



**Trainer Edition**

**Arizona WIC Training**

**Introduction to Medium Risk  
Nutrition Services Guidebook**

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## What Will You Learn?

The Introduction to Medium & High-Risk Nutrition Services LMS course and this associated guidebook are designed to provide you with basic information regarding medium-risk and high-risk nutrition services. After completing the Introduction to Medium & High-Risk Services LMS course and this associated guidebook, you will be able to:

1. Identify expectations and scope of practice in your role as you provide medium and high-risk services to WIC participants.
2. Apply the Nutrition Care Process to provide consistent, high-quality medium and high-risk nutrition services.
3. Write notes to document your medium and high-risk appointments.
4. Review options for participants following their medium or high-risk appointment.
5. Address situations in which participants miss or decline their medium or high-risk appointment, and other resources that may be useful to you while providing medium and high-risk services.

## Items Needed for This Course

- Pen or pencil
- Local Agency Referral List
- Access to the Introduction to Medium & High-Risk Nutrition Services LMS course on [azwic.gov](https://azwic.gov)

## Recommended Time

- Approximate time it takes to complete the LMS course: 1 hour
- Approximate time it takes to complete this guidebook: 1.5 hours

## Things to Remember

- The guidebook is yours to keep.
- You are encouraged to take notes, highlight, and write in the guidebook.
- As your trainer chooses, you may work in a group or as an individual.
- You are encouraged to ask your trainer(s) for help, and ask questions about the information in the course or any additional topics related to the course.

**Trainer Note:** As the trainer, you are assessing the trainee's understanding of objectives for each module. The guidebook training activities are intended to help you assess both the trainees' ability to apply basic knowledge and assess their critical thinking skills.

Participation by the trainee in the face-to-face activities and discussions is required in order for you to thoroughly assess their skills and level of competence.

## Introduction to Medium & High-Risk Nutrition Services LMS Course Directions

Please complete the steps in the following order:

1. Log onto [Train Arizona](#)
2. Search for, launch, and complete the Introduction to Medium & High-Risk Nutrition Services LMS course.
3. Complete the Introduction to Medium & High-Risk Nutrition Services Guidebook Activities, either individually, with other trainee(s), or with your trainer.
4. Meet with your trainer to discuss each module and the activities.

### Trainer Steps:

1. At your discretion, trainees may work in groups or as individuals.
2. Once finished, the trainee(s) shall meet with you to review the answers to the activities. Please answer all questions the trainee(s) may have and clarify any incorrect answers.
3. Verify that the trainee understands the information, including any resources available on the Local Agency Referral List.
4. "Possible answer(s)" provided throughout the guidebook are often not the only answer(s).

Note: If training more than one person at a time, be prepared for trainees to finish the coursework at different times. In order to have the trainees review the face-to-face portions together, prepare a list of things the trainees who finish first can continue during downtime (e.g., ask you questions for more clarification, check email, clinic observation, etc.).

## Module 1: Expectations and Scope of Staff Nutritionist Practice

Note: For convenience, the term 'WIC counselor' will be used in this guidebook to indicate an appropriately qualified RD/RDN or State Approved Nutritionist, or a WIC Nutritionist / NDTR.

### Module 1 Competencies:

1. Determine which services are within the WIC scope of practice and which are not.

### WIC Scope of Practice and Medical Nutrition Therapy

Directions:

1. Read each question about a scenario with a medium-risk or high-risk participant.
2. Indicate whether the nutrition education provided by the WIC counselor is within the WIC scope of practice (SOP) or beyond the WIC SOP by marking the appropriate answer box.
3. Prepare to explain how you made your decision and discuss any questions you may have with your trainer.

You may refer to Module 1, slide 5 in the course to aid you in completing the questions below.

### C-section and Anemia (Very Low Hemoglobin 201.1, High-Risk)

After completing hemoglobin screening and confirming the result, a woman with a recent C-section delivery is assigned risk 201.1 for very low hemoglobin. The participant explains she was instructed to take a daily iron supplement by the doctor.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The participant reports frequently skipping the iron supplement due to symptoms of nausea and constipation. After learning the participant tolerated prenatal vitamins well during pregnancy and stopped taking them, the WIC counselor recommends taking a prenatal vitamin instead of the iron supplement.		X
2. The WIC counselor discovers the participant has been taking the iron supplement as recommended for several weeks. The WIC Counselor decides the iron supplement dose is too low to be effective, and recommends taking an iron supplement with a higher dose.		X
3. The WIC counselor asks probing questions to learn about daily meals and snacks, and works with the participant to find	X	

ways to incorporate iron rich foods and foods with vitamin C more consistently.

**Trainer Note:**

- Ask the trainee to explain their decision to determine whether a WIC counselor action is within WIC scope of practice or beyond WIC scope of practice.
- How would the trainee prefer to respond as the WIC counselor in each situation?
- Provide clarification for any situations that the trainee incorrectly identifies an action to be within the WIC scope of practice.

## Sodium intake and Hypertension (345)

A WIC participant was recently diagnosed with high blood pressure. During dietary assessment, the WIC counselor notices several frequently consumed high-sodium foods.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor recommends reducing sodium intake to 1500mg per day and provides the participant with a sample low-sodium menu.		X
2. The participant has been instructed by the doctor to reduce daily sodium intake to 1800mg. The WIC counