

Breastfeeding and Postpartum Assessment Questions Tool			
Assessment Questions	Risks	Probing Questions	Cascades
Family Demographics			
Tell me a little bit about your living situation.	<ul style="list-style-type: none"> Homelessness Migrancy 	Assess for regular meal access	Homeless/Incarcerated Status Migrant Status
Participant Demographics			
	<ul style="list-style-type: none"> Foster Care (new/change in home past 6 mos.) 		Assigned Risk Factors
Health Information			
Introduction Statement: We ask everyone these questions and we keep your information private. These are to help me learn about you and your health. Would it be OK to ask you some questions?			
What questions or concerns do you have today?			
Are you currently breastfeeding? How's it going? <i>Inclusive alternate suggestions:</i> <ul style="list-style-type: none"> Are you currently feeding your baby milk that you make from your body? Are you currently feeding your baby your human milk? 	<ul style="list-style-type: none"> Breastfeeding Complications 	<ul style="list-style-type: none"> Assess BF support to refer to Breastfeeding Peer Counselor (BFPC) program, if available Assess for referral to Designated Breastfeeding Expert (DBE) Assess for breast pump need/use 	Breastfeeding Information/Complications container Or Assigned Risk Factors
Have you followed up with your health care provider?		What concerns did your health care provider have?	
Did you have any health conditions or complications in your previous pregnancy?	PG Induced Health Conditions <ul style="list-style-type: none"> Gestational Diabetes (Hx) Large for Gestational Age (Hx) Nutrition Related Birth Defects (Hx) Preeclampsia (Hx) 		Pregnancy Induced Health Conditions

Breastfeeding and Postpartum Assessment Questions Tool

Assessment Questions	Risks	Probing Questions	Cascades
<p>Are you willing to share information on past pregnancies? (Pregnancy History pop-up screen)</p>	<p>Auto-assigned based on information entered:</p> <ul style="list-style-type: none"> • Low Birth Weight \leq 5 lb, 8 oz (Hx) • Preterm or Early Term Delivery \leq 38 weeks (Hx) • Spontaneous Abortion, Fetal Death (Hx), Neonatal Death (Hx) 		<p>Pregnancy History (button at bottom right corner of screen) Pregnancy History Details</p>
<p>What diagnosed health conditions or medical conditions do you have?</p>	<p>Health Conditions like:</p> <ul style="list-style-type: none"> • Diabetes Mellitus • Eating Disorder • Food Allergy (severe diet impact) • Gastrointestinal Disorder • Hypertension/Prehypertension • Lactose Intolerance • Oral Health Condition • Other Medical Conditions (impacts nutritional status) • Pre-Diabetes • Recent Major Surgery, Physical Trauma, Burns Trauma, Burns 	<ul style="list-style-type: none"> • Tell me more... • How does this condition impact you? • Does this affect how you want to feed your baby? 	<p>Health Conditions</p>
<p>Are you taking any prescribed or over-the-counter medications?</p>	<ul style="list-style-type: none"> • Drug Nutrient Interactions 	<p>Tell me more... How often? What medical condition is the medication for?</p>	<p>Health Conditions</p> <ul style="list-style-type: none"> • Add sticky note to document the name of the medication and how impacts nutrition
<p>Recently have you had little interest in doing things or felt</p>	<ul style="list-style-type: none"> • Depression 		<p>Health Conditions-consider attaching a sticky note</p>

Breastfeeding and Postpartum Assessment Questions Tool

Assessment Questions	Risks	Probing Questions	Cascades
<p>down or depressed, isolated, or anxious?</p> <ul style="list-style-type: none"> If yes, “Thank you for sharing. Have you discussed this with your health care provider? If you would like I can provide you with resources and referrals.” 			
<p>Do you smoke, use any tobacco products, or nicotine gums or patches?</p> <ul style="list-style-type: none"> If yes, what products do you use? If cigarettes, how many per day? 	<ul style="list-style-type: none"> Nicotine and Tobacco Use (auto calculated) 		Nicotine and Tobacco Products Use Nicotine and Tobacco Products Used
<p>Do you currently use any drugs, including cannabis (marijuana)?</p>	<ul style="list-style-type: none"> Drug Use 	<ul style="list-style-type: none"> Tell me more Have you talked with your doctor regarding this use? 	Health Condition-consider attaching a sticky note
<p>How often do you drink alcohol? When was the last time you drank? How many drinks do you typically have in one sitting?</p>	<ul style="list-style-type: none"> Alcohol Use 	<ul style="list-style-type: none"> Tell me more Have you talked with your doctor regarding this use? 	Health Condition-consider attaching a sticky note
Breastfeeding/Formula Feeding			
Breastfeeding			
<p>How often are you providing your milk?</p>		<ul style="list-style-type: none"> Are you pumping your milk? Are you feeding your baby your pumped milk? 	Breastfeeding Frequency

Breastfeeding and Postpartum Assessment Questions Tool

Assessment Questions	Risks	Probing Questions	Cascades
Inclusive Alternate Language: <ul style="list-style-type: none"> I'm going to ask you some questions about how you feed your baby. How would you like me to refer to your milk? Breast milk, human milk, your milk? 			
Besides your milk, what else has your baby had?		Such as, formula or supplemented with donated milk in the hospital, cultural supplementation i.e. water or tea, or glucose in the hospital	Do you give your baby any formula? Sticky notes
(If formula) How much in a 24-hour period?			How much formula do you give your infant in 24-hour period?
(0-4 M infant) How many wet diapers does your baby have in 24 hours?			Number of Wet Diapers/24 hr Period
(0-4) How many soiled (poopy) diapers does your baby have in 24 hours?			Number of Stools/24 hr Period
Formula Feeding			
Did your baby ever receive your milk? <ul style="list-style-type: none"> If yes, when was the last time your baby had your milk? 			Ever breastfed? Are you breastfeeding? Age Infant Stopped Breastfeeding Reason Infant Stopped Breastfeeding

Breastfeeding and Postpartum Assessment Questions Tool			
Assessment Questions	Risks	Probing Questions	Cascades
<ul style="list-style-type: none"> If no longer receiving your milk, tell me why your baby stopped? 			
What age did you start feeding your baby formula?			Age Supplement Was Given
How much formula do you give in a 24-hour period?			How much formula do you give your infant in 24-hour period?
(0-4 M infant) How many wet diapers does your baby have in 24 hours?			Number of Wet Diapers/24 hr Period
(0-4 infant) How many soiled (poopy) diapers does your baby have in 24 hours?			Number of Stools/24 hr Period
Anthro/Lab			
What has your health care provider said about your iron? <ul style="list-style-type: none"> 	Cascades auto calculates: <ul style="list-style-type: none"> Low Hematocrit/Hemoglobin when blood work is entered. High Blood Lead Level when blood lead level is entered. 		Enter Hematocrit/Hemoglobin value Collected by Assigned Risk Factors
Family Assessment			
The goal of the next few questions is to find out how I can support you and your family to connect you with any programs or referrals you might not be aware of. We ask all participants these questions.			
In the past few weeks, have you or your child been in an enclosed space (at home, in a car, at work or daycare, etc.)	<ul style="list-style-type: none"> Environmental Tobacco Smoke Exposure 		Question #1 response

Breastfeeding and Postpartum Assessment Questions Tool

Assessment Questions	Risks	Probing Questions	Cascades
while someone smoked or vaped?			
<p>Do you feel safe and supported at home?</p> <p>Optional: Do you feel safe and supported at home with your significant other, family members or relatives?</p> <p>(Follow with: We know relationships can be stressful and there are resources I can share with you.)</p>	<ul style="list-style-type: none"> Recipient of Abuse (past 6 months) – select on Assigned Risk Factors screen– select on Assigned Risk Factors screen 		<p>Question #2 response</p> <p>Assigned Risk Factors</p>
Do you have what you need to store and prepare food?		Tell me more...	#3 Question response/Option to add note
Do you have any limitations in preparing food?	<ul style="list-style-type: none"> Limited Skills for Proper Nutrition or to Make Feeding Decisions 	Tell me more...	Assigned Risk Consider a sticky note
Do you currently worry about running out of food and not having money to buy more?		Tell me more...	#4 Question/Option to add note
Do you have a health care provider, if so, who?			#5, #6, #7 fields – Medical Provider
Where did you hear about WIC? (Initial certification only)			#8 dropdown
Dietary & Health			
Introduction: Now I'd like to focus on your eating.			

Breastfeeding and Postpartum Assessment Questions Tool

Assessment Questions	Risks	Probing Questions	Cascades
<p>What kind of foods do you typically eat?</p> <ul style="list-style-type: none"> • How often do you eat throughout the day? <p>Optional way to ask: Can you share what are some foods you are eating now or/and foods you are avoiding? (Might then jump to (not required for BF/PP): Do you eat any items, like paint chips, soil, or other items that aren't food?</p>	<ul style="list-style-type: none"> • Very Restrictive Diet 	<p>Tell me more...</p>	<p>Document risk(s) at top of screen:</p> <ul style="list-style-type: none"> • Participant's Inappropriate Nutrition Practices (risks at top of screen) • Assigned Risk Factors <p>Document participant responses in open fields: Open field Optional to add a Sticky Notes</p>
<p>What types of beverages?</p>		<p>How much? How often?</p>	<p>Document risk(s):</p> <ul style="list-style-type: none"> • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors <p>Document Ppt response: Open field</p>
<p>Are there any foods that you avoid?</p>	<ul style="list-style-type: none"> • Food allergy (severe diet impact) • Eating Disorder (select on Assigned Risk Factors) 	<p>Tell me more... How does this impact you?</p>	<p>Document risk(s):</p> <ul style="list-style-type: none"> • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors <p>Document Ppt response: Open field</p>

Breastfeeding and Postpartum Assessment Questions Tool			
Assessment Questions	Risks	Probing Questions	Cascades
Do you eat any items, such as carpet fibers, paint chips, soil, or other items that are not food?	<ul style="list-style-type: none"> • Pica 	<ul style="list-style-type: none"> • How often do you eat this? • Tell me more... • Other examples: ashes, baking soda, foam rubber, chalk, cigarette/butts, foam rubber, paint chips, large quantities of ice 	<p>Document risk(s):</p> <ul style="list-style-type: none"> • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors <p>Document Ppt response: Open field</p>
What vitamins, supplements, remedies, or teas are you using?	<ul style="list-style-type: none"> • Inadequate Vitamin/Mineral Supplementation <ul style="list-style-type: none"> ○ Inadequate Folic Acid Supplementation (< 400 mcg) ○ Inadequate Iodine Supplementation (< 150 mcg) • Inappropriate or Excessive Supplements 	<ul style="list-style-type: none"> • How often do you take (or drink)? • What amount? 	<p>Document risk(s):</p> <ul style="list-style-type: none"> • Participant's Inappropriate Nutrition Practice (top of screen) • Assigned Risk Factors <p>Document Ppt response: Open field</p>
Eco-Social (Optional)			
Assigned Risk Factors			
If no other risk(s) apply select Not Meeting Dietary Guidelines	<p><i>Listen and assess for:</i></p> <ul style="list-style-type: none"> • Developmental Delays Affecting Chewing/Swallowing • Oral Health Conditions • Limited Skills for Proper Nutrition or to Make Feeding Decisions • Breastfeeding Mother of an Infant at Nutrition Risk (Priority 1, 2 or 4 to match infant's priority) 	Tell me more...	Assigned Risk Factors

BF Mid Certification Assessment Questions

- (Review for a previous goal in the Individual Care Plan and follow up as appropriate.) **Last time we talked about your goal(s) of: *****, how has that been going for you?**
- **Has anything changed in your health, lactation, eating, or physical activity since the certification on (date)?**
- **What concerns do you have?**

This institution is an equal opportunity provider.

Washington WIC doesn't discriminate.

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).



DOH 961-1300 September 2024

