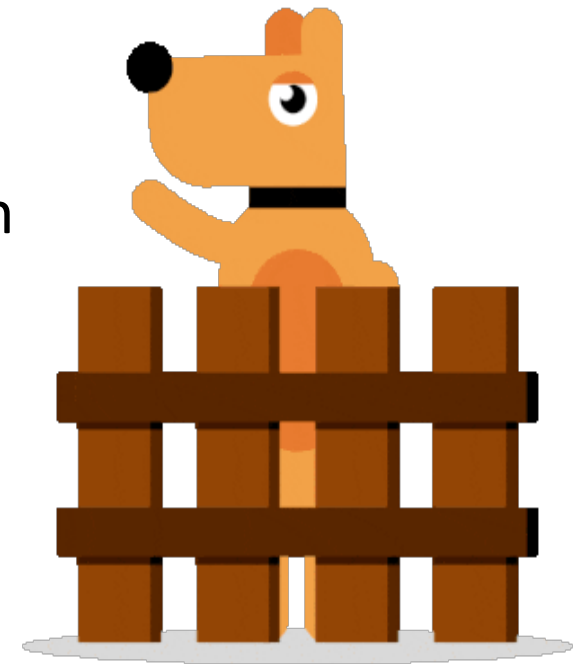




Case Study Series: Common Nutrition Concerns During Pregnancy

Agenda

8:30 - 8:33 a.m.	Welcome and introductions
8:33 – 8:50 a.m.	Case background and discussion
8:50 – 9:05 a.m.	Breakouts- Practice skills
9:05 – 9:20 a.m.	Review Questions
9:20 – 9:30 a.m.	Final thoughts with Q&A



Learning objectives:

- Assess for key nutrition risks in pregnancy.
- Apply critical thinking to weight gain assessment.
- Identify factors contributing to a healthy pregnancy outcome.
- Determine when intervention may be warranted and make appropriate referrals.
- Practice participant-centered counseling.



Background

- 26 years old, first pregnancy
- 8 weeks gestation
- Works at a convenience store
- Reports nausea, fatigue
- Skips meals
- Avoids meat (low protein)
- Takes gummy vitamins
- Eats mostly convenience/fast foods

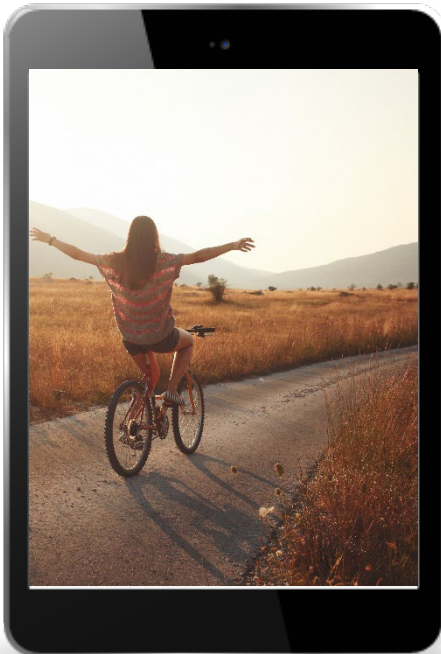
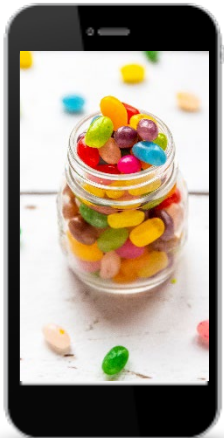


What immediate concerns do you have about MacKenzie's diet?

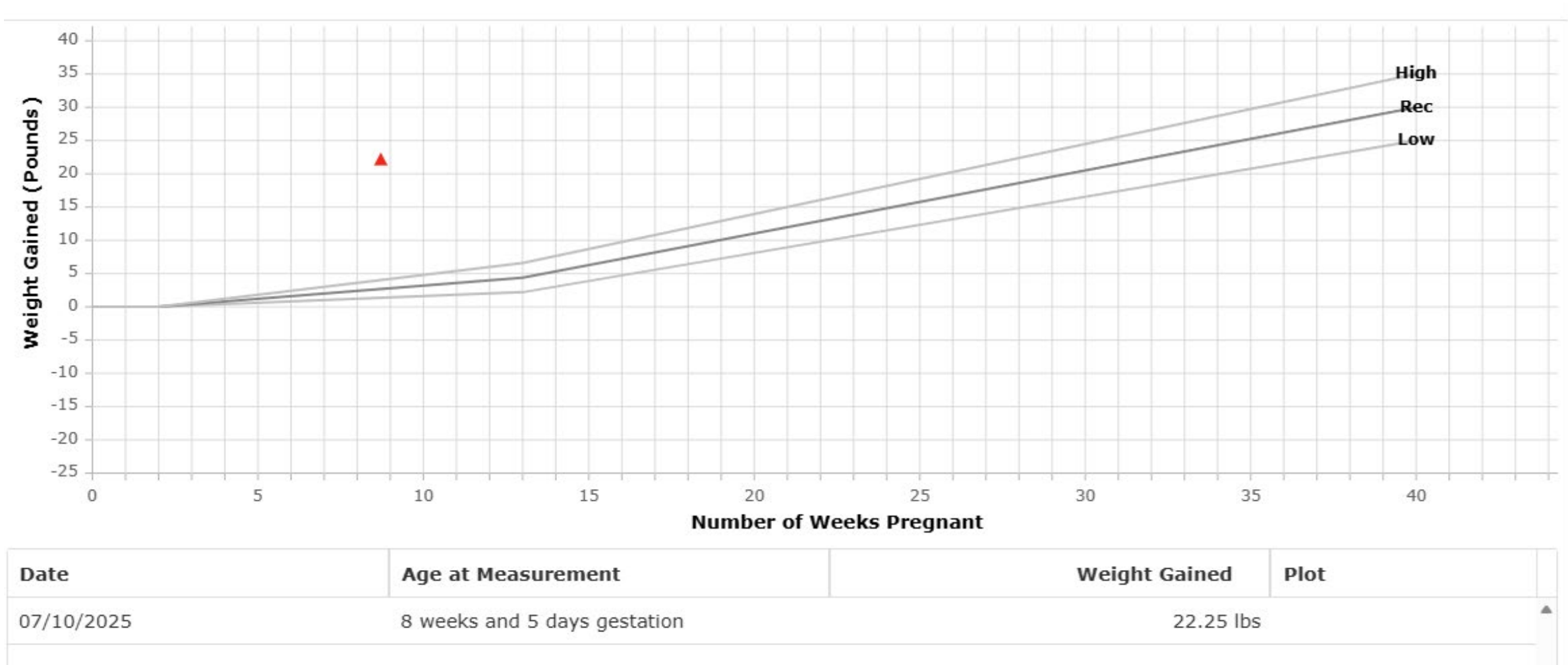
- A. Lack of iron
- B. Lack of appropriate PNV
- C. Lack of folate
- D. High intake of processed or convenience foods
- E. All of the above



Healthy
pregnancy =
Healthy
outcomes



Pregnancy Weight Gain Grid



Pregnancy Weight Status

Height (Inches)	Underweight BMI < 18.5	Normal Weight BMI 18.5-24.9	Overweight BMI 25.0- 29.9	Obese BMI ≥ 30.0
58"	<89 lbs	89-118 lbs	119-142 lbs	>142 lbs
59"	<92 lbs	92-123 lbs	124-147 lbs	>147 lbs
60"	<95 lbs	95-127 lbs	128-152 lbs	>152 lbs
61"	<98 lbs	98-131 lbs	132-157 lbs	>157 lbs
62"	<101 lbs	101-135 lbs	136-163 lbs	>163 lbs

Recommended Weight Gain

Prepregnancy Weight Classification	BMI	Total Weight Gain (lbs.)
Underweight	< 18.5.	> 40
Normal Weight	18.5 to 24.9	> 35
Overweight	25.0 to 29.9	> 25
Obese	≥ 30	> 20
Multi-fetal Pregnancies	See Justification for more information.	See Justification for more information.

Can we accurately assess weight gain without knowing how much she truly weighed pre-pregnancy?

- Yes
- No
- Maybe



Verifying Weight Gain

- Verifying and checking weight.
- Understanding true starting weight.
- Rechecking weight as needed.
- Ask what the provider has shared.
- WIC's role is to assess patterns, explore explanations, and educate.



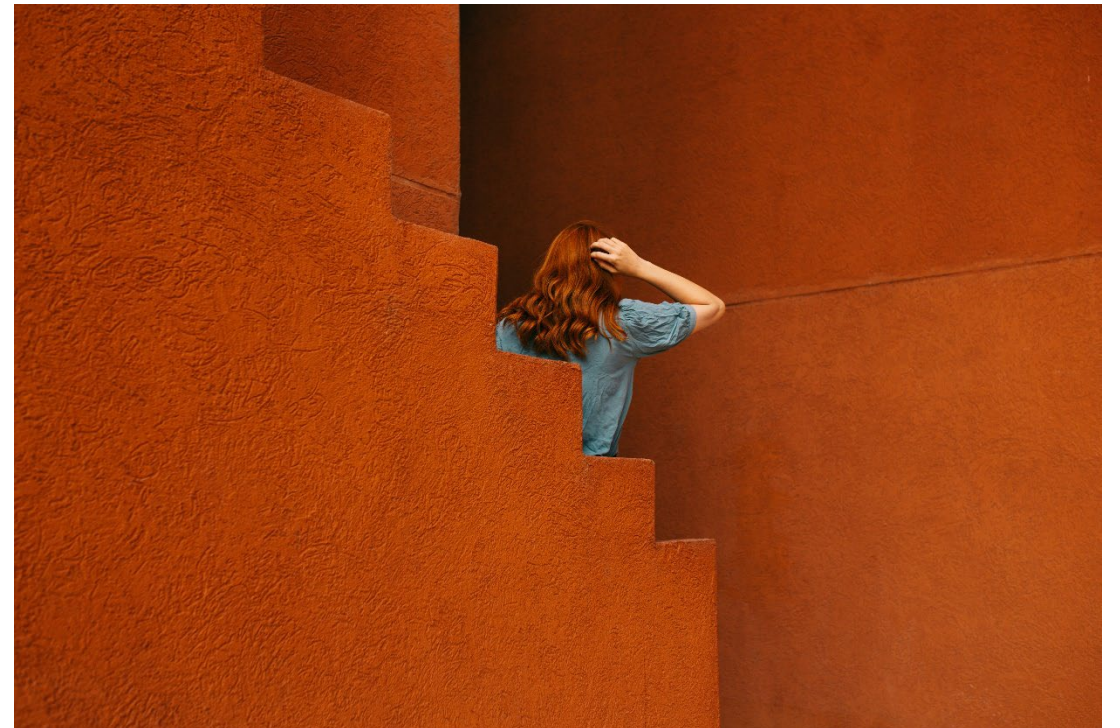
What additional questions would you ask this participant?

- **Type response in chat**



Additional information

- Daily activity
- Caffeinated soda or energy drink
- Limited intake of meats, prefers cheese
- Fruit or vegetable one time daily
- Frequent snacking
- Plans to breastfeed



For this system-assigned high-risk participant, would you...

- A. Send a referral to her doctor.
- B. Ask her to return to follow up.
- C. Both send a referral and return for follow-up.
- D. Neither just issue benefits.



Pregnancy Risk

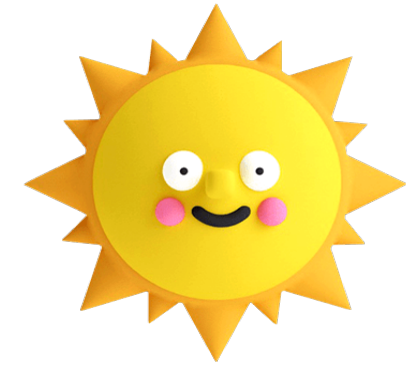
Pregnancy Weight Gain

Prepregnancy Weight Classification	BMI	Total Weight Gain (lbs.)/Week
Underweight	< 18.5.	> 1.3
Normal Weight	18.5 to 24.9	> 1
Overweight	25.0 to 29.9	> 0.7
Obese	>= 30.0	> 0.6
Multi-fetal Pregnancies	See Justification for more information.	See Justification for more information.

Resources:

- [Exhibit 6-A High Risk and Medical Referral Criteria](#)

Risk Code # and Name	Brief Description of Risk Code	Info System Assigns Risk Code?	High Risk Category and Criteria	Info System Flags as High Risk?
133 High Maternal WeightGain	Any weight gain in pregnancy that is higher than the IOM recommended range based on pre-pregnancy BMI	Y	Pregnant Women Same as risk criteria	Y



Frequency of follow-ups:

- Depends on circumstance- Monthly, bi-monthly, tri-monthly
- Monthly if health concerns a factor
- Minimum follow-up at least quarterly

Returning for Weight Check

Intervention strategies:

- Healthy eating habits
- Nutritional adequacy
- Monitor weight gain
- Referral as needed

High Risk Criteria

- **Criteria for INCPs and medical referrals are found in Exhibit 6-A: High Risk and Medical Referral Criteria.** If the participant is not receiving medical care for the identified high risk condition, a **written** medical referral should be made. Referrals should be discussed with participants/parents/guardians; they have the right to decline referrals. The CPA should exercise professional discretion in deciding the necessity of sending a referral. See Section 5.7: Referrals and Exhibit 5-Y: Minnesota WIC Program Request for Medical Follow-Up.
- Refer to the procedure for Resolving High Risk Designation below if the participant has been system-assigned as high risk but does not meet the high risk medical and referral criteria.

