

## Breastfeeding and Postpartum Assessment Questions

Cascades Screen	Assessment Questions	
<p><b>Family Demographics</b></p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Migrancy</li> </ul>	<p>Tell me a little bit about your living situation.</p>	
<p><b>Participant Demographics</b></p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> <li>• Foster Care (new/change in home past 6 mos.) – select on Assigned Risk Factors screen</li> </ul>		
<p><b>Health Information</b></p> <p><i>Listen and assess for</i></p> <p><b>Health Conditions like:</b></p> <ul style="list-style-type: none"> <li>• Alcohol Use</li> <li>• Drug Use</li> <li>• Depression</li> <li>• Drug Nutrient Interactions</li> <li>• Food Allergy (severe diet impact)</li> <li>• Gastrointestinal Disorder</li> <li>• Gestational Diabetes</li> <li>• Hypertension/Prehypertension</li> <li>• Lactose Intolerance</li> <li>• Nicotine and Tobacco Use</li> <li>• Oral Health Condition</li> <li>• Other Medical Conditions (impacts nutritional status)</li> <li>• Recent Major Surgery, Physical Trauma, Burns</li> </ul> <p><b>PG Induced Health Conditions</b></p> <ul style="list-style-type: none"> <li>• Gestational Diabetes (Hx)</li> <li>• Large for Gestational Age (Hx)</li> <li>• Nutrition Related Birth Defects (Hx)</li> <li>• Preeclampsia (Hx)</li> </ul> <p><b>PG History</b></p> <ul style="list-style-type: none"> <li>• Low Birth Weight ≤ 5 lb, 8 oz (Hx)</li> <li>• Preterm or Early Term Delivery ≤ 38 weeks (Hx)</li> <li>• Spontaneous Abortion, Fetal Death (Hx), Neonatal Death (Hx)</li> </ul>	<p><b>Introduction Statement:</b> 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?</p> <ul style="list-style-type: none"> <li>• <b>What questions or concerns do you have today?</b></li> <li>• <b>Are you currently breastfeeding? How's it going?</b></li> <li>• <b>Have you followed up with your health care provider?</b></li> <li>• <b>Did you have any health conditions or complications in your previous pregnancy?</b></li> <li>• Are you willing to share information on past pregnancies? (Pregnancy History pop-up screen)</li> <li>• <b>What diagnosed health conditions or medical conditions do you have?</b></li> <li>• <b>Are you taking any prescribed or over-the-counter medications?</b></li> <li>• <b>Recently have you had little interest in doing things or felt down or depressed, isolated, or anxious?</b> 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.”</li> <li>• <b>Do you smoke, use any tobacco products, or nicotine gums or patches?</b> <ul style="list-style-type: none"> <li>○ If yes, what products do you use?</li> <li>○ If cigarettes, how many per day?</li> </ul> </li> <li>• <b>Do you currently use any drugs, including cannabis (marijuana)?</b></li> <li>• <b>How often do you drink alcohol? When was the last time you drank? How many drinks do you typically have in one sitting?</b></li> </ul>	<p><b>Formula</b></p> <ul style="list-style-type: none"> <li>• <b>Did your baby ever receive your milk?</b> <ul style="list-style-type: none"> <li>○ If yes, when was the last time your baby had your milk?</li> </ul> </li> </ul>
	<p><b>Breastfeeding</b></p> <ul style="list-style-type: none"> <li>• <b>How often are you providing your milk?</b></li> <li>• <b>Besides your milk, what else has your baby had?</b></li> </ul>	

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<p><b>Breastfeeding Complications</b></p> <p><i>Listen and assess for</i> Breastfeeding Complications – select on Assigned Risk Factors screen</p>	<ul style="list-style-type: none"> <li>• (If formula) How much in a 24-hour period?</li> <li>• (0-4 M infant) How many wet diapers does your baby have in 24 hours?</li> <li>• (0-4) How many soiled (poopy) diapers does your baby have in 24 hours?</li> </ul>	<ul style="list-style-type: none"> <li>○ If no longer receiving your milk, tell me why your baby stopped?</li> <li>• What age did you start feeding your baby formula?</li> <li>• How much formula do you give in a 24-hour period?</li> <li>• (0-4 M infant) How many wet diapers does your baby have in 24 hours?</li> <li>• (0-4 infant) How many soiled (poopy) diapers does your baby have in 24 hours?</li> </ul>
<p><b>Anthro/Lab</b></p>	<ul style="list-style-type: none"> <li>• What has your health care provider said about your iron?</li> </ul>	
<p><b>Family Assessment</b></p> <p><i>Listen and assess for</i></p> <ul style="list-style-type: none"> <li>• Environmental Tobacco Smoke Exposure</li> <li>• Recipient of Abuse (past 6 months) – select on Assigned Risk Factors screen</li> </ul>	<p><b>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.</b></p> <ul style="list-style-type: none"> <li>• <b>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.) while someone smoked or vaped?</b></li> <li>• <b>Do you feel safe and supported at home?</b> (Follow with: We know relationships can be stressful and there are resources I can share with you.)</li> <li>• <b>Do you have what you need to store and prepare food?</b></li> <li>• Do you have any limitations in preparing food?</li> <li>• Do you currently worry about running out of food and not having money to buy more?</li> <li>• Do you have a health care provider, if so, who?</li> <li>• Where did you hear about WIC? (Initial certification only)</li> </ul>	
<p><b>Dietary &amp; Health</b></p> <p><i>Listen and assess for</i> <b>Nutrition concerns such as:</b></p> <ul style="list-style-type: none"> <li>• Inadequate Vitamin/Mineral Supplementation</li> </ul>	<p><b>Introduction: Now I'd like to focus on your eating.</b></p> <ul style="list-style-type: none"> <li>• <b>What kind of foods do you typically eat?</b> <ul style="list-style-type: none"> <li>○ How often do you eat throughout the day?</li> </ul> </li> <li>• <b>What types of beverages?</b></li> <li>• <b>Are there any foods that you avoid?</b></li> </ul>	

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<ul style="list-style-type: none"> <li>○ Less than 150 mcg of supplemental Iodine per day (BF only)</li> <li>○ Less than 400 mcg of Folic Acid</li> <li>● Inappropriate or Excessive Supplements</li> <li>● Pica</li> <li>● Very Restrictive Diet</li> </ul>	<ul style="list-style-type: none"> <li>● Do you eat any items, such as carpet fibers, paint chips, soil, or other items that are not food?</li> <li>● <b>What vitamins, supplements, remedies, or teas are you using?</b></li> </ul>
<b>Eco-Social</b>	Optional screen
<p><b>Assigned Risk Factors</b></p> <p><i>Assess for:</i></p> <ul style="list-style-type: none"> <li>● Developmental Delays Affecting Chewing/Swallowing</li> <li>● Oral Health Conditions</li> <li>● Limited Skills for Proper Nutrition or to Make Feeding Decisions</li> <li>● Breastfeeding Mother of an Infant at Nutrition Risk (Priority 1, 2, or 4 to match infant’s priority)</li> </ul>	<p><b>If no other risk(s) apply</b> select Not Meeting Dietary Guidelines</p>

### Mid Cert Questions for BF

- (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?**

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



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