

## Guidelines for Counseling by Risk Factor

### Teen Pregnancy

#### **Cause/Symptoms/Complications:**

- \$ Poor nutrition
- \$ Hypertension and preeclampsia
- \$ Anemia
- \$ Preterm delivery
- \$ Low birth weight
- \$ Intrauterine growth retardation

#### **Plan/Treatment:**

- \$ Three meals and three snacks spaced evenly throughout the day. **Emphasize** the importance of good nutrition for mom=s and baby=s growing bodies.
- \$ Ensure client is taking prenatal multivitamin/mineral supplement
- \$ At least 8 cups of water per day. Urine should be clear or pale yellow.
- \$ Give handout and education on iron sources (RDA=30 mg/day) and combining iron rich foods with vitamin C foods. If possible, client should eat lean meat each day.
- \$ Encourage client to talk with their doctor about an iron supplement. The CDC recommends low dose (30 mg/day) iron supplementation at first prenatal visit. If hemoglobin is low, refer to low hemoglobin protocol.
- \$ Emphasize increased calcium needs (DRI=1300 mg/day) for both mom=s and baby=s skeletons. Milk, yogurt and cheese are best sources. Four and a half cups of milk or yogurt each day will meet this goal.
- \$ Discuss increased needs for folate (DRI=600 mcg/day) to prevent neural tube defects and promote normal growth. Give handout on folate sources.
- \$ Limit soda pop, kool-aid, candy, chips and other foods that are high in sugar and fat and low in nutrients.
- \$ Eat a variety of fruits and vegetables.
- \$ Limit caffeine containing beverages to no more than two servings per day.
- \$ Include 25-35 grams of fiber each day from whole grains, fruits, vegetables, legumes, nuts and seeds.
- \$ Discuss benefits of breast-feeding.

#### **Referrals:**

- \$ Refer all pregnant teens 15 years of age or younger to R.D.

#### **Special Formulas/Supplements**

- \$ Any formula or supplement requested other than the bid formulas (Enfamil and Prosobee)

### **Plan/Treatment:**

- § Must obtain prescription from M.D. stating formula requested, diagnosis and length of time formula is needed. For special supplements, also obtain information on amount to be used daily.
- § Call, e-mail or fax R.D. when presented with special formula prescriptions and proceed as she directs.
- § If R.D. approval for special formula is given via phone or e-mail, record this in the client's chart and voucher the client. Schedule client for soonest available appointment with R.D.
- § All special formula prescriptions must be updated by M.D. every 6 months.
- § If certifier assesses a client and feels that client should be placed on a special formula, certifier will consult with R.D. before issuing special formula.

### **Underweight Infant**

#### **Cause/Symptoms:**

- § Intestinal malabsorption.
- § Formula intolerance.
- § Incorrect formula preparation.
- § Inadequate breast milk supply.
- § Scheduled feedings.
- § Illness.
- § Diarrhea.

#### **Plan/Treatment:**

- § Review formulas preparation.
- § Feed when baby is hungry.
- § If breast-feeding, make sure that baby is latching on correctly.  
May want to contact breast-feeding consultant to problem solve.
- § Never allow more than 5 hours between feedings, even at night.
- § Increase volume of feedings slowly.
- § Hold baby while feeding.
- § Give baby affection and attention between feedings.
- § Review formulas preparation.

#### **Referrals:**

- § Refer to R.D.:
  - all infants <5% wt/ht.
  - all infants with any weight loss.

## **Low Birth Weight Infant**

### **Potential Complications:**

- \$ Immature renal system
- \$ Immature gastrointestinal tract.
- \$ Intestinal malabsorption.
- \$ Formula intolerance.
- \$ Fluid and electrolyte imbalance.
- \$ Anemia.

