



## **GENERAL INSTRUCTIONS**

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*Facilitators: Use this discussion guide as a companion to the WIC Codes 301, 304, 344, 345, 356 video for the group training session. The session is divided into sections when the video is paused and you facilitate discussion about the topic. Discussion questions are designed to generate ideas among WIC staff about how the information and associated WIC codes apply to working with participants and what staff experiences have been.*



## **VIDEO PART 1: Welcome and Training Overview**

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This is the introductions to the training with an overview of the topics that will be covered.

## **Hyperemesis Gravidarum**

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This first topic is about the extreme version of nausea and vomiting associated with pregnancy, hyperemesis gravidarum. It discusses how it is different from typical morning sickness and what to pay attention to during assessments.



### **DISCUSSION POINT 1: First Pregnancy Problems**

#### Scenario:

Libby is in her second trimester of her first pregnancy. You are meeting for the initial assessment, and she mentions she's had frequent morning sickness from the beginning of her pregnancy. She says she is throwing up throughout the day and can't keep any food or beverages down. She mentions she has very little energy and is worried about the health of her baby. How do you proceed?

#### *Expected answers:*

- *Review Libby's notes to see if hyperemesis gravidarum has been diagnosed, if so, how recently she has seen her healthcare provider and what treatment was prescribed.*
- *Let Libby know you're glad she brought up how bad she's feeling so that you can work on things that might provide relief.*
- *Ask Libby how long she has been experiencing the symptoms.*
- *Since Libby is in her second trimester, if the vomiting is recent, another medical condition could be the issue. She should be seen by her healthcare provider for assessment.*



What foods are typically recommended to relieve nausea?  
What nutrition needs are most important for a woman experiencing hyperemesis gravidarum?



## **VIDEO PART 2: Hypertension and Prehypertension**

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This section covers hypertension and prehypertension definitions, signs and symptoms, types of hypertension, and impact on pregnancies.



### **DISCUSSION POINT 2: Prehypertension – What To Do?**

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Scenario:

You're meeting with Tanya, a 22-year old participant who mentions she was recently at the doctor due to a sinus infection. After her blood pressure was measured, she was told she had prehypertension and to make changes to her diet. She's just asked you for ideas. How can you help her?

*Expected Answers:*

- *Tell Tanya it's great that she's being proactive about her health.*
- *Ask what dietary changes were recommended by her healthcare provider.*
- *Share with her that prehypertension is reversible and that making dietary and lifestyle changes can help reduce her blood pressure.*
- *Discuss the DASH diet, increasing fruits and vegetables, limiting processed foods and reducing sodium.*
- *Let her know that working with a nutritionist/registered dietitian to create a healthy meal plan can help her make dietary changes that will help.*



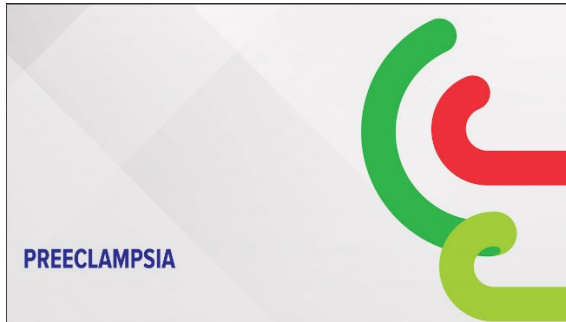
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## **WIC Codes 301, 304, 344, 345, 356 Discussion Guide**



What are the most effective ways to limit sodium intake?

What do participants have the most challenge with when they need to limit sodium?



### **VIDEO PART 3: Preeclampsia**

This section emphasizes the urgency of recognizing and treating preeclampsia in pregnant participants to avoid dangerous health outcomes for mother or baby. Preeclampsia signs, symptoms, and risk factors are discussed. Eclampsia and seizures are mentioned.



### **DISCUSSION POINT 3: Preeclampsia and Second Pregnancy**

Scenario:

Olivia had preeclampsia during her first pregnancy. She and her husband are trying for their second child. She mentions that she knows that she is more likely to develop preeclampsia again. She is 36; her BMI is 34; she does not smoke and drinks alcohol occasionally.

Given Olivia's profile, what concerns do you have about her having a healthy pregnancy? What do you recommend to her to reduce the risk of preeclampsia reoccurring?

*Expected Answers:*

- *The concerns are related to her risk factors of her previous preeclampsia, her age of 36, her obesity indicated by BMI of 34.*
- *Remind Olivia about focusing on fruits, vegetables, whole grains, and lean proteins provided in the WIC food package.*
- *Discuss physical activity and work with her to set goals for increasing activity.*
- *Weight loss will be beneficial so referral to a State approved nutritionist or registered dietitian to develop a plan is recommended.*



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How would you explain to Olivia that it isn't necessary to restrict sodium intake with preeclampsia?



#### **VIDEO PART 4: Thyroid Disorders**

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This section covers a lot of materials about hypothyroidism, hyperthyroidism, postpartum thyroiditis, and congenital hypothyroidism or hyperthyroidism. For each disorder, information about signs, symptoms, relevance to pregnancy, and appropriate health care are included.



#### **DISCUSSION POINT 4: Postpartum Weight Loss Concern**

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Scenario:

Rachel is three months postpartum and is not breastfeeding. She expresses concern about being able to lose her “baby” weight. Rachel has a history of hypothyroidism and had been prescribed medication for it in the past. She mentions she didn’t take the medication during her pregnancy but has resumed taking it since her pregnancy ended. She has not spoken about it with her doctor since having the baby.

What information do you think is important to cover with Rachel?

*Expected Answers:*

- *Mention that WIC has resources for healthy weight management.*
- *Recommend she follow up with her healthcare provider regarding hypothyroidism and care.*
- *Refer her to a registered dietitian or State approved nutritionist to discuss her weight loss goals and managing her nutrition needs as a new mom.*



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## **WIC Codes 301, 304, 344, 345, 356 Discussion Guide**



What is important to share with new mothers about healthy weight management?





### **VIDEO PART 5: Hypoglycemia**

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This section is about low blood sugar is not necessarily related to diabetes. It covers other reasons for low blood sugar and the importance of addressing it during pregnancy. Signs and symptoms are covered plus the importance of the role of carbohydrates in responding to low blood sugar.



### **DISCUSSION POINT 5: Morning Sickness or Hypoglycemia?**

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Scenario:

Leticia is 12 weeks pregnant and states that she occasionally feels dizzy, nauseous, and shaky. Her friends told her this is normal and that it's probably just morning sickness. During the assessment she also tells you that she sometimes forgets to eat lunch as her work schedule is really busy, plus with being nauseous she doesn't feel like eating.

How would you proceed?

*Expected answers:*

- *Refer Leticia to a healthcare provider for further assessment.*
- *Her reported symptoms and forgetting to eat may indicate hypoglycemia rather than morning sickness.*
- *Discuss the importance of getting adequate nutrition throughout the day for fetal growth and her health during the pregnancy.*



## WIC Codes 301, 304, 344, 345, 356 Discussion Guide

- *Discuss the WIC food package and how to make food she can bring to work.*
- *After a consultation with a healthcare provider refer her to a registered dietitian or State approved nutritionist for support on balancing meals and eating to support a healthy pregnancy.*



Why is hypoglycemia so dangerous and what is recommended for immediate relief?

*Facilitator: After the summary video, you may ask some or all of these reflection questions.*

- *What do you think is the most important information to remember from this training?*
- *What do you still need to learn more about (or what are you confused about)?*
- *Based on the content in this training, what is something you can do to provide exemplary service to participants?*



## Citations and Resources:

- Stanford Children's Health
  - <https://www.stanfordchildrens.org/en/topic/default?id=hyperemesis-gravidarum-90-P02457>
  - <https://www.stanfordchildrens.org/en/topic/default?id=hyperthyroidism-in-pregnancy-90-P02460>
  - <https://www.stanfordchildrens.org/en/topic/default?id=hypothyroidism-and-pregnancy-85-P00426>
- Merck Manuals
  - <https://www.merckmanuals.com/home/heart-and-blood-vessel-disorders/high-blood-pressure/high-blood-pressure?query=prehypertension>
  - <https://www.merckmanuals.com/professional/SearchResults?query=preeclampsia>
  - <https://www.merckmanuals.com/home/women-s-health-issues/complications-of-pregnancy/preeclampsia-and-eclampsia?query=preeclampsia#v813347>
  - <https://www.merckmanuals.com/professional/gynecology-and-obstetrics/abnormalities-of-pregnancy/preeclampsia-and-eclampsia?query=preeclampsia>
- Centers for Disease Control
  - [https://www.cdc.gov/salt/reduce\\_sodium\\_tips.htm](https://www.cdc.gov/salt/reduce_sodium_tips.htm)
- Cleveland Clinic
  - <https://my.clevelandclinic.org/health/diseases/8541-thyroid-disease>
- Healthy Children.org
  - <https://www.healthychildren.org/English/health-issues/conditions/Glands-Growth-Disorders/Pages/Congenital--Hypothyroidism-Infants.aspx>
- Today's Dietician



- <https://www.todaysdietitian.com/newarchives/070112p40.shtml>
- National Center for Biotechnology Information
  - <https://www.ncbi.nlm.nih.gov/pubmed/9715522>
- Arizona Department of Health Services
  - <https://azdhs.gov/documents/prevention/azwic/manuals/nutrition-risk-manual.pdf>
  - <https://azdhs.gov/documents/prevention/azwic/agencies/nutrition-care-guidelines.pdf>