diet with extra fluids depending on the severity of nausea and vomiting. Hepatitis A - Encourage Hepatitis A vaccine for all children, and high risk adults. Promote breastfeeding as being safe but avoid breastfeeding when nipples are cracked and bleeding. Discourage pre-chewing food for infants. Hepatitis E - Avoid contaminated water. Listeriosis - Recommend alternatives to raw milk and dairy products. Emphasize the importance of safe food handling, preparation, and storage practices. Pneumonia - Recommend referral to an HCP to administer appropriate antimicrobial or antiviral treatment. Bronchitis - Recommend smoking cessation if appropriate, and good hygiene practices. Encourage appropriate vaccination. Parasitic infections - Recommend use of gloves when working with soil and covering sandboxes to avoid contact with potential environmental contaminants. Provide education on proper food handling and storage practices and good hygiene practices.

	Common suggestions include: • Follow a healthy diet with MyPlate. • Medical food/formula supplement therapy, if necessary. • If weight loss is an issue, gain weight. • Meals high in calories and protein. • Avoid contaminated water, raw dairy products. • Discourage pre-chewing foods for infants and children. • Practice safe food handling, preparation and storage. • Encourage breastfeeding unless bleeding or cracked nipples. • Managing nausea and vomiting and/or other symptoms. • Refer to HCP for vaccinations.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the client was able to follow a healthy eating pattern and/or change health practices to reach their nutrition and food goal(s). Determine if nutrition issues related to the infection resolved, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client's weight gain/loss pattern for changes and additional medical and behavioral health information from the client record. • Use motivational interviewing techniques to assess the client's success with behavior change goals. • If nutrition issues related symptoms have not resolved, reassess, and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Start Simple with MyPlate English How to Stay Healthy with HIV English Be Food Safe English Food Safety for Pregnant Women booklet English Spanish Food Safety for Moms and Moms-To-Be English People at Risk: Children Under 5 English Food Safety for Children Under 5 English How to Safely Prepare Formula with Water English Spanish Give Your Baby a Healthy Start - The Dangers of Smoking, Drinking and Taking Drugs (USDA) English Spanish The Dangers of Secondhand Smoke (AAP) English Spanish

Topic	Guidance and Resource Links
Supporting Resources	352b Infectious Disease - Chronic (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual Practice Paper of the Academy of Nutrition and Dietetics: Nutrition Intervention and Human Immunodeficiency Virus Infection HIV Basics Pregnant Women, Infants, and Children | Gender | HIV by Group | HIV/AIDS HIV/AIDS | HIV | HIV Symptoms | AIDS Hepatitis A | HAV Hepatitis B | HBV
Assessment	Conditions such as HIV/AIDS, Hepatitis B, C, and D will last a lifetime and require long-term management of symptoms. Infectious diseases come from bacteria, viruses, parasites, or fungi and spread directly or indirectly, from person to person. Infectious diseases may also be transmitted from animals to humans, or vector-borne (mosquitoes, ticks, and fleas to humans). These diseases and/or conditions include human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), Hepatitis B, Hepatitis C, Hepatitis D. Both chronic and acute infectious diseases can lead to poor appetite, low nutrient absorption, accelerated nutrient utilization, and/or rapid nutrient loss, depending on the individual's nutritional status before becoming infected and the individual's diet during the improvement period. **Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)** HIV is a chronic virus that reduces an individual's ability to fight off infections and diseases. HIV destroys white blood cells found in the immune system (CD4 and T cells). HIV can lead to AIDS if left untreated. Individuals who are aware of their HIV status and are undergoing antiretroviral therapy (ART) to stop the replication of the virus can typically live decades, while those unaware of their status or are not on ART can usually remain in this stage about ten years before progressing to the AIDS stage. A person with AIDS and an opportunistic illness that goes untreated has a life expectancy of approximately one year. The CDC recommends all pregnant individuals be tested early in their pregnancy. There is a 20% chance of transmission if the HIV positive, expectant mother does none of the prevention measures (received ART during pregnancy, labor, and delivery; delivers the baby by cesarean and avoids breastfeeding). **Dietary needs are determined by the presence of symptoms.** Symptomatic individuals experiencing unintended weight loss, or wasting, are dealing with poor food intake due to medication side effects, sore mouth, or mental health issues; altered metabolism due to disease progression; or nutrient malabsorption caused by gastrointestinal problems resulting from medication or just the presence of the virus. The main goals are to: increase or maintain a normal

	body weight; retain or increase lean body mass; and ensure adequate intake of macro- or micronutrients. These individuals usually require diets higher in protein and potentially a multivitamin, as vitamins A, B6, C and E are lower in symptomatic people. When wasting cannot be alleviated through regular dietary means, enteral and parenteral nutrition therapy may be necessary. Asymptomatic individuals or those with a stable weight, the goals should focus on adequate intake of nutrients to prevent wasting and if food intake is low, these individuals could potentially include a multivitamin and mineral supplement to avoid deficiencies. **HIV/AIDS and Food Safety** Clients living with HIV are more susceptible to contracting a food-borne illness due to weakened immune systems and therefore should be encouraged to store and prepare foods safely; check expiration dates; avoid raw or semi raw food, such as meat, non-pasteurized dairy, and soft cheeses. Infants born to HIV positive mothers, regardless of their HIV status should drink ready to feed or liquid concentrate infant formula as powdered infant formula is not sterile and may not be microbiologically safe. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques with sensitivity and care to elicit information about the client's eating patterns. Suggested areas include: ● Gather nutrition and health information from the client record: weight gain/loss and eating pattern and activity level. ● Ask the client or caregiver about other treatments and services they are receiving from the health care provider and other health professionals. ● Ask the client or caregiver to share concerns about the nutritional and health status.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Inadequate energy intake; inadequate oral intake; unintended weight loss; underweight; food and nutrition related knowledge deficit; malnutrition; limited access to food or water; food-medication interaction. ● Etiologies/root causes: Physiological causes increasing nutrient needs due to cancer; organ dysfunction that leads to biochemical changes; changes in taste and appetite. ● Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as: weight, weight change, and eating pattern.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the

	nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions include: ● Follow a healthy diet with MyPlate. ● Feeding assistance as needed. ● Medical food/formula supplement therapy ● If weight loss is an issue, gain weight. ● Increase fiber to benefit with fat deposition. ● Meals to include protein, fat, and carbohydrate sources. ● Managing nausea and vomiting and/or diarrhea.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the client was able to follow a healthy eating pattern to reach their nutrition goal(s). Determine if nutrition-related cancer issues resolved, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Review the client's weight gain/loss pattern for changes and additional medical and behavioral health information from the client record. ● Use motivational interviewing techniques to assess the client's success with behavior change goals. ● If nutrition issues related to cancer symptoms have not resolved, reassess, and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Living well with HIV/AIDS How to Stay Healthy with HIV HIV and Pregnant Women, Infants, and Children Preventing Perinatal Transmission of HIV After Birth | NIH Protect Your Baby for Life - When a Pregnant Woman has Hepatitis B

353.01+ Food Allergies

Topic	Guidance and Resource Links
Supporting Resources	353+Food_Allergies (Definition, Justification, Resources) Healthcare Providers - Treating People with Food Allergies | FARE Academy of Nutrition and Dietetics Nutrition Care Manual
Assessment	Food allergies are adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. The most common types of food allergies involve immunoglobulin E (IgE)-mediated response. Individuals with a family history of any allergic disease are susceptible to developing food allergies. Food intolerances differ from food allergies as they do not involve the immune system and are caused by adverse reactions to food caused either by the food itself, such as a toxin, or the characteristics of the individual such as a metabolic disorder. The most common food intolerance is lactose intolerance. Foods that most often cause allergic reactions include cow's milk, eggs, peanuts, tree nuts, fish, crustacean shellfish, wheat, and soy. The RD/RDN can positively impact the client by engaging the client or caregiver and using motivational interviewing techniques to elicit information about food allergies, symptoms, and management practices. Suggested areas include: • Gather nutrition and health information from the client record. • Women and children: Food allergen avoidance for managing food allergies. • If a breastfeeding infant: Promote breastfeeding continue through the first year. • If a formula fed infant: consider options for hypoallergenic formula with appropriate medical documentation.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Altered GI function; intake of types of proteins inconsistent with needs (specify); food and nutrition related knowledge deficit. • Etiologies/root causes: Food allergies impeding food choices consistent with guidelines; intolerance of formula. • Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as allergy test results of ____.

Intervention	Guide the client or caregiver using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client or caregiver would like to address and/or the root cause of the problem(s) identified. Suggestions may include: • Women and caregivers of children and infants: Provide education and resources for identifying food allergens in food. Encourage clients to follow up with their health care provider and allergist for management and an emergency management plan. Tailor the food package to substitute and remove offending foods. Educate on reading food labels and identifying offending foods and ingredients, meal planning, and eating outside the home. • For infants less than 6 months: Continue breastfeeding or formula feeding the first year. Monitor weight and growth pattern. Discuss appropriate introduction of foods and food allergy prevention strategies. Encourage follow up with their health care provider and allergist.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the food allergy was managed without incident. Suggestions for monitoring and evaluation: • Review the infant's or child's growth pattern for changes and additional information from the client record. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If the food allergy was managed effectively through food avoidance, meal planning, reading labels, and checking ingredients of foods. • If the food allergen was managed effectively, determine if further high risk follow up is warranted. • If the behavior change goal(s) was not met or it was difficult or challenging to manage the food allergen, reassess and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Food Allergies Symptoms, Diagnosis & Treatment (AAAI) Reducing the Risk of Food Allergies Avoiding Food Allergens Food Allergies and Intolerances (AND) How to Read a Food Label Preventing Cross-Contact at Home Food Allergy Recipes

354.01+ Celiac Disease

Topic	Guidance and Resource Links
Supporting Resources	354 Celiac Disease (Definition, Justification, Resources) Celiac Disease | NIDDK Academy of Nutrition and Dietetics Nutrition Care Manual
Assessment	Celiac disease (CD) is an autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. CD is also known as celiac sprue, gluten-sensitive enteropathy, and non-tropical sprue. CD affects approximately 1% of the U.S. population and can occur at any age. The treatment requires strict adherence to a gluten-free diet for life. CD is both a disease of malabsorption and an abnormal immune reaction to gluten. When individuals with CD eat foods or ingest products containing gluten, their immune system responds by damaging or destroying villi - the tiny, fingerlike protrusions lining the small intestine. Villi normally allow nutrients from food to be absorbed through the walls of the small intestine into the bloodstream. Destruction of villi can result in malabsorption of nutrients needed for good health. The disease can cause long-lasting digestive problems and keep your body from getting all the nutrients it needs. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information about medical care and the treatment plan. Suggested areas include: ● Gather nutrition and health information from the client record: current weight, eating pattern, food package. ● Ask the client or caregiver to share the health care provider's diagnosis, treatment plan and monitoring. ● Ask the client or caregiver: ○ How they are caring for symptoms related to CD. ○ If they need assistance with managing a gluten free eating pattern. ○ How they identify gluten-free foods and foods containing gluten. ○ For infants: Ask about breastfeeding or formula feeding and introduction of solid foods. ○ For children and women: Ask about following a gluten free eating pattern for growth and appropriate weight status.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Inadequate energy intake; unintended weight loss; food and nutrition related knowledge deficit; impaired nutrient utilization. ● Etiologies/root causes: Food allergies impeding food choices consistent with guidelines.

	• Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) and other symptoms such as change in weight or growth, food, or formula intolerance issues.
Intervention	Guide the caregiver using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status and adhere to a gluten free eating pattern. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions include: • For infants: Encourage breastfeeding the first year of life and begin to introduce gluten-containing foods at 6 months under the guidance of the health care provider. • For children and women: Tailor food packages to substitute or remove gluten-containing foods. Educate clients or caregivers on planning gluten-free meals and snacks at home and outside the home.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the client was able to follow a gluten free eating pattern. Determine if adverse CD symptoms resolved, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client's weight gain pattern for changes and additional medical and health information from the client record. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If symptoms of CD have resolved and the client or caregiver is able to follow a gluten free diet, they are no longer at high risk for CD and high risk nutrition counseling can end. • If the symptoms from CD have not resolved, reassess and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Eating, Diet & Nutrition for Celiac Disease English Spanish Celiac Disease Foundation Resources English Treatment for Celiac Disease English Spanish

356.01+ Hypoglycemia

Resource	Guidance and Resource Links
Supporting Resources	356 Hypoglycemia (Definition, Justification, Resources) Nutrition Care Manual Low Blood Glucose (Hypoglycemia) | NIDDK
Assessment	Hypoglycemia must be diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the client or caregiver. Hypoglycemia can occur as a complication of diabetes, as a condition itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise. Symptomatic hypoglycemia is a risk observed in a substantial proportion of newborns who are small for gestational age but is uncommon and of shorter duration in newborns who are the appropriate size for gestational age. Frequent feedings can support adequate growth for infants and children and help manage hypoglycemia in clients that includes consuming a balanced diet, low carbohydrate snacks and exercise. WIC nutrition staff can reinforce and support the medical and medical nutrition therapy (MNT) that participants with diabetes receive from health care providers and other health professionals. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques to elicit information about hypoglycemia or diabetes self-management. Suggested areas include: ● Gather nutrition and health information from the client record related to hypoglycemia/diabetes self-management, medications, weight pattern, eating plan, and physical activity. ● Elicit information about the client or caregiver's understanding of hypoglycemia, current management of hypoglycemia, and their goals. ● Explore issues around management of hypoglycemia and goals for managing hypoglycemia. ● Explore referrals and coordination of care with the HCP and other specialists, e.g., diabetes care specialists.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Altered nutrition related laboratory values; inadequate/excessive carbohydrate intake; food and nutrition related knowledge deficit. ● Etiologies/root causes: Endocrine dysfunction of blood glucose; cultural practices to affect ability to learn/apply information and/or manage care; nutrition and food knowledge deficit concerning appropriate amount and types of dietary carbohydrate.

	• Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as fasting or postprandial blood glucose and/or A1c values of ____.
Intervention	Guide the client or caregiver using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions for the client or caregiver may include: • Follow the individualized nutrition plan by the RD/RDN specializing in hypoglycemia/diabetes care and education for the management of hypoglycemic episodes. It should provide adequate calorie intake to promote fetal/neonatal and maternal health, achieve glycemic goals, and promote weight gain according to the Institute of Medicine recommendations. • Follow up with HCP and other health professionals for glucose monitoring and treatment guidance for hypoglycemia. • Offer a referral to a diabetes specialist.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the hypoglycemia was managed effectively, has improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client's client record for blood glucose monitoring, physical activity, and signs and symptoms of hypoglycemia episodes. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If the hypoglycemia has not improved, reassess and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Low Blood Glucose (Hypoglycemia) | NIDDK English Spanish