### **Plan/Treatment:**

- \$ Breast-feed if possible.
- \$ Supplement may be needed.
- \$ Standard formulas are often tolerated by LBW infants over 4 lbs.
- \$ Increase volume of feedings slowly over days.
- \$ Try soy formula.
- \$ If using powder formula try concentrate.
- \$ Doctors prescription is needed for medical formulas.

### **Referrals:**

- \$ Refer to R.D.:
  - all infants < 5 lbs. 8 oz. up to one year of age.
  - All infants born < 37 weeks gestation

## **Low Hemoglobin/Hematocrit (women)**

### **Cause/Symptoms:**

- \$ Dietary iron deficiency.
  - \$ Inadequate amounts of dietary folic acid and vitamin B12
  - \$ Inadequate oxygen to the cells in the body resulting in:
    - paleness
    - dizziness
    - shortness of breath
    - mother at risk of cardiac arrest
  - \$ Reduced fetal iron storage.
  - \$ Anemia during infancy.
- fatigue  
headache  
chronic infections

### **Plan/Treatment:**

- \$ Eat more animal-protein foods, dry beans, peas, and legumes, fortified grains and cereals, dried fruits and nuts.
- \$ Limit the intake of tea, colas, coffee, antacids, or pica (non-food) items.

- § Encourage her to take her prenatal vitamins and an iron supplement.
- § Take your iron supplement at bedtime or between meals with juice or water.
- § Do not take iron supplement with milk, cheese, yogurt, tea or coffee.
- § Eat iron-rich foods and vitamin C-rich foods together.
- § If hemoglobin is more than one point below appropriate level, refer client to her health care provider and to WIC registered dietitian.
- § Recheck any low hemoglobin in 8-14 weeks, unless client is already being followed by health care provider for low iron.

**Referrals:**

- § High risk if hemoglobin is more than 1 point below appropriate hemoglobin level for pregnancy trimester.
- § Also high risk: any hemoglobin below recommended levels that continues to drop at recert or at follow-up

**Low Hemoglobin (infants & children)**

**Cause/Symptom:**

- § Dietary iron deficiency.
- § Inadequate amounts of dietary folic acid and vitamin B12.
- § Inadequate oxygen to the cells in the body resulting in:
 

paleness	tired
headaches	Irritable
poor appetite	Frequent illnesses
affects learning - trouble concentrating	

**Plan/Treatment:**

- § Give iron rich foods every day: meats, cooked peas and beans.
- § Breastfeed or use iron-fortified formula until the first birthday.
- § Introduce vitamin C-rich foods between 5-7 months.
- § Feed eight or more tablespoons of iron-fortified infant cereal daily.
- § Give vitamin C-rich foods with iron rich foods.
- § Give an iron supplement if prescribed by a health care provider.
- § Recheck hemoglobin in 8-14 weeks. If hemoglobin is more than one point below appropriate level, refer client to their health care provider and to WIC registered dietitian.

**Referrals:**

- § High risk if hemoglobin is more than 1 point below appropriate hemoglobin level for age.
- § Also high risk: any hemoglobin below recommended levels that continues to drop at recert

or at follow-up

## **Lactose Intolerance**

### **Cause/Symptoms:**

- § Lack of or low amount of an enzyme which breaks down the sugar in milk (lactose).
- § Gas.
- § Bloating.
- § Diarrhea.
- § Upset Stomach.
- § Ethnic groups most affected:

African Americans	Hispanics
Native Americans	Asians

### **Plan/Treatment:**

- § Drink only small servings of milk (2-4 oz.) at a time.
- § Consume milk with other foods, not alone.
- § Try yogurt which is high in calcium and contains active cultures that may help to digest lactose.
- § Try aged cheeses like jack, cheddar, mozzarella, Swiss and American.
- § For those two years of age and older, try Lactaid milk which has reduced lactose content.
- § Lactase enzyme drops can be purchased at most pharmacies and added to milk to help break down the lactose.

