THE NORTH CAROLINA WIC NUTRITION ASSESSMENT AND CARE PLAN

PART II: THE CARE PLAN

OBJECTIVES

- Review components of a comprehensive WIC nutrition care plan
- Demonstrate how to summarize a participants’ nutrition status and develop a care plan
- Review documentation standards for the nutrition assessment and care plan
- Discuss importance of routine follow-up to assess nutrition risk and relevancy of the care plan

DEVELOPING THE CARE PLAN

THINGS TO CONSIDER:
- Education level
- Understanding of nutrition principles
- Beliefs
- Food preparation skills
- Cultural practices
- Family and social environment resources
- Access to food and health care services
- Stage of readiness to change behaviors

PLAN OF CARE:
- Nutrition education
- Breastfeeding support
- Goals
- Referrals
- WIC food package
- Follow-up
### IS AN INDIVIDUALIZED PLAN OF CARE DOCUMENTED FOR EACH CLIENT?

**Minimum Standard:** Based on the summary of nutrition problems and potential problems, staff must work with the participant to establish a plan of care. (WPM Chapter 6C)

<table>
<thead>
<tr>
<th>Required Components</th>
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<tbody>
<tr>
<td>Nutrition Education</td>
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<td>Follow-up</td>
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### CONSIDERATION OF CULTURAL PRACTICES

**CULTURE**

- Nutrition Education
- WIC Food Package
- Breastfeeding
- Goals
- Referrals
- Follow-up

### PLAN OF CARE

<table>
<thead>
<tr>
<th>Requirement</th>
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<tr>
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NUTRITION EDUCATION

- Provision of information about nutrition using methods, materials, and tools that are designed to enhance a participant's understanding of the importance of nutrition and physical activity
- Considered a cornerstone of the WIC Program
- Empower participants to make choices that will have a positive impact on their health
- Nutrition education should be related to the goals

NUTRITION EDUCATION CONTACTS PER CERTIFICATION PERIOD

| Pregnant: two | Postpartum Breastfeeding: four | Postpartum Non-Breastfeeding: two |
| Infants 0-12 months: four | Infants 6-12 months: four | Children: four |

FOLLOW-UP NUTRITION EDUCATION

High Risk Nutrition Education
- Education/counseling
- Provided on an individual basis
- May be provided by:
  - A CPA
  - Outside local agency

Low Risk Nutrition Education
- Anticipatory guidance
- Public health messages
- May be provided by:
  - A CPA
  - Trained non-CPA staff
  - wichealth.org
  - Outside local agency
HIGH RISK NUTRITION EDUCATION

- Pregnant women
- Breastfeeding mother-infant dyads
- Infants receiving any formula other than contract standard
- Identified as high risk by CPA

LOW RISK NUTRITION EDUCATION

- Postpartum non-breastfeeding women
- Non-breastfeeding infant on contract standard formula
- Children

REQUIRED NUTRITION EDUCATION TOPICS

Women (Pregnant & Postpartum)
- Breastfeeding
- Substance Abuse
- Immunizations
- Folic Acid
- Importance of Good Nutrition

Infants/Children
- Substance Abuse
- Importance of Good Nutrition
DOCUMENTATION OF NUTRITION EDUCATION

- Low Risk:
  - Nutrition Education Quick Link
  - Care Plan Summary screen

- High Risk:
  - Nutrition Education Quick Link

Women (Pregnant & Postpartum)
- Mom
- Baby

Infants & Children
- Mom
- Baby
BREASTFEEDING SUPPORT

Issuance of a breast pump and/or breastfeeding aid should be related to:

- Goals
- Nutrition education
- Identified nutrition problems/potential problems and/or health needs
GOALS

- A specific nutrition-related change a client is willing to work on to improve a health behavior
- Limit to 1-2 achievable goals
- Engage the participant in the process of setting goals by determining what their priorities are for health behavior change

GOAL SETTING

- Goals should be "SMART": specific, measurable, achievable, realistic, time-sensitive
- Foster a positive framework around goal setting
- Honor where the participant is at

- Ask open-ended questions to evoke motivation and identify change talk
- Ask the participant to rate importance
- Tailor to readiness to change
GOAL SETTING

- Use goal setting tools
- Affirm goals – no matter how big or small
- Follow-up on the goal

DOCUMENTATION OF GOALS

- Documented on Maintain Goals Quick Link in Crossroads
- Family, individual, or both
- Update goals at certification appointments and as needed

<table>
<thead>
<tr>
<th></th>
<th>Pregnant</th>
<th>Postpartum Breastfeeding</th>
<th>Postpartum Non-breastfeeding</th>
<th>Infant/Child</th>
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<tbody>
<tr>
<td>Initial Certification</td>
<td></td>
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<tr>
<td>Mid-Certification</td>
<td>✓</td>
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<tr>
<td>Subsequent Certification</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Weight Check</td>
<td>✓</td>
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</table>

*If woman participated in WIC during pregnancy, follow-up on goals at subsequent certification for new participant category

• May add free-form goal
DOCUMENTATION OF GOALS

- Indicate plan for follow-up

DOCUMENTATION OF GOALS - EXAMPLE

Step 1

Step 2

Step 3

Step 4

(documentation example)

(documentation example)

(documentation example)
## PLAN OF CARE

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## PURPOSE OF REFERRALS
- Connects participants to other health, assistance, and social services
- Referrals should be related to:
  - Goals
  - Identified nutrition problem(s)/potential problem(s)
  - Health needs
  - Community resources

## REFERRALS

<table>
<thead>
<tr>
<th>WIC Participant</th>
<th>Community</th>
<th>Medical Care</th>
<th>Food Assistance</th>
<th>Housing</th>
<th>Childcare</th>
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**REFERRALS DOCUMENTATION**

- Document referrals on Referral Program screen when the agency/service is listed
- Otherwise, referral must be documented as a note in Nutrition Assessment

**PLAN OF CARE**

- Nutrition Education
- Breastfeeding Support
- Goals
- Referrals
- WIC Food Package
- Follow-Up

**FOOD PACKAGE**

- The food package prescribed should reflect the participants' nutritional needs and cultural practices
- Explore typical eating habits
- Preserve healthy cultural foods
FOOD ALLERGIES & INTOLERANCES

PLAN OF CARE

Nutrition Education  Breastfeeding Support  Goals  Referrals  WIC Food Package  Follow-Up

FOLLOW-UP

Include specific timeframe and purpose/action
Relate to goals, referrals, and health needs
Document plan for follow-up in care plan
SUMMARY STATEMENTS

- Summarize your information into a brief statement that conveys the main findings and any connections between or among findings.
- Primary purpose of documentation is to assure continuity of care by communicating information among health care providers about a participant's nutrition status.
- Document in the Care Plan Summary quick link.
- Only use abbreviations consistent with the local agency's approved abbreviation list.
A SUMMARY STATEMENT IS...

- Documentation of the key findings from the nutrition assessment
- Written in a way that describes a participant's current status
- Can include relevant findings
- Can include concerns of the parent/guardian/caretaker
- Brief and concise documentation

A SUMMARY STATEMENT IS NOT...

- NOT a listing of the nutrition risk criteria identified
- NOT a repeat of Quick Link information
- NOT lengthy or all-inclusive of every detail from the nutrition assessment
- NOT something that can be skipped or left incomplete

SUMMARY STATEMENTS
When in doubt, spell it out!

Follow the KISS principle
- Keep it Short and Simple

Be clear and concise

Resources:
- Taber's Medical Abbreviations
- Stedman's Medical Dictionary

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CASE STUDY 1: PREGNANT WOMAN

**Anthropometric**
- Height: 64"
- Pre-pregnancy Weight: 150 lb, 0 oz
- Pre-pregnancy BMI: 25.7 (Overweight)
- Current Weight: 153 lb, 8 oz
- Weight Change: +3 lb, 8 oz
- Expected Weight Gain: 7 lb, 7 oz
- Difference Between Actual & Expected Gain: -3 lb, 15 oz

**Biochemical**
- Hgb = 10.9 (L)

**Clinical**
- 24 weeks gestation, 1st pregnancy
- Prenatal visits initiated at approximately 8 weeks gestation
- Infrequently takes prenatal vitamins due to complaints of nausea
- Plans to breastfeed