357.01+ Drug and Nutrient Interactions

Topic	Guidance and Resource Links
Supporting Resources	357 Drug Nutrient Interaction (Definition, Justification, Resources) Note: see the list of medications and impact on nutritional status. Academy of Nutrition and Dietetics Nutrition Care Manual Drugs and Lactation Database (LactMed) Breastfeeding Policy and Guidance USDA Herbs and Supplements *Physician's Desk Reference* (most recent edition) *Guide to Drug Food Interactions* (most recent edition) *Hale's Medication and Mother's Milk* (most recent edition)
Assessment	Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised. Over-the-counter and prescription medications may impact nutritional status directly or indirectly. Direct impacts of medications on nutritional status include changes to the absorption and distribution of the nutrient; metabolism of the nutrient; and the rate at which the nutrient is excreted. These could lead to nutrient deficiency and/or nutrient toxicity. Indirect impact of medications on nutritional status includes changes to appetite, taste, and smell; a dry or sore mouth; epigastric distress, nausea, vomiting, diarrhea, and/or constipation. Some medications are known to cause side-effects including pain medications, and medications to treat cancer. Medication use in the postpartum period can sometimes pose challenges to breastfeeding. Medications should be chosen that are not contraindicated with breastfeeding, if possible. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques to elicit information by identifying contributing factors to the drug nutrient interaction. Suggested areas include: • Gather nutrition and health information from the client record and ask the client about medication use and symptoms and potential side effects.
Client Issue(s)/ Nutrition Risk(s)	Engage the client or caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Food medication interaction (specify). • Etiologies/root causes: Food nutrition knowledge deficit concerning food drug interactions; drug/nutrient interaction. • Signs and symptoms: List objective information: subjective (client or caregiver reports) such as weight loss of ___; weight gain of ___; dry/cracked lips; vomiting; diarrhea; constipation; laboratory value of nutrient deficiency/toxicity (specify).

Intervention	Guide the client or caregiver using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client or caregiver would like to address and/or the root cause of the problem(s) identified. Interventions may include: ● Refer the client or caregiver to their HCP or pharmacist to discuss potential nutrient related side-effects and weight issue. ● Encourage intake of whole grain, legumes, dairy, lean protein, fruits, and vegetables, as appropriate. ● Inform the client or caregiver of foods or beverages that provide nutrients that may be impacted by the medication. ● Provide education on nutrient-dense food, meal frequency and timing, portion sizes, fluid intake when medication induce poor appetite, nausea, or vomiting. ● Provide education on fluid intake, moist foods, and dental care when medications cause dry mouth. ● Refer women who are breastfeeding or planning to breastfeed to their HCP to determine the best infant feeding and medication plan.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals, such as following an eating pattern to reduce nutrient/drug interactions. ● If the client or caregiver's knowledge and beliefs have not resolved, reassess and guide them to develop one or two additional or different behavior change goals.
Client Resources	Drug Interactions: What You Should Know English

Topic	Guidance and Resource Links
Supporting Resources	358 Eating Disorders (Definition, Justification, Resources) Eating Disorders SOP and SOPP - Academy of Nutrition and Dietetics Academy of Nutrition and Dietetics Nutrition Care Manual NIMH » Eating Disorders: About More Than Food

Assessment	Eating disorders are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns such as restrictive eating along with systemic fat phobia, weight stigma and intensely conflicted food information that contribute to compromised nutrition intake. Malnutrition contributes to gastrointestinal distress, cognitive decline, psychiatric instability, and damage to all body systems.
	
	Eating disorders include orthorexia nervosa/disordered eating, exercise compulsion, other specified feeding or eating disorder, avoidant restrictive food intake disorder, atypical anorexia nervosa, binge eating disorder, night eating syndrome, bulimia nervosa, anorexia nervosa and pica. These disorders result in general malnutrition and may cause life-threatening fluid and electrolyte imbalances. Clients with eating disorders may begin pregnancy in a poor nutrition state.
	
	Eating disorders can seriously complicate any pregnancy since the nutrition status of the pregnant woman is an important factor in perinatal outcome. While most pregnant clients have a significant reduction in their eating disorder symptoms during pregnancy, a high percentage regress in the postpartum period. This regression in postpartum clients is a serious concern for breastfeeding and non-breastfeeding postpartum clients who are extremely preoccupied with rapid weight loss after delivery.
	
	The RD/RDN can positively impact the client by using motivational interviewing techniques with sensitivity and care to elicit information about the client's eating patterns. Suggested areas include:
	• Gather nutrition and health information from the client record: weight gain/loss and eating pattern.
	• Ask the client about her services she is receiving from the health care provider and behavioral health professionals.
	• Ask the client to share concerns, beliefs about eating and weight, and goals for weight gain/loss and eating patterns.
	• Ask the client:
	  • If they have concerns about their eating patterns, weight, or body image.
	  • If pregnant: If they are aware of issues related to nutritional imbalances and pregnancy outcomes.
	  • If breastfeeding: If they are aware of issues related to nutrition imbalances and success in breastfeeding.

	• If they need assistance with a referral to a behavioral health specialist for eating issues.
Client Issue(s)/ Nutrition Risk(s)	Engage the client in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Disordered eating pattern, inadequate energy intake; self-monitoring deficit; excessive food intake; excessive oral intake; undesirable food choices; food and nutrition related knowledge deficit; not ready for lifestyle change; self-monitoring deficit. • Etiologies/root causes: altered body image; binge episodes; frequent binge eating episodes; limited confidence in ability to change; food and nutrition knowledge deficit concerning adequate energy intake; psychological causes that put emphasis on food, weight, or shape; personality characteristics or temperament associated with eating disorder. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as: weight, eating pattern issues.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions include: • For pregnant clients: Meet appropriate weight gain range of ___ lbs. per week for a healthy pregnancy. • For breastfeeding and postpartum clients: Eat and drink adequate amounts of fluids and foods from each of the Food Groups for a healthy gradual return to pre-pregnancy weight or normal weight range.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the client was able to follow a healthy eating pattern for adequate weight gain/loss. Determine if adverse eating disorder symptoms resolved, improved, demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client's weight gain/loss pattern for changes and additional medical and behavioral health information from the client record. • Use motivational interviewing techniques to assess the client's success with behavior change goals. • If the eating disorder has been resolved and the client is able to follow a healthy eating pattern for an appropriate weight gain/loss, they may no longer be at high risk for an eating disorder and high risk nutrition counseling can end.

	• If symptoms of the eating disorder have not resolved, reassess, and guide the client to develop one or two additional or different behavior change goals. • Offer a referral to a behavioral health specialist to address issues around the eating disorder (see NIMH » Eating Disorders).
Client Resources	Eating Disorders: About More Than Food English

359.01+ Recent Major Surgery, Trauma, Burns

Topic	Guidance and Resource Links
Supporting Resources	359 Recent Major Surgery, Trauma, Burns (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual
Assessment	This condition includes major surgery (including (C-sections), physical trauma or burns severe enough to compromise nutritional status. Major surgeries that involve a risk to the life of the individual and increase operations on organs with the body, including cesarean section, removal of a portion of the large or small intestine, heart surgery, and bariatric surgery are examples. This includes any occurrence within the past 2 months. If more than 2 months previous must have the continued need for nutritional support diagnosed by a physician or an HCP working under the orders of a physician. The body's catabolic response to these injuries causes a hypermetabolic state in the body. It increases the individual's calorie and protein needs, but they also increase the needs for certain vitamins, minerals, fatty acids, and amino acids. There are three phases of wound healing: inflammation, proliferation, and remodeling. Each phase of wound healing involves growth factors, other biologically active molecules, and specific vitamins and minerals such as Vitamin A, Vitamin, C, and zinc. Factors that can prevent proper wound healing or increase the time needed for a wound to heal include malnutrition, infections, diabetes, poor blood flow, obesity, age, heavy alcohol use, stress, medications, and smoking. For major surgery and wound healing, key nutrients are: arginine, omega-3 fatty acids, Vitamins C, D, and E, magnesium, copper, zinc and iron. For physical trauma, such as lacerations or fractures, the nutrient needs are energy, protein, calcium, phosphorus, fluoride, magnesium sodium, vitamins A, B6, B12, C, D, and folate. Burns caused by heat, chemical, electricity, sunlight or nuclear radiation have three stages. A first degree burn affects the outer layer of skin (epidermis). A second-degree burn damages the epidermis and the dermis underneath. A third degree burn damages the epidermis, dermis, and the tissues underneath the skin. Burns are also classified based on the surface area of the body. The nutrition status of burn patients during hospitalization and discharge is monitored very closely as the body goes into a catabolic state, which increases the requirements for energy, protein, carbohydrates, fats, vitamins, minerals, and antioxidants. Glutamine, a conditionally essential amino acid can improve the healing burns. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques to elicit information by identifying the type of surgery, trauma, and/or burns. Suggested areas include:

	• Gather nutrition and health information from the client record and ask the client about their treatment plan(s) and health status related to the major surgery, trauma, and/or burns. • Offer to discuss ways to improve nutrition status
Client Issue(s)/ Nutrition Risk(s)	Engage the woman in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Inadequate energy, protein, vitamin and/or mineral intake; inadequate mineral intake. • Etiologies/root causes: Food and knowledge deficit concerning appropriate amounts and types of food and supplemental sources of vitamins and/or minerals. • Signs and symptoms: List objective information: subjective (client or caregiver reports) such as weight changes; food intake; protein intake; dietary supplement usage.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Interventions may include: • Increase knowledge regarding vitamin and mineral takes to meet the recommended dietary allowances. • Increase knowledge about energy and protein intake to preserve lean muscle mass and body weight. • Offer to refer to the HCP if a multivitamin and mineral supplement may be needed due to inadequate intake from diet alone. • Offer to refer to a lactation specialist if a client experiences difficulty breastfeeding following a cesarean section. • Offer to refer to community resources for smoking cessation, support groups, food assistance, and safe living environments (in case of physical abuse).
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals. • If the client or caregiver's knowledge and beliefs have not resolved, reassess, and guide them to develop one or two additional or different behavior change goals.
Client Resources	Burns: Nutrition (Pediatric) Healthy Eating After Burn Injury— For Adults English Spanish

360+ Other Medical Conditions

Topic	Guidance and Resource Links
Supporting Resources	360 Other Medical Conditions (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual Asthma | NHLBI, NIH (Living With) Cystic Fibrosis Cystic fibrosis Coronary Heart Disease NHLBI_NIH DASH Eating Plan JRA Lupus
Assessment	Diseases or conditions with nutritional implications include juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, and persistent asthma (moderate or severe) requiring daily medications. Juvenile rheumatoid arthritis (JRA) is the most common pediatric rheumatic disease. JRA puts individuals at risk of anorexia, weight loss, failure to grow, and protein energy malnutrition. Lupus erythematosus is an autoimmune disorder that affects multiple organ systems and increases the risk of infections, malaise, anorexia, and weight loss. In pregnant clients there is an increased risk of spontaneous abortion and late pregnancy losses. Cystic fibrosis (CF) is a genetic disorder of children, adolescents, and young adults characterized by widespread dysfunction of the exocrine glands. It is most prevalent in Caucasians. Gastrointestinal losses occur despite pancreatic enzyme replacement therapy. Also, catch-up growth requires additional calories. The primary goal of nutrition therapy is to overcome energy deficit. Asthma is a chronic inflammatory disorder of the airways, which can cause recurrent episodes of wheezing, breathlessness, chest tightness, and coughing of variable severity. Severe forms of asthma may require long term use of oral corticosteroids which can result in growth suppression in children, poor bone mineralization, high weight gain, and in pregnancy, decreased birth weight of the infant. WIC can help provide foods high in calcium and vitamin D, in educating clients to consume appropriate foods, reduce weight, if necessary, ways to reduce environmental triggers (avoiding smoking and tobacco exposure), and in supporting and encouraging compliance with the therapeutic regimen prescribed by the HCP. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information by identifying contributing factors for other medical conditions. Suggested areas include:

	• Gather nutrition and health information from the client record and ask the client or caregiver about issues regarding the medical condition, lifestyle habits, eating patterns, smoking/vaping, and weight issues.
Client Issue(s)/ Nutrition Risk(s)	Engage the client in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Underweight; unintended weight loss; inadequate energy intake; increased nutrient needs (specify); disordered eating pattern. • Etiologies/root causes: Increased energy needs; malnutrition; physiological causes increasing nutrient needs due to (specify disease/condition). • Signs and symptoms: List objective information: subjective (client or caregiver reports) such as reported anorexia; weight loss; growth pattern changes; multivitamin and mineral usage.
Intervention	Guide the client or caregiver using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client or caregiver would like to address and/or the root cause of the problem(s) identified. Interventions may include: • JRA, lupus, CF: Explore ways to plan meals and snacks with high-energy, high-protein foods. Increase intake of nutrient dense foods such as whole milk products, add extra fat to foods. Increase protein servings at meals and snacks. • Asthma: Explore ways to eat a variety of colorful fruits and vegetables, whole grains, lean meats, poultry, fish and eggs, dried beans, and peas; and soy foods. Unless there is a milk allergy, explore ways to drink plenty of milk and eat other dairy food for adequate calcium and vitamin D consumption. If overweight, explore ways to limit foods high in fat and calories. • Heart disease: Explore ways to manage heart disease by aiming for a healthy weight, being physically active, eating heart healthy (DASH (Dietary Approaches to Stop Hypertension) eating plan), managing stress, getting good-quality sleep (7-9 hours per night), and quitting smoking/vaping. • If appropriate, offer referrals to the Smoking Quitline 1-877-44U-QUIT (1-877-448-7848).
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if it has resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals, such as following the DASH diet, increasing physical activity, eating more nutrient dense foods.

	• If the client or caregiver's knowledge and beliefs have not resolved, reassess, and guide them to develop one or two additional or different behavior change goals.
Client Resources	Asthma | NHLBI, NIH English Spanish Arthritis English Childhood Arthritis English Cystic fibrosis - Nutrition English Spanish Heart Diseases English Spanish Heart Disease Prevention English Spanish DASH Diet English Heart Healthy Living English Smoking and Your Heart English Diet and Nutrition with Lupus English

361.01+ Depression

Topic	Guidance and Resource Links
Supporting Resources	361 Depression (Definition, Justification, Resources) Guidance for Screening and Referring Women with or at risk for Depression Edinburgh Postnatal Depression Scale (EPDS) Academy of Nutrition and Dietetics Nutrition Care Manual Depression Screening Tool
Assessment	The presence of clinical depression diagnosed, documented, or reported by a physician or someone working under a physician's orders or self-reported by the client. According to the National Institute of Mental Health, nearly 10 percent of the U.S. population ages 18 and older suffers from depression each year. Depression occurs twice as frequently in women as in men. There are a variety of symptoms: deep feelings of sadness or loss of interest in pleasure or activities, insomnia or oversleeping, loss of energy or increased fatigue, unintended weight losses or gains, feelings of worthlessness, difficulty concentrating or making decisions. Depression is common during pregnancy (14 to 23 percent) and puts them at risk for use of drugs, alcohol and nicotine, preeclampsia, preterm delivery, or delivery of low birth weight infants and higher perinatal mortality rates. Depression among pregnant adolescents is between 16 to 44 percent, and they are under stress, lack social and/or family support, experience significant loss or have learning or conduct disorders. There have been negative consequences for the newborn linked to antidepressant medication use during pregnancy such as fetal growth changes, shorter gestation periods and in rare instances, fetal malformations. Postpartum depression occurs in 12 to 25 percent of new mothers and may be related to stress hormones, immune markers, or sleep quality. In addition, breastfeeding has a protective effect on maternal mental health because it attenuates stress and modulates the inflammatory response. WIC nutrition services and supplemental foods can help individuals diagnosed with depression. Through client centered counseling, WIC staff can: ● Reinforce and support treatment and therapies prescribed by the HCP. ● Make referrals to the HCP and/or other appropriate mental health and social service programs. ● Follow up to ensure the client is receiving the necessary mental health treatment. ● Encourage food choices that promote nutritional well-being including good sources of omega-3's for their anti-inflammatory properties. ● Educate about the increased risk of depressive symptoms during the third trimester of pregnancy as well as the prevalence, risks, and signs of postpartum depression.