## **Perinatal Tobacco and Substance Use**

### **Cause/Symptom/Complications:**

- § Preterm birth and/or a small unhealthy baby.
- § Fetal Alcohol Syndrome (FAS).
- § Spontaneous abortion.
- § Increase in congenital abnormalities.

### **Plan/Treatment:**

- § Encourage client to discontinue use.
- § Stress the importance of regular meals and snacks.
- § Check for food cravings.
- § Advise to use sweets, chocolate and fatty foods .
- § Eat small amounts of food several times during the day.
- § Avoid foods associated with substance.
- § Check for food intolerance due to substance use.
- § Help client set an appropriate weight gain goal.
- § Heavy substance users should not breastfeed.

§ Do not use substance when with the child/baby.

**Referrals:**

§ Contact medical provider regarding heavy or frequent substance use.  
§ Refer to treatment

**Dental Health - Baby Bottle Tooth Decay**

**Cause/Symptom/Complications:**

§ Prolonged bottle feeding.  
§ Taking bottle to bed.  
§ Poor dental hygiene - not checking teeth.  
§ Dental caries  
§ Tooth loss.  
§ Dental decay and tooth loss may impair child=s ability to eat.

**Plan/Treatment:**

§ Begin offering a cup daily at 6 months.  
§ Avoid juice, Kool-Aid, soda pop and other sweet drinks in bottle.  
§ Put child to bed without bottle or water in bottle.  
§ Wean from bottle by one year of age.  
§ Clean child=s teeth and gums before bed.  
§ Discuss fluoride supplementation with physician if tap water does not contain enough fluoride.  
§ Limit juice to 4 oz. per day.  
§ Do not give child candy, especially candy that is sticky or remains in the mouth for a long time, i.e., lollipops, jawbreakers.  
§ Do not allow child to drink juice from a tippy or sippy cup all day long.

**Referrals:**

§ Refer all clients with dental caries to their dentist.

**Inadequate Diet**

**Plan/Treatment:**

§ Review each food group.  
§ Review serving sizes for each food group.  
§ Find foods in each food group the client likes.  
§ Encourage client to eat a variety of foods.

- § Make a goal that is measurable and that client can be successful at, i.e., add fruit to cereal in the morning. A small improvement is still an improvement.

### **Getting Adequate Fruits**

Fruits contribute **fiber, Vitamin A, Vitamin C and potassium** to your diet.

#### **Plan/Treatment:**

- § Whole fruits satisfy the appetite better than juices.
- § Add to cereal in morning.
- § Carry fruit for snacks.
- § Add to yogurt.
- § Have for dessert.
- § Buy fruit canned in its own juice or water.
- § Buy fresh fruits that are on sale. This saves money and encourages variety.

### **Getting Adequate Vegetables**

Vegetables contribute **fiber, Vitamin A, Vitamin C, folate, potassium and magnesium** to your diet.

#### **Plan/Treatment:**

- § Carry raw vegetables as a snack - carrots, broccoli, celery, cauliflower, pepper strips.
- § Add tomato, lettuce, peppers, onions, cucumbers to sandwiches.
- § Serve two vegetables at the main meal.
- § Add vegetables to soups, Ramen noodles and pasta dishes. It is easy to add frozen broccoli or peas and carrots to tuna casserole or Hamburger Helper.
- § Make salads with dark green lettuce, tomatoes, carrots, cucumbers, broccoli.

### **Getting Adequate Dairy**

Dairy contributes **calcium, riboflavin, protein, Vitamin B12** and, when fortified, **Vitamin D and Vitamin A** to your diet.

#### **Plan/Treatment:**

- § Choose non-fat and 1% low-fat milk and yogurt unless underweight or under two years of age.
- § Drink milk with meals.
- § Add cheese to sandwiches.
- § Eat yogurt as a snack.
- § Eat cheese and fruit or crackers as a snack. Quesadillas also make a good snack.
- § Make soups with milk.

### **Getting Adequate Grains**

Grains contribute **complex carbohydrates, fiber, riboflavin, niacin, iron, protein.**

**Plan/Treatment:**

- § Eat cereal, toast or bagel for breakfast.
- § Have a sandwich and soup or salad for lunch.
- § Snack on crackers.
- § Make pasta salads.
- § Choose whole grains: wheat, corn, barley, millet, rye, bulger, enriched breads, rolls, tortillas, cereals, bagels, rice and pasta.
- § Look for foods with 100% whole wheat as the first ingredient.
- § Limit intake of croissants, fried rice, doughnuts, pastries, sweet rolls.

**Getting Adequate Protein**

Protein contributes protein, phosphorus, Vitamin B6, Vitamin B12, Zinc, magnesium, iron, niacin, and thiamin to your diet.

**Plan/Treatment:**

- § Choose poultry, fish, legumes and eggs often.
- § Limit hot dogs, fatty luncheon meats and fried protein sources.
- § Lean cuts are round, sirloin or tenderloin.
- § APrime@ has more fat than Aselect@ cuts.
- § Bake, roast, broil, grill or boil meats.
- § Remove skin from poultry and trim visible fat from all meats before cooking.
- § Drain fat after cooking.
- § Eat a protein source twice a day.
- § Three ounces of meat is the size of a deck of cards or a cassette tape.
- § Add meat and eggs to salads.
- § Have eggs for breakfast.
- § Add meats to soups.

**Fats and Sugars****Cause/Symptom/Complications:**

- § High cholesterol.
- § Excess weight gain.
- § Increased cancer, diabetes (type II) and heart disease risk.

**Plan/Treatment:**

- § Limit use of butter, margarine, mayonnaise and lard.
- § Choose vegetable oils, olive, canola, safflower and peanut oils.
- § Use small amount of oils.
- § Limit foods high in sugar.

- § Limit empty calorie foods - foods with lots of calories but no or very few nutrients such as chips, soda pop, fatty luncheon meats and candy.

### **Vegan Eating for Pregnancy and Breastfeeding**

#### **Cause/Symptoms/Complications:**

- § Vegans eat no meat, eggs or dairy.
- § Inadequate intake of protein, calcium, iron, Vitamin B12 and other nutrients.
- § Anemia.
- § Bone loss.
- § Problems with delivery.
- § Unhealthy infant.

#### **Plan/Treatment:**

- § Review guide to good eating and emphasize serving size and amount of protein foods.
- § If dairy products are not consumed, review other sources of calcium
- § Take your prenatal vitamin supplement as prescribed.
- § Eat a wide variety of vegetable proteins each day.
- § Use whole wheat breads, flours and pastas and brown rice and whole oats.
- § Review individual weight gain goals.

#### **Referrals:**

- § Refer all vegan clients to R.D.

### **The Vegan Child**

#### **Cause/Symptoms/Complications:**

- § Vegans eat no meat, eggs or dairy.
- § Inadequate intake of protein, calcium, iron, vitamin B12 and other nutrients.
- § Anemia.
- § Slow growth.

#### **Plan/Treatment:**

- § Review guide to good eating and emphasize serving size and amounts of protein foods.
- § If dairy products are not consumed, review other sources of calcium.
- § Eat a wide variety of vegetable proteins each day.
- § Use whole wheat breads, flours and pastas and brown rice and whole oats.

§ Use nuts and nut butters for snacks.

**Referrals:**

§ Refer all vegan clients to R.D.

**PICA**

**Cause/Symptoms:**

§ Craving nonfood items such as: clay, laundry starch, moth balls, dirt, ice

§ May cause blocked intestines.

§ Damages tooth enamel.

§ Poor nutritional intake and absorption.

§ Iron deficiency anemia.

**Plan/Treatment:**

§ Ensure client is taking prenatal vitamin and low dose iron supplement.

