1. Last	: Name First Nar	ne	MI	N.C. Department of Health and Human Services		
	ent Number		-	WIC NUTRITION ASSESSMENT & CARE PLAN		
				PREGNANT WOMEN		
	e of Birth  e  1. White  2. Black /A  3. America Indian/Alaska		Year	☐ Certification ☐ A95 Temporary Eligibility for Pregnant Women		
	☐ 5. Hawaiian/Other Pacif	ic Islander 🗖 6. Unkr		Client age		
	nicity: Hispanic origin?	s 🗖 No		Health Insurance ☐ Medicaid ☐ Other ☐ None		
				Health care provider		
6. Cou	nty of Residence s			Date 1 <sup>st</sup> prenatal visit EDC		
Phone Primary				Primary Language (if other than English)		
		Name of Interpreter (if used)				
				Household composition: # Adults # Children		
A95 C	ertifier Signature/Title/Da	te:				
		0020		D OBJECTIVE INFORMATION		
				tails. Indicate when information is elsewhere in medical record.		
Ι		erson(s) who smoke NS (food stamps)		inadequate water source ☐ inadequate appliances food security issues ☐ to store/cook food		
ECO-SOCIAL						
ő	Client is: ☐ pe	rson w/ limited abili	ties 🗖 i	in foster care /date		
EC						
				☐ No client-reported problem		
	Pre-pregnancy weight	Pre	e-pregnancy	BMI		
S & CAL	Height Weight			Date of measures		
ANTHRO & BIOCHEMICAL	Hemoglobin Hematocrit Date of test					
AN						
	Pregnancy Hx: Date (mm	l/yy)				
	Birth we	eight				
	Weeks gesta					
	Outcome / complicat	ions				
CLINICAL	Has: ☐ medical condition(s) ☐ oral health condition(s) ☐ nausea ☐ vomiting ☐ heartburn ☐ constipation					
CLI	Uses: ☐ Rx medication	☐ prenatal vitamins ☐ tobacco ☐ alcohol ☐ illegal drugs				
	Plans for infant feeding:	□ plans	to breastfeed	d ☐ no plans to breastfeed ☐ is undecided		
	Figure 101 inflating. — Diplate to broadition — Difficulties to broadition					
				☐ No client-reported problem		
>	Usual eating pattern:					
Έ	Type of milk usually cons	umed: 🗖 skim	□ 1% □ :	2% ☐ whole ☐ none ☐ other (specify):		
& PHYSICAL ACTIVITY	Behaviors (✓ frequency)	Most Som days day		Most Some days days Rarely		
,	Is physically a		3 Ivalely	Eats out or eats take-out food		
SIC/		fruits		Drinks sweet drinks: soda, tea, sports/juice drinks		
Ĭ	Eats veget			Watches more than 2 hours of TV		
∞ _	Drinks			Other / inappropriate nutrition behavior(s):		

SUMMARY OF NUTRITION STATUS (includes nutrition problems and/or potential problems)

Name:		Date of Birth:			
Identify WIC nutrition risk criteria (√ all tha	t apply):				
☐ A41 Underweight prior to pregnancy	A73 History of birth with nutrition-related congenital	A01 Cancer			
(BMI <18.5)  ☐ A45 Overweight prior to pregnancy	or birth defect  A54 Pregnant woman currently breastfeeding	<ul><li>☐ A02 Celiac disease</li><li>☐ A03 Central nervous system disorders</li></ul>			
(BMI > 25)	☐ A55 Multifetal gestation	☐ A04 Depression			
A48 Low maternal weight gain	☐ A56 Fetal growth restriction (FGR)	☐ A05 Developmental, sensory or motor			
<ul><li>☐ A49 Maternal weight loss during pregnancy</li><li>☐ A50 High maternal weight gain</li></ul>	☐ A66 Hyperemesis gravidarum ☐ A67 Gestational diabetes	disabilities interfering with ability to eat  A06 Diabetes mellitus			
☐ A22 Low hemoglobin/hematocrit	☐ A68 History of gestational diabetes	☐ A07 Drug-nutrient interactions			
☐ A23 Elevated blood lead (≥10 ug/dL)	☐ A69 History of preeclampsia	☐ A08 Eating disorders			
☐ A74 Maternal smoking ☐ A75 Alcohol and illegal drug use	☐ A59 Inadequate prenatal health care ☐ A61 Dental problems	<ul><li>☐ A19 Food allergies</li><li>☐ A20 Gastrointestinal disorders</li></ul>			
☐ A40 Current conception prior to 18 <sup>th</sup> birthday	☐ A79 Inappropriate nutrition practice(s)	☐ A21 Genetic and congenital disorders			
☐ A43 High parity and young age	☐ A64 Failure to meet Dietary Guidelines (Use only	☐ A24 Hypertension and prehypertension			
☐ A44 Current conception ≤ 16 months of delivery of infant ≥ 500 gms or ≥ 20 weeks gestation	when no other nutrition risk criteria apply.)  ☐ A91 Homelessness	<ul><li>☐ A25 Hypoglycemia</li><li>☐ A26 Inborn errors of metabolism</li></ul>			
☐ A70 History of preterm delivery	☐ A96 Migrancy	☐ A27 Infectious diseases			
☐ A71 History of low birth weight	☐ A90 Environmental tobacco smoke exposure	☐ A28 Lactose intolerance			
☐ A52 History of ≥ 2 spontaneous abortions or history of fetal or neonatal death	☐ A92 Limited ability for feeding decisions / preparing food	☐ A29 Nutrient deficiency diseases			
☐ A72 History of birth of a large for gestational	☐ A94 Entered / changed foster care home(s) in the	☐ A30 Other medical conditions ☐ A33 Recent major surgery, trauma, burns			
age infant	past 6 months	☐ A34 Renal disease			
	☐ A97 Recipient of abuse	☐ A35 Thyroid disorders			
	PLAN OF NUTRITION CARE				
CLIENT ACTION STEPS – Document at least	one EDUCATION - Check required topics if pro	ovided. List other topics if provided.			
(1) behavior change or action that client identifi		☐ Breastfeeding ☐ Substance abuse			
agrees to.					
	REFERRALS - Check box of any referral i	made. Write in any not listed under "Other".			
	☐ Medicaid ☐ Dentist	☐ PCM (Pregnancy Care Mgmt)			
	☐ FNS (food stamps) ☐ RD	☐ Breastfeeding Peer Counselor			
	☐ Health care provider	Other(s) -specify			
		FOOD PACKAGE – Check type of food package assigned by CPA.			
	☐ Standard ☐ Modified (specify modification)	ations):			
	FOLLOW-UP – Document timeframe and p	olan for follow-up.			
CPA Signature/Title/Date:	1				
DATE	NOTES				
		_			