	• Provide adequate breastfeeding education, assessment, and support (peer counseling) to clients with existing depression, both prenatally and in the postpartum period. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information about effectiveness of treatments for depression. Suggested areas include: • Gather nutrition and health information from the client record related to symptoms and treatment for clinical depression, including medications, weight changes, eating plan, physical activity, and alcohol and substance use. • Elicit information about the client or caregiver's understanding of symptoms of depression and their efforts and goals to improve their mental health status. • Explore issues around lifestyle management of depression. • Offer a referral to mental health services, if necessary.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Unintended weight loss; unintended weight gain; inadequate energy intake; excessive energy intake; inability to manage self-care; disordered eating pattern. • Etiologies/root causes: Depression. • Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as overeating, skipping meals, lethargy.
Intervention	Guide the client or caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goals strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions for the client or caregiver may include: • Follow the treatment plan of HCP or other mental health specialists. • Eat a diet rich in omega-3 fatty acids found in fish (salmon, tuna, sardines) and some plants. • Consume adequate nutrients from a healthy diet and multi-vitamin and mineral supplement, including folate, vitamin B-12, vitamin D, calcium, iron, selenium, and zinc. • If breastfeeding, encourage the breastfeeding client to continue breastfeeding to reduce the stress responses found postpartum period, to provide more restful sleep, protect maternal mood, and protect the infants from harmful effects of maternal depression. • Recommending following to Dietary Guidelines for Americans and Physical Activity Guidelines for Americans.

	• Encourage physical activity (at least 5 days a week for 30 minutes or more) to boost mood and promote and lower inflammation. Check with the HCP, if necessary.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the prediabetes was managed effectively, has improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client's client record for symptoms of depression related to eating patterns and weight changes. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If symptoms of depression have not improved, reassess and guide the client or caregiver to develop one or two additional or different behavior change goals.
Client Resources	Depression NIH English Postpartum Depression NIH English Start Simple with MyPlate English Tips for Pregnant Moms English Spanish Healthy Eating for Women Who Are Pregnant or Breastfeeding English Tips for Healthy Postpartum Weight Loss English Move Your Way During and After Pregnancy English Back to Basics with Healthy Weight Loss English Healthy Moms - You've Got This! MDHHS-PUB-1255 English Spanish Arabic Before and Between Babies! Be a Healthy, Active Mom (SDE) Why Take a Prenatal Supplement English Dietary Supplements - What You Need to Know English

362.01+ Development, Sensory or Motor Delays Interfering with Ability to Eat

Topic	Guidance and Resource Links
Supporting Resources	362 Developmental, Sensory or Motor Disabilities or Delays Interfering with the Ability to Eat (Definition, Justification, Resources) Academy of Nutrition and Dietetics Nutrition Care Manual Autism Spectrum Disorder
Assessment	Developmental, sensory, or motor disabilities that restrict the ability to intake, chew, or swallow food or require tube feeding to meet nutritional needs include the following: • Minimal brain function • Head trauma • Birth injury • Brain damage • Feeding problems due to a developmental disability such as pervasive development disorder (PDD), which includes autism. • Other disabilities. Infants and children with developmental disabilities are at increased risk for nutritional problems. Common feeding concerns include: • Increased sensory sensitivity, restricted intake due to color, texture, and/or temperature of foods. • Decreased selection of foods over time. • Difficulty accepting new foods; difficulty with administration of multivitamin/mineral supplementation and difficulty with changes in mealtime environment. Education, referrals, and service coordination with specialists will aid in early intervention of these disabilities. The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information by identifying contributing factors of developmental, sensory, or motor disabilities or delays. Suggested areas include: • Gather nutrition and health information from the client record. • For infants and children: Ask the caregiver about the infant and/or child's eating abilities and/or eating behavior; what interventions they have already tried. • For women: Ask the client about their food selection and eating patterns. • Tube feeding clients: Ask about the regimen prescribed by the HCP.
Client Issue(s)/ Nutrition Risk(s)	Engage the client or caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Self-feeding difficulty; swallowing difficulty; biting/chewing difficulty; limited food acceptance.

	• Etiologies/root causes: Food selectivity and hypersensitivities; food and nutrition knowledge deficit concerning ___; limited physical strength or range of motion; developmental delay; limited food acceptance; disordered eating pattern; avoidance of self-feeding. • Signs and symptoms: List objective information: subjective (client or caregiver reports) such as weight gain/loss or growth pattern changes, reported food selection issues and eating patterns, dietary supplement usage, or tube feeding regimen.

Intervention	Guide the client using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change to improve their nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified.
	
	Interventions may include:
	• Specific interventions may include a texture, energy and/or fiber modifications for the client's diet.
	• Use adaptive feeding utensils as appropriate and proper positioning during meals and snacks.
	• Infant or child:
	  • Offer new food along with food the child already likes to eat.
	  • Keep mealtime routines consistent at the same place and time using the same plates and utensils.
	  • Eat together as a family.
	  • Accept picky eating behavior as normal and avoid using food as a reward or for behavior management.
	  • Offer age-appropriate portion sizes.
	  • Provide positive reinforcement for desirable mealtime behaviors and ignore disruptive behaviors.
	• Women:
	  • Try new foods, especially fruits and vegetables.
	  • Adopt a structure and routine for regular meals and snacks.
	  • Use appropriate feeding equipment and appropriate portion sizes.
	  • Avoid distractions during meals and snacks.
	• Tube feeding: Ensure intermittent/bolus or continuous feedings are being provided per the HCP.
	• Offer a referral to an occupational specialist, speech-language pathologist, and/or a registered dietitian specialized in treating autism or other developmental disorders.

Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals.

	• If the client or caregiver's knowledge and beliefs have not resolved, reassess and guide them to develop one or two additional or different behavior change goals.
Client Resources	Healthy Tips for Picky Eating English Spanish Tips for a "Choosy Eater" English Spanish Autism Spectrum Disorders and Diet English What You Need to Know Now - A Parent's Introduction to Tube Feeding English Spanish No More Battles! Feeding Your Picky Eater (SDE) wichealth.org lesson: *Solving Picky Eating*

363.01+ Pre-Diabetes

Topic	Guidance and Resource Links
Supporting Resources	363 Pre-Diabetes (Definition, Justification, Resources) Nutrition Care Manual Prediabetes diagnosis and treatment: A review Nutrition Therapy for Adults with Diabetes or Prediabetes National Diabetes Prevention Program
Assessment	Prediabetes is impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) and referred to as prediabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. An individual who is identified as having prediabetes is at relatively high risk for the development of type 2 diabetes and cardiovascular disease. One in three American adults has prediabetes and over 80% don't know they have it. The CDC's National Diabetes Prevention Program is a public-private partnership working to build a nationwide system to deliver an affordable, evidence-based lifestyle change program proven to prevent or delay type 2 diabetes. These lifestyle changes can cut their risk of developing type 2 diabetes by as much as 50% (71% for those 60 or older). Dietary recommendations include monitoring of calories, reduced carbohydrate intake and high fiber consumption. Medical nutrition therapy (MNT) aimed at producing 5-10% loss of body weight and increased exercise have been demonstrated to prevent or delay the development of diabetes in people with IGT. However, the potential impact of such interventions to reduce cardiovascular risk has not been examined to date. The WIC nutrition service staff can support and reinforce the MNT and physical activity recommendations that clients receive from their HCPs. In addition, WIC nutritionists can play an important role in providing women with counseling to help them achieve or maintain a healthy weight after delivery. The WIC food package provides high fiber, low fat foods emphasizing consumption of whole grains, fruits, vegetables, and dairy products. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques to elicit information about prediabetes lifestyle changes. Suggested areas include: ● Gather nutrition and health information from the client record related to prediabetes management, blood glucose/A1c values, medications, weight pattern, eating plan, physical activity, and alcohol and substance use. ● Elicit information about the client or caregiver's understanding of prediabetes, current efforts to reverse prediabetes, and their goals. ● Explore issues around lifestyle management of prediabetes and goals for reducing risk of developing type 2 diabetes mellitus. ● Refer people with prediabetes to an intensive lifestyle intervention program that includes individualized goal-setting components, such as the

	National Diabetes Prevention Program (National DPP) and/or to individualized MNT. National Diabetes Prevention Program
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Altered nutrition related laboratory values; excessive carbohydrate intake; food and nutrition related knowledge deficit. • Etiologies/root causes: endocrine dysfunction of blood glucose; cultural practices to affect ability to learn/apply information and/or manage care; nutrition and food knowledge deficit concerning appropriate amount and types of dietary carbohydrate. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as: fasting or postprandial blood glucose and/or A1c values of ____.
Intervention	Guide the client or caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goals strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggestions for the client or caregiver may include: • Follow the individualized nutrition plan by the RD/RDN specializing in prediabetes care and education and the management of prediabetes. • Encourage physical activity to work up to and maintain 2.5 hours (150 minutes) per week, minimum. Increase physical activity to 30 minutes a day, at least 5 days a week. You can break up your activity into smaller chunks of time—for example, a brisk 10-minute walk 3 times a day. • Follow up with HCP and other health professionals for glucose monitoring and weight management. • Offer a referral to an HCP and the National Diabetes Prevention Program.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if the prediabetes was managed effectively, has improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the client's client record for blood glucose/A1c values, physical activity, and weight changes. • Use motivational interviewing techniques to assess the client's or caregiver's success with behavior change goals. • If the prediabetes has not improved, reassess, and guide the client or caregiver to develop one or two additional or different behavior change goals.

Client Resources	Diabetes and Prediabetes English (PDF) English (webpage) Do I have Pre-Diabetes? English

382.01+ Fetal Alcohol Spectrum Disorders

Topic	Guidance and Resource Links
Supporting Resources	382 Fetal Alcohol Spectrum Disorders (Definition, Justification, Resources) WIC Substance Use Prevention Guide | WIC Works Resource System Fetal Alcohol Spectrum Disorders (FASDs) CDC's Developmental Milestones FASD Curriculum Guide for Medical and Allied Health Professionals
Assessment	Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs are a an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE). Prenatal exposure to alcohol can damage the developing fetus and is the leading preventable cause of birth defects and intellectual and neurodevelopmental disabilities. FASD is an umbrella term describing the range of effects that can occur in an individual whose mother consumed alcohol during pregnancy. These effects include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. A person with FASD might have any or a combination of the following: • Facial abnormalities, such as a smooth ridge between the nose and upper lip. • Small head size, short stature, low body weight. • Sleep and sucking problems as an infant. • Hyperactive behavior, difficulty with attention, poor memory, difficulty in school, learning disabilities, poor reasoning, and judgment skills. • Poor coordination, speech and language delays, intellectual disability, or low IQ. • Problems with the heart, kidneys, bones, vision, or hearing. When speaking with a biological mother of a child with an FASD, the American Academy of Pediatrics recommends the following (15): • Building a rapport with the mother and allow her to express her emotions and concerns related to her child's health and the demands of parenting a child with an FASD. • Reaffirming the parent as a key part of the child's care team. • Keeping all lines of communication and advocacy open as the child's care is coordinated through the medical home.

- Referring to the National Organization on Fetal Alcohol Syndrome's Circle of Hope Birth Mother's Network that can be contacted in person or online: The Circle of Hope: A Mentoring Network for Birth Mothers (https://www.nofas.org/circleofhope/.

WIC staff can assist caregivers of infants and children with FASD by:

- Providing anthropometric monitoring to address underweight, delayed growth, nutritional inadequacies, or overweight issues and concerns.
- Providing individualized food packages tailored to meet the needs of participants.
- Providing nutrition information regarding how to improve the intake of dairy products, green leafy vegetables, vegetable oils, nuts, eggs, and fish when appropriate as this may be beneficial.
- Providing nutrition guidance to help with making appropriate choices for healthy snacks and satiety.
- Providing suggestions for addressing age-appropriate feeding skills and behavioral and developmental issues associated with feeding.
- Encouraging physical activity as it improves glucose tolerance, muscle development, motor coordination, and may stimulate neurogenesis and synaptogenesis.
- Referring to their health care provider to discuss nutritional supplements and any growth and development concerns.
- Providing referrals to promote caregiver and infant/child feeding skills, including referrals to local home visiting programs, parenting programs, and early intervention services.
- Referring to their health care provider for breastfeeding support. These infants may need frequent growth monitoring and re-evaluation of their feeding capacity, so feeding plans will need to be adjusted accordingly

WIC staff can assist clients or caregivers with FASD by:

- Providing individualized nutrition education in an easy-to-understand format that is appropriate for the learning level of the participant/caregiver.
- Be sensitive to the unique learning needs of the client or caregiver, which may mean using food models, posters, and handouts.
- Providing referrals to promote parenting and infant/child feeding skills, including referrals to local home visiting programs, parenting programs, and early intervention services.
- Encouraging clients/caregivers to follow their health care provider's plan of care. Coordinate with health care providers as needed.
- Providing individualized food packages, tailored to meet the needs of participants. Some adults with FASD with a limited ability to make appropriate feeding decisions/prepare food may be unable to prepare powder or concentrated infant formula. Thus, for the safety of the infant, ready-to-feed (RTF) WIC formulas to be issued when it is determined that

	the caregiver may have difficulty correctly diluting powder or concentrated formulas. ● Referring to their HCP to discuss nutritional supplements for pregnant women. Referring to organizations listed in the Substance Use and Prevention Manual: Screening, Education and Referral Resource Guide for Local WIC agencies at WIC Substance Use Prevention Guide | WIC Works Resource System. The RD/RDN can positively impact the client or caregiver by using motivational interviewing techniques to elicit information by identifying issues related to FASD. Suggested areas include: ● Gather nutrition and health information from the client record including weights, eating patterns, and growth patterns. ● Ask the client or caregiver about their HCP's plan of care and any other program services they are receiving.
Client Issue(s)/ Nutrition Risk(s)	Engage the client or caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Inadequate energy intake; underweight; excessive energy intake; overweight; disordered eating pattern; growth rate below expected. ● Etiologies/root causes: Developmental delay; impair cognitive ability, including learning disabilities, neurological or sensory impairment. ● Signs and symptoms: List objective information and subjective (client or caregiver reports) such as weight loss/gain of ___ lbs.; percentile growth change of ____; unable or difficulty with [list feeding skill].
Intervention	Guide the client using motivational interviewing techniques to identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Interventions may include: ● Client/caregiver will follow the directions of the HCP related to ____. ● Client/caregiver will arrange to meet with their HCP to discuss a nutritional supplement. ● Client/caregiver will consume a tailored food package to increase calories, such as [list foods]. ● The client will eat foods such as dairy products, green leafy vegetables, vegetable oils, nuts, eggs and/or fish as part of at least one meal or snack every day. ● Review proper mixing of infant formula with caregiver. ● Client issued a ready-to-feed formula related to the caregiver experiencing difficulty correctly diluting the powder/concentrated formula. ● Offered referral to parent program, early intervention program and/or home visiting program to increase self-feeding skills.