§ Encourage substitutes such as sugar free gum, raw vegetables, popsicles made from 100% juice, pretzels or pickles.

§ Suggest taking a walk when cravings hit.

**Referrals:**

§ Refer to health care provider if client is eating large amounts of nonfood items that may be harmful to her and her baby.

§ Refer to R.D.

Pica Item	May Result In
Ice	Iron Deficiency Anemia
Baking Soda	Excess sodium load, alkalosis
Cigarette butts	Poisoning from nicotine
Clay, dirt	Infections, poisoning from lead or mercury. May cause blocked intestines.
Paint chips	Lead Poisoning.
Paper	Lead Poisoning.

Coffee Grounds

Poisoning from caffeine.

Moth Ball

Poisoning

Laundry starch

Low intake of nutrients.

### **Pregnant/Postpartum Weight < 90% of Standard**

#### **Cause/Symptom/Complications:**

- § Preterm birth
- § Low birth weight baby.
- § Small for gestational age baby.
- § Difficult time recovering from childbirth.
- § Difficulty producing enough milk for breastfeeding.

#### **Plan/Treatment:**

- § Review Guide to good eating. Emphasize extra servings from each food group.
- § Stress the importance of regular meals and snacks.
- § Recommended total weight gain for underweight women is between 28 to 40 pounds.
- § Eat small amounts of food several times during the day..
- § Carry snack foods like trail mix, nuts, fruit, dried fruit.
- § Use whole or 2% milk.
- § Eat yogurts, custards, cheese or milkshakes as snacks.
- § Cut back on sodas, coffee and tea. Use milk and juice instead.
- § Cut back or quit smoking.

#### **Referrals:**

- § Refer pregnant women at < 90% standard weight prior to pregnancy and showing inadequate weight gain to the R.D.

### **Prepregnant/Postpartum Weight > 120% of Standard**

#### **Cause/Symptom:**

- § Increased chance of having a baby who weighs more than 9 pounds.
- §
- § Problems with birth
- § Difficult time recovering from childbirth.

#### **Plan/Treatment:**

- \$ Review Guide to good eating.
- \$ Emphasize lowfat choices from each of the food groups.
- \$ Stress the importance of regular meals and snacks.
- \$ Use skim or 1% milk.
- \$ Recommend a weight gain of 2 to 3 pounds per month after the 16<sup>th</sup> week.
- \$ Explain the importance of gaining 15 to 20 pounds.
- \$ Review individual weight gain goals.
- \$ Emphasize portion amounts and serving size.
- \$ Drink at least 8 glasses of water each day (carry water bottle. Urine should be pale yellow or clear.)
- \$ Eat fresh fruits and vegetables.
- \$ Cook with very little or no oil, butter, margarine or cream.
- \$ Sit down and eat with someone else.
- \$ Only eat when you are hungry.

### **Overweight Infant**

#### **Cause/Symptom:**

- \$ Genetic Endowment.
- \$ Excessive food intake.
- \$ Familial pattern.

#### **Plan/Treatment:**

- \$ Feed infant only when hungry.
- \$ Do not force infant to finish the bottle.
- \$ Try to comfort infant before offering a bottle.
- \$ Introduce solids when developmentally ready.
- \$ Never put cereal in the bottle.
- \$ Allow infant to determine when he/she is full.
- \$ Encourage movement.

#### **Referrals:**

- \$ Refer to R.D. if infant or child is greater than 95% wt/ht with a high rate of weight gain and has not established a parallel growth curve to the recommended curve or infant or child is significantly above the 95% wt/ht (more than 2 squares above 95% channel line).

### **Overweight Toddler/Preschooler**

#### **Cause/Symptoms:**

- § Genetic Endowment.
- § Sedentary life style.
- § Excessive food intake.
- § Familial pattern.

**Plan/Treatment:**

- § Review Daily Food Guide Pyramid.
- § Stress serving size and number of each food group.
- § Offer three meals and snacks daily at regular times. No food handouts in between.
- § Eat with your child and model good eating behavior, i.e., eat slowly, try all foods, no negative comments.
- § Use low-fat milk if over two years of age.
- § Limit juice to 4 oz. per day.
- § Eat slowly.
- § Do not make child clean his plate.
- § Do not eat in front of the T.V.
- § Encourage active play daily.
- § Limit soda pop and high fat foods. Do not have them in the house.
- § Do not use food as a reward.
- § Do not force child to eat.
- § Nurture child in other ways. Give love and attention.

**Referrals:**

- § Refer to R.D. if infant or child is greater than 95% wt/ht with a high rate of weight gain and has not established a parallel growth curve to the recommended curve or infant or child is significantly above the 95% wt/ht (more than 2 squares above 95% channel line.)

**Inadequate Weight Gain in Pregnancy**

**Cause/Symptom:**

- § A small unhealthy baby.
- § Increase the risk of preterm birth.

**Plan/Treatment:**

- § Review adequate food intake for pregnant women.
- § Review Guide to Good Eating; stress portion sizes and number in each food group.
- § Stress the importance of getting three meals plus snacks.
- § If nausea/vomiting is a problem, see handout.
- § Discuss the importance of gaining weight in pregnancy.
- § Discourage use of tobacco, alcohol, drugs and caffeine.

**Referrals:**

- \$ Refer to R.D.
- \$ Food banks.
- \$ Food stamps.

### **Excessive Weight Gain in Pregnancy**

#### **Cause/Symptom/Complications:**

- \$ Giving birth to a baby who weighs more than 9 pounds.
- \$ Problems with delivery.
- \$ Excess fat deposition.

#### **Plan/Treatment:**

- \$ Check her weight every time without shoes and have her remove excess clothing (coat, jacket, etc)
- \$ Weight gain will be more rapid if she had a very low weight before pregnancy.
- \$ Refer to Good Guide Pyramid and emphasize portion sizes of each food type.
- \$ Provide support and suggestions of lowfat foods to eat.
- \$ Check with client for possibility of twins or triplets. Revise weight gain goals for more than one fetus.
- \$ Check for swelling in hands, feet or ankles.
- \$ Fill upon lots of water. Drink at least 8 glasses of water a day. Urine should be clear or pale yellow.
- \$ Eat fresh fruit and vegetables and whole grains.
- \$ Eat slowly; sit down when you eat.
- \$ Eat with someone else.
- \$ Only eat when you are hungry.
- \$ Cook with very little or no oil, butter, margarine or cream.
- \$ Review individual weight gain goals.

#### **Referrals:**

- \$ Refer to R.D. if weight gain is greater than 7 lbs. per month.
- \$ Refer to R.D. if this is a multiple fetus pregnancy.
- \$ Refer to health care provider if there is swelling in the hands, feet or ankles.

### **Underweight Toddler/Preschooler**

#### **Cause/Symptoms:**

- \$ Developmentally delayed.
- \$ Language and reading delayed.
- \$ Inadequate food intake.

- § Illnesses.
- § Diarrhea.
- § Frequent upper respiratory tract infections.

**Plan/Treatment:**

- § Review Daily Food Guide Pyramid.
- § Stress serving size and number.
- § Offer three meals and snacks daily at regularly scheduled times.
- § Eat with your child. Model good eating behavior, i.e., try all foods, no negative comments.
- § Check to see if excess fluid intake is decreasing appetite for solids.
- § Use whole milk.
- § Check for low hemoglobin.
- § Do not force child to eat.
- § Nurture child. Give love and attention.

**Referrals:**

- § Refer to R.D.:
  - S all children with inadequate weight gain.
  - S if child is less than 5% wt/ht and has not established a growth curve parallel to recommended growth curve or child significantly below 5% wt/ht (more than 2 squares below the 5% channel line).