**Dietary & Physical Activity**
- Skips breakfast, has large lunch, small dinner, no snacks
- Typically does not drink milk due to cost, but likes 1%
- Consumes 1 fruit, 1 veggie per day
- Consumes whole grain foods 1-3x/week
- Is active when at work

**Eco-Social**
- 21 year old female
- Lives with boyfriend
- Works part-time as a waitress
- Boyfriend smokes, but not in the home

**Summary Statement**
21 year old first-time mom presenting for initial certification. Total weight gain is lower than expected. OB is monitoring. Appetite is fair, occasional nausea/vomiting in morning. Encouraged to take prenatal vitamins with food or immediately before bed to decrease symptoms of nausea. Receptive to strategies to consume small, frequent meals & increased dietary variety. Plans to breastfeed, boyfriend is supportive of breastfeeding, interested in BFPC program. Follow-up in 3 months for weight check.
CASE STUDY 1: SUMMARY STATEMENT

Visit Type
Consult for nutrition counseling for weight gain.

Nutrition Problem
Total weight gain is lower than expected. OB is monitoring. Appetite is fair, occasional nausea/vomiting in morning.

Nutrition Education
Encouraged to take prenatal vitamins with food or immediately before bed to decrease symptoms of nausea. Receptive to strategies to consume small, frequent meals and increase dietary variety.

Breastfeeding Support
Plans to exclusively breastfeed. Boyfriend is supportive of breastfeeding. Interested in BFPC program.

Goals

Follow-up in 3 months for weight check.

CASE STUDY 2: BREASTFEEDING WOMAN

Anthropometric
- Height: 65"‌
- Pre-pregnancy Weight: 204 lbs
- Pre-pregnancy BMI: 33.9 (Obese)
- Weight at Delivery: 236 lbs
- Total Weight Gained in Pregnancy: 32 lbs
- Current Weight: 225.2 lbs
- Current BMI: 37.5 (Obese)

Biochemical
- Hgb = 9.9 (L)

Clinical
- 10 days postpartum
- Gravida: 2, Para: 2
- Delivered at 40 weeks gestation, no complications
- Denies cigarette use or alcohol consumption

Eco-Social
- 37-year-old female
- Recently delivered 2nd child
- Thinking about supplementing with formula due to low milk supply

Dietary & Physical Activity
- Eats 3-4 meals & snacks per day
- Consumes less than 1 cup of milk per day (1%)
- Consumes fruit 1-3x/week
- Consumes veggies 1-3x/week
- Consumes whole grains 4-6x/week

CASE STUDY 2: POSTPARTUM BREASTFEEDING

Summary Statement
37-year-old breastfeeding mom presents for subsequent certification after birth of second child. Reported high pregnancy weight gain. Appetite is within normal limits. Hgb low, mom reports discontinuing iron supplement due to constipation, and verbalized understanding of importance to resume. Low fruit & veggie intake; discussed strategies to incorporate more fiber in diet. Mom is exclusively breastfeeding at this time, though she verbalizes concern that milk supply feels inadequate. Encouraged to offer breast when infant shows signs of hunger. Discussed hunger cues. Discussed benefit of fully breastfeeding food package. Referral made to BFPC. Follow-up in 3 months on exclusive breastfeeding & delayed introduction to solid foods.
CASE STUDY 2: SUMMARY STATEMENT

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<thead>
<tr>
<th>Visit Type</th>
<th>Case study: breastfeeding follow-up for second certification after birth of second child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition Problem</td>
<td>Noted high pregnancy weight gain. Appetite is within normal limits.</td>
</tr>
<tr>
<td>Nutrition Education</td>
<td>Hemoglobin low; mom reports discontinuing iron supplement due to constipation, and verbalized understanding of importance to resume.</td>
</tr>
<tr>
<td>Breastfeeding Support</td>
<td>Goal is to continue breastfeeding until 9 months, although mom verbalized concern about perceived difficulty in producing enough milk.</td>
</tr>
</tbody>
</table>

**Goals**

- Referral made to BFPC.
- Discussed benefit of fully breastfeeding food package.
- Follow-up in 3 months on exclusive breastfeeding & delayed introduction to solid foods.

**Referrals**

- WIC Food Package
- Follow-Up Plan

CASE STUDY 3: INFANT

**Anthropometric**

- Birth Length: 19 5/8"
- Birth Weight: 7 lbs, 10 oz
- Hospital Discharge Weight: 7 lbs, 0 oz
- Weeks Gestation: 40 weeks
- Current Length or Height: 19 7/8"
- %tile Length/Height for Age: 56.1%
- Current Weight: 7 lbs, 8 oz
- %tile Weight for Age: 45.9%
- Weight Change: -2 oz
- Expected Weight Gain: +4 oz
- Difference between Actual & Expected Gain: -6 oz
- %tile Weight/Length for Age: 43.6%

**Biological**

- N/A, < 9 months of age

**Clinical**

- No data

**Eco-Social**

- 1 week old girl

**Nutrition & Physical Activity**

- Not breastfeeding; introduced formula at <4 days due to perceived difficulty & not producing enough milk.
- Currently consuming 22 oz of formula per day.
- 6+ wet diapers/day
- 4+ dirty diapers/day

**Summary Statement**

Initial certification for 1 week old infant. Mom reports breastfeeding for a few days, but felt she was not producing enough milk. Receiving 2-3 oz contract formula every 2-3 hours, tolerating well. Growth and weight gain progress is within normal limits. Encouraged delayed introduction of solid foods. Follow-up in 3 months for nutrition education.
CASE STUDY 3: SUMMARY STATEMENT

**Visit Type**
Initial certification for 1 week old infant.

**Nutrition Problem**
Mom reports breastfeeding for a few days, but felt she was not producing enough milk. Received 2-3 oz contract formula every 2-3 hours, tolerating well. Growth and weight gain progress is within normal limits.

**Breastfeeding Support**
Encouraged delayed introduction of solid foods.

**Goals**

**Referrals**

**WIC Food Package**

**Follow-Up Plan**
Follow-up in 3 months for nutrition education.

CASE STUDY 4: CHILD

**Anthropometric**
- Birth Length: 21"
- Birth Weight: 8 lbs, 9 oz
- Hospital Discharge Weight: No Data
- Weeks Gestation: 38 weeks
- Current Length or Height: 34 5/8"
- %tile Length/Height for Age: 49.9%
- Current Weight: 33 lbs, 2 oz
- %tile Weight for Age: 91.3%
- Weight Change: 5 lbs, 8 oz
- Expected Weight Gain: 1 lb, 4 oz
- Difference between Actual & Expected Gain: 4 lbs, 4 oz
- %tile BMI for age: 96.3%

**Biochemical**
- Hgb 13.7

**Clinical**
- Lactose Intolerant

**Dental & Physical Activity**
- Eats 5-6 meals & snacks per day
- Less than 1 cup milk/day (whole milk)
- Juice 2x/day, Sugar Sweetened Beverages 2x/day
- 2 fruits/day
- 1 veggie/day
- 3 hours of TV/screen time per day
- Eats with fork & spoon
- Drinks out of cup with lid

**Eco-Social**
- 2.5 year old boy

CASE STUDY 4: CHILD

**Summary Statement**
Child presents for mid-year certification. Noted to be above expected weight gain goals in the past 6 months, mom verbalizes some concern with weight gain. Excess weight gain may be secondary to excessive juice and sugar sweetened beverage intake and increased screen time. Discussed trying lactose-free 1% milk and increase water. Mom reports motivation to decrease screen time and go to the park more often. Follow-up in 3 months for mini lesson on healthy beverages.
CASE STUDY 4: SUMMARY STATEMENT

Visit Type  Family centered medical and care coordination.
Nutrition Problem  Noted to be above expected weight gain goals in the past 6 months, mom verbalizes some concern with weight gain. Excess weight gain may be secondary to excessive juice and sugar sweetened beverage intake and increased screen time.
WIC Food Package  Discussed trying lactose-free 1% milk...
Nutrition Education  Increased water intake.
Breastfeeding Support  Mom reports motivation to decrease screen time and go to the park more often.
Goals  Follow-up in 3 months for mini lesson on healthy beverages.
Referrals  Discussed trying lactose-free 1% milk...
Follow-Up Plan  Follow-up in 3 months for mini lesson on healthy beverages.

QUESTIONS?
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  Washington, D.C. 20250-9410
- Fax: (202) 690-7442
- Email: program.intake@usda.gov

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