	• Offer to do a CDC Developmental Milestones screen, if necessary.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if it resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the client or caregiver's success with behavior change goals. • If the client or caregiver's knowledge and beliefs have not resolved, reassess and guide them to develop one or two additional or different behavior change goals.
Client Resources	Give Your Baby a Healthy Start: Tips for Pregnant Women and New Mothers (English and Spanish) CDC's Developmental Milestones English Spanish Basics about FASDs English Spanish The Circle of Hope: A Mentoring Network for Birth Mothers

383.01+ Neonatal Abstinence Syndrome

Topic	Guidance and Resource Links
Supporting Resources	383 Neonatal Abstinence Syndrome (Definition, Justification, Resources) Modified Finnegan Neonatal Abstinence Score Sheet Prenatal Opioid and Substance Exposure Neonatal Abstinence Syndrome
Assessment	Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy. NAS is a combination of withdrawal symptoms that involve multiple bodily systems. It is commonly associated with chronic opioid exposure during fetal development; however, can also result from chronic intrauterine exposure to other substances including benzodiazepines, barbiturates, selective serotonin reuptake inhibitors and ethanol. Withdrawal in the newborn varies based on the type of substance, dose, and timing of exposure. Opioid is a general term for a variety of illicit and prescription drugs that decrease pain. Opioids are water soluble and are, therefore, able to move easily across the placenta to the infant. Prescription opioid pain relievers include oxycodone, hydrocodone, codeine, morphine, and fentanyl. The transfer of opioids increases as gestational age increases. Heroin is an illegal opioid that is synthesized from morphine and can be injected, inhaled, or smoked. Women who become pregnant are at risk for transmission of HIV and Hepatitis C and are often put on opioid maintenance therapy (methadone or buprenorphine). These prescribed opioids can still lead to NAS. Maintenance therapy can help protect the fetus from repeated opioid withdrawal in utero. Symptoms of NAS generally involve the central nervous system, autonomic nervous system, and the gastrointestinal tract. The severity of symptoms is assessed using the Modified Finnegan Score Sheet with 21 symptoms associated with NAS. Symptoms associated with NAS include: • Low, high-pitched crying • Sweating • Yawning • Sleep disturbances • Feeding difficulties • Poor weight gain • Excessive sucking • Regurgitation • Diarrhea The first treatment option for infants with NAS is to manage symptoms without medication by rooming in with the mother, encouraging skin-to-skin contact, swaddling, having a calm environment, avoiding overstimulation, and supporting

	breastfeeding. Medications may be used to manage symptoms such as morphine, methadone, phenobarbital or clonidine. These medications may have side effects such as slow or shallow breathing, slow heart rate, difficulty waking up, excessive sleepiness, constipation, and fewer wet diapers
	
	Infants born with NAS are often premature, have low birth weights, and are growth-restricted. Infants may have impaired feeding behaviors such as excessive sucking, regurgitation, diarrhea, and poor feeding characterized by fussiness, crying, and sleepiness. Infants with NAS have higher caloric requirements due to their energy expenditure. The AAP recommends breastfeeding if not contraindicated. The AAP also recommends that infants with NAS be fed frequent small volumes of human milk or high calorie formula, as needed, in a quiet and calm environment, to aid the infant in tolerating feedings and improving digestion and to allow for adequate growth. Breastfeeding has been found to provide protection against the development of NAS symptoms and lessen the severity of symptoms, which would decrease the need for pharmacological intervention for the infant.
	
	WIC staff can assist caregivers by:
	
	● Educating to recognize infant hunger cues.
	● Reviewing feeding frequency and/or formula type and amount to help manage gastrointestinal symptoms of NAS.
	● Providing growth monitoring to assess adequate weight gain.
	● Encouraging supportive interventions to include:
	  • Skin-to-skin contact.
	  • Swaddling.
	  • Quiet environment with little stimulation.
	● Encouraging breastfeeding unless medically contraindicated.
	● Providing referrals for support services such as drug and alcohol counseling, parenting support, and medical evaluations.
	● Encouraging mothers who are on medication-assisted therapy (e.g., methadone or buprenorphine) and who are breastfeeding, to speak with their health care provider if they have questions about the timing and dose of their medication.
	● Educating mothers who are on medication-assisted therapy and who are breastfeeding on the importance of gradual weaning when mutually desired by the mother and infant.
	
	The RD/RDN can positively impact the client by using motivational interviewing techniques to elicit information by asking the caregiver to share the client's NAS symptoms and treatments. Suggested areas include:
	
	● Gather nutrition and health information from the client record and ask the caregiver about the client's NAS symptoms and treatments ordered by the HCP.

	• Ask the caregiver about eating patterns and what they have attempted to address nutrition and eating issues.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Increased energy expenditure; inadequate energy intake; altered GI function; growth rate below expected. • Etiologies/root causes: Alteration in GI function; inadequate energy intake; disordered eating pattern. • Signs and symptoms: List objective information: subjective (caregiver reports) such as breastfeeding frequency and/or formula volume throughout the day, weight status, medication usage,
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve the nutritional status. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Interventions may include: • More frequent feedings and responding to feeding cues. • High calorie feeding. • Encourage skin-to-skin during feedings, if possible. • Encourage swaddling and feeding in a quiet environment with low stimulation.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if it has resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Use motivational interviewing techniques to assess the caregiver or client's success with behavior change goals. • If the NAS-related issues have not been resolved, reassess and guide the caregiver to develop one or two additional or different behavior change goals.
Client Resources	Care for a Baby with NAS Neonatal Abstinence Syndrome (NAS) (for Parents)

411.08+ Inappropriate Nutrition Practices for Infants - Very Low Calories and/or Essential Nutrients

Resource	Guidance and Resource Links
Supporting Resources	411.08+ Inappropriate Nutrition Practices for Infants-Very Low Calories and/or Essential Nutrients (Definition, Justification, Resources) Justification Inappropriate Nutrition Practices for Infants Academy of Nutrition and Dietetics Pediatric Nutrition Care Manual Position of the Academy of Nutrition and Dietetics: Vegetarian Diets
Assessment	Infants receiving very low in calories and/or essential nutrients are at risk for primary nutrient deficiencies. Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development, and may lead to other adverse physiological effects. Infants are particularly vulnerable during weaning if fed a macrobiotic diet and may experience psychomotor delays in some instances. Well balanced vegetarian diets with dairy products and eggs are generally associated with good health. Strict vegan diets may be inadequate in calories, vitamin B12, vitamin D, calcium, iron, protein, and essential amino acids. The RD/RDN can positively impact the client by engaging the caregiver and using motivational interviewing techniques to elicit information about breastfeeding and/or formula feeding, eating patterns and dietary supplement usage. Suggested areas include: ● Gather nutrition and health information from the client record. ● Elicit information about intake from breastfeeding and/or formula feeding and each of the food groups (when feeding complementary foods), especially protein sources and calories, and vitamin and mineral intake, including iron, calcium, vitamin B12, vitamin D.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Inadequate energy intake; inadequate protein intake; inadequate fat intake; inadequate vitamin/mineral intake; feeding difficulties; breastfeeding difficulties; food and nutrition knowledge deficit. ● Etiologies/root causes: Lack of prior nutrition related education regarding infant/child feeding practices; unsupported beliefs/attitudes about food, nutrition, and nutrition related information; practices that affect nutrient intake; food and nutrition knowledge deficit concerning ___. ● Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as breastfeeding/formula feeding routine of ____; food intake record indicate ____.
Intervention	Guide the caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve their

	infant's breastfeeding and/or formula feedings, eating pattern and dietary supplement intake. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggested areas for caregivers of infants to consider: ● Strict vegans may require dietary supplementation to meet nutrient needs, but not in excess. ● Infants need adequate calories and protein to support growth and development.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if it was resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Review the infant's breastfeeding or formula feeding and meal patterns and if they are eating adequate amounts of food from all Food Groups, especially protein sources. ● Use motivational interviewing techniques to assess the caregiver's success with behavior change goals. ● If the infant is consuming adequate calories from breast milk or infant formula, as well as, the food groups, adequate protein sources they may no longer be at high risk for very low calories and/or essential nutrients and high risk nutrition counseling can end. ● If no improvement, guide the caregiver to develop one or two additional or different behavior change goals.
Client Resources	Vegetarian Infants English AAP HealthyChildren.org English Spanish Protein in Vegetarian and Vegan Diets English wichealth.org Online Lessons *Meatless Meals for Busy Families* *Finding Recipes That Work* *Starting Your Infant on Solid Foods*

425.06+ Inappropriate Nutrition Practices for Children - Highly Restrictive Diets, Vegan Diets

Topic	Guidance and Resource Links
Supporting Resources	425.06+ Inappropriate Nutrition Practices for Children - Highly Restrictive Diets, Vegan Diets (Definition, Justification, Resources) Justification Inappropriate Nutrition Practices for Children Academy of Nutrition and Dietetics Pediatric Nutrition Care Manual Position of the Academy of Nutrition and Dietetics: Vegetarian Diets
Assessment	Families that follow a highly restrictive diet or practice a strict vegan diet such as vegan, macrobiotic, and other diets very low in calories and/or essential nutrients are at risk for primary nutrient deficiencies. Strict vegan diets may be highly restrictive and result in nutrient deficiencies and can interfere with growth and development and may lead to other adverse physiological effects. Vegan diets can be inadequate in calories, protein, iron, vitamin B12, vitamin D, and calcium. The RD/RDN can positively impact the client by engaging the caregiver and using motivational interviewing techniques to elicit information about eating patterns and dietary supplement usage. Suggested areas include: • Gather nutrition and health information from the client record. • Elicit information about intake from each of the Food Groups, especially protein sources and calories, and vitamin and mineral intake, especially protein, iron, calcium, vitamin B12, vitamin D.
Client Issue(s)/ Nutrition Risk(s)	Engage the caregiver in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: • Problems: Inadequate energy intake; inadequate protein intake; inadequate fat intake; inadequate vitamin/mineral intake; feeding difficulties; food and nutrition knowledge deficit. • Etiologies/root causes: Lack of prior nutrition related education regarding child feeding practices; unsupported beliefs/attitudes about food, nutrition, and nutrition related information; practices that affect nutrient intake; food and nutrition knowledge deficit concerning ___. • Signs and symptoms: list objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or caregiver reports) such as: feeding routine of ____; food intake record indicate ____.
Intervention	Guide the caregiver using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve their child's eating pattern and dietary supplement intake. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified.

	Suggested areas for caregivers of children to consider: • Strict vegans may require dietary supplementation to meet nutrient needs, but not in excess. • Children need adequate calories and protein to support growth and development.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if it was resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: • Review the child's meal patterns and if they are eating adequate amounts of food from all Food Groups, especially protein sources. • Use motivational interviewing techniques to assess the caregiver's success with behavior change goals. • If the child is consuming adequate calories from the Food Groups, adequate protein sources and taking a dietary supplement, they may no longer be at high risk for highly restrictive diets for children and high risk nutrition counseling can end. If no improvement, guide the caregiver to develop one or two additional or different behavior change goals.
Client Resources	Vegetarian Nutrition for Toddlers and Preschoolers English Protein in Vegetarian and Vegan Diets English AAP HealthyChildren.org English Spanish wichealth.org Online Lessons *Meatless Meals for Busy Families* *Be Healthy with Veggies and Fruit* *Finding Recipes That Work* *Making a Meal Plan*

Topic	Guidance and Resource Links
Supporting Resources	427.02+ Inappropriate Nutrition Practices for Women - Vegan Diets (Definition, Justification, Resources) Attachment: Justification and References for Inappropriate Nutrition Practices for Women Academy of Nutrition and Dietetics Adult Nutrition Care Manual Position of the Academy of Nutrition and Dietetics: Vegetarian Diets
Assessment	Clients that practice a strict vegan diet, low carbohydrate, high protein diet, macrobiotic diet, and/or any other diet restricting calories and/or essential nutrients are at risk for primary nutrient deficiencies, especially during pregnancy and breastfeeding. Low calorie intake during pregnancy may lead to inadequate prenatal weight gain, which is associated with infant intrauterine growth restriction and birth defects. Strict vegan diets may be highly restrictive and result in nutrient deficiencies and require supplementation for riboflavin, iron, zinc, vitamin B12, vitamin D, calcium, and selenium. With the increase of obesity and treatment by gastric bypass surgery, nutrition deficiencies can also occur. A breastfeeding client who has had gastric bypass surgery is at risk of vitamin B12 deficiency for herself and her infant. The RD/RDN can positively impact the client by engaging the client and using motivational interviewing techniques to elicit information about eating patterns. Suggested areas include: ● Gather nutrition and health information from the client record. ● Elicit information about intake from each of the Food Groups, especially protein sources, and prenatal vitamin and mineral intake, especially iron, zinc, calcium, folic acid, vitamin B12, vitamin D, selenium, and riboflavin.
Client Issue(s)/ Nutrition Risk(s)	Engage the client in identifying one or more issues or risks to address. Summarize the issue or risk as a PES statement, SOAP note, or narrative. Suggestions for common PES statement content are: ● Problems: Inadequate energy intake; inadequate protein intake; inadequate fat intake; inadequate vitamin/mineral intake; food and nutrition knowledge deficit; intake of types of proteins inconsistent with needs. ● Etiologies/root causes: Unsupported beliefs/attitudes about food, nutrition, and nutrition related information; practices that affect nutrient intake; food and nutrition knowledge deficit concerning ___; food faddism; cultural practices that affect ability to make appropriate food choices. ● Signs and symptoms: List objective information (laboratory values, observation, anthropometric measurements) and/or subjective (client or

	caregiver reports) such as: meal and snack routine of ____; food intake record indicate ____.
Intervention	Guide the client using motivational interviewing techniques, identify one or two behavior change goals to consider, try, or plan to change to improve her eating pattern and/or prenatal vitamin and mineral intake. Use SMART or WHAT goal strategies for success. The intervention should relate to the issues or risks the client would like to address and/or the root cause of the problem(s) identified. Suggested areas to consider: ○ Avoid excessive supplementation as it can adversely affect health, in particular, vitamins A, B6, niacin, iron and selenium. ○ Strict vegans may require supplementation with riboflavin, iron, zinc, vitamin B12, vitamin D, calcium, and selenium. ○ Breastfeeding clients who have had gastric bypass surgery may need to supplement with vitamin B12.
Monitoring and Evaluation	Monitoring and evaluation involve determining if the behavior change goal was achieved and if it was resolved, improved, has demonstrated no change, or worsened. Suggestions for monitoring and evaluation: ● Review the client's meal patterns and determine if they are eating food from all food groups, especially protein sources. ● Use motivational interviewing techniques to assess the client's success with behavior change goals. ● If the client is consuming adequate calories from the Food Groups, adequate protein sources and taking a prenatal vitamin and mineral regularly, she may no longer be at high risk for highly restrictive diets and high risk nutrition counseling can end. If behavior change goals were not achieved, guide the client to develop one or two additional or different behavior change goals.
Client Resources	Vegetarian Diets in Pregnancy English Vegetarian Diets During Lactation English Protein in Vegetarian and Vegan Diets English Meal Planning for Vegetarian Lifestyle English Academy of Nutrition and Dietetics Vegetarian Practice Group Education Handouts wichealth.org Online Lessons *Meatless Meals for Busy Families* *Eat Well for a Healthy Pregnancy* *Be Healthy with Veggies and Fruit* *Finding Recipes That Work* *Making a Meal Plan*