Resource:

MOM [Section 6.6: High Risk Individual Nutrition Care Plans](#).



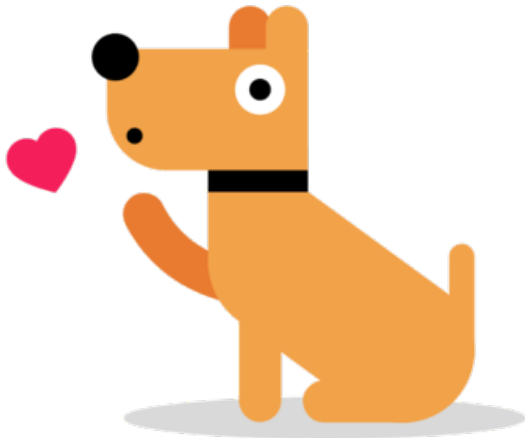
Breakout discussion

1. How would you start the conversation with Mackenzie to address concerns you may have?
2. How would you determine Mackenzie's true pre-pregnancy weight?
 - A. How would you respond if the provider is not concerned about weight?
3. What are the top two concerns to address first? Why?
4. How can Mackenzie use the WIC food package to improve eating behaviors?
5. What is ONE realistic, participant-centered goal you would encourage Mackenzie to work on?

Assessment to Education



How would you start the conversation with Mackenzie to address concerns you may have?



Begin by praising her for what is going well.

“Thank you for coming in today and being open to sharing how much pregnancy has already changed how you eat and stay active. It is challenging to eat healthy when you are not feeling well, and I can hear that navigating that is important to you.”

Affirming strengths and praise builds positive relationships, boosts confidence, and encourages a growth mindset.

Accuracy in Assessment

How would you determine Mackenzie's true pre-pregnancy weight?

- Probing:
 - Last weight recalled
 - Weight at first appointment
 - Electronic record
 - Calculate weight over time

How would you respond if the provider is not concerned about weight?

- Affirmations
- Focus on healthy behaviors
- Encourage participant engagement with the doctor as needed

Providing Nutrition Education

What are the top two concerns to address first? Why?

- Replacing PNV intake with gummy vitamins
 - Lacking iron
 - Artificial ingredients



- Lack of iron
 - Iron deficiency anemia risk.
 - Causes health problems for mom and baby.
 - Persistent impacts on maternal health.



Exploring the Food Package

How can Mackenzie use the WIC food package to improve eating behaviors?

Milk



Gallons or half gallons



Half gallon (64 oz) or 96 oz Half gallon (64 oz) or 96 oz – refrigerated 12 oz can 1% lowfat or fat free



1 quart or half gallon 9.6 oz (3 quarts) 25.6 oz (8 quarts) 64 oz (20 quarts)

• 4 ½ gallons, skim fat free or 1% milk

Milk Options



- 1 lb (8 oz or 16 oz) cheese
- 1-2 quarts (32 oz) yogurt (nonfat or lowfat)
- 12-16 oz package tofu

If you do not choose one of these, you will receive more milk.

Eggs



- 1 dozen eggs **or**
- 1 peanut butter/beans option

Whole Grains



• 48 oz

Cereal



• 36 oz total

Peanut Butter or Beans



Select 2 options in store:

- 16-18 oz jar peanut butter **or**
- 1 lb dry beans **or**
- Four 15-16 oz cans beans

Tuna & Salmon



• 10 oz

Juice



- \$3 fruits and vegetables **or**
- 64 oz juice:
 - One 64 oz container **or**
 - One 11.5-12 oz container frozen

Fruits & Vegetables



\$ _____

"Sometimes our bodies crave quick energy, which makes us want sweet or salty snacks, but those don't keep us full for very long. WIC offers foods, like iron-rich cereal, tuna or salmon, eggs, beans or peanut butter, that you could use to help you feel full for longer stretches and get more iron into your diet."

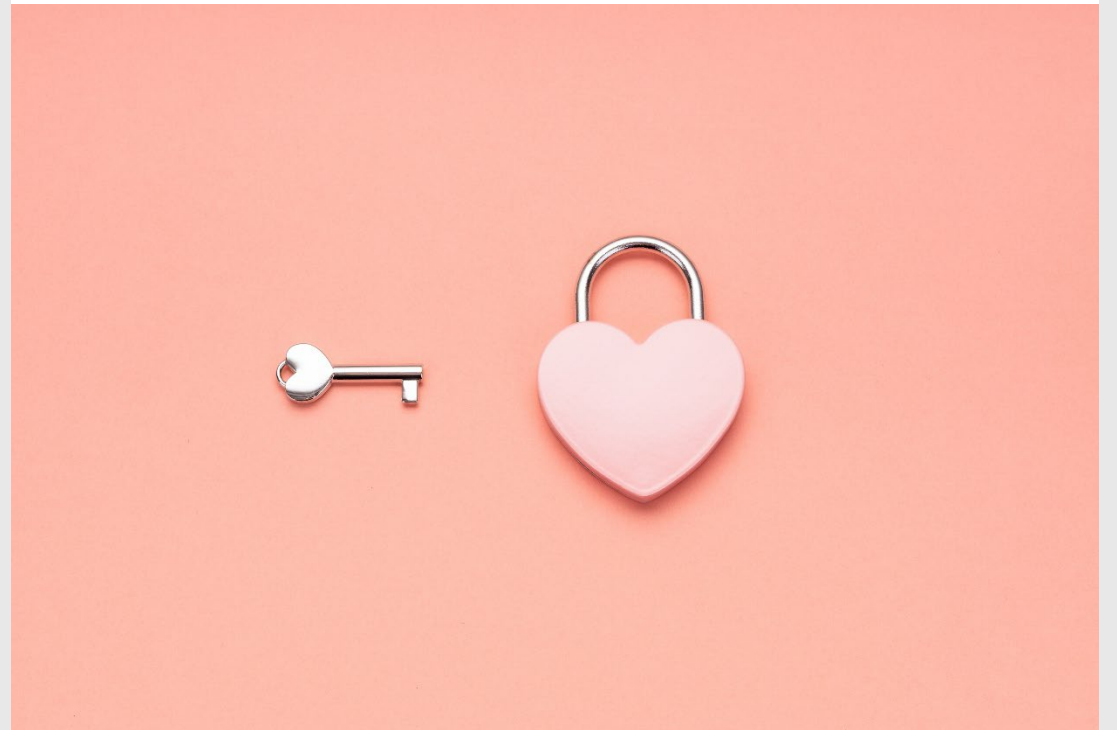
What is ONE realistic, participant-centered goal you would encourage Mackenzie to work on?

- Listen for desired behavior change.
- Use open-ended questions to clarify.
- Let the participant set the goal.

"We want you to feel your best as your pregnancy progresses. You mentioned that you wanted to get more iron and protein in your daily diet. You also shared that meats have been harder to eat because of the smell. Some of the foods that are in your WIC food package may help you. For example, using beans, eggs, or tuna. You might swap out meat for beans in one of your meals each day or add in an iron-rich snack like a hard-boiled egg, tuna and crackers, or WIC cereal. What are your thoughts about trying one of those ideas?"

Key Takeaways

- Healthy behaviors lead to healthy outcomes.
- Probing and follow-up can help to determine appropriate care.
- Approach participants with empathy and humility.
- Tailor education to reflect family perspectives while promoting healthy feeding practices.
- WIC makes a difference!



Resources for participants

- [Eating Well during Pregnancy \(PDF\)](#)
- [Health Tips for Pregnant Women \(PDF\)](#)
- [Weight Gain during Pregnancy \(PDF\)](#)
- [Prenatal Vitamins \(PDF\)](#)
- [Nausea & Vomiting during Pregnancy \(PDF\)](#)
- [Wichealth.org](#)
 - Eat Well for a Healthy Pregnancy
 - Recipes Made Easy
 - Cooking Made Easy
 - Maximizing Food Dollars

Resources for staff

- [133 - High Maternal Weight Gain](#)
- [6-A Minnesota WIC Program High Risk and Medical Referral Criteria \(PDF\)](#)
- [6.6 High Risk Individual Nutrition Care Plans \(PDF\)](#)
- [WIC Anthropometrics Module](#)
- [Healthy Weight Gain During Pregnancy](#)
- [Weight Gain During Pregnancy](#)
- [Gummy Prenatal Vitamins \(PDF\)](#)
- [Prenatal Vitamins \(PDF\)](#)
- [Transition from Assessment to Goal Setting: Eleventh in a Series \(PDF\)](#)

Thank you for joining us!

This institution is an equal opportunity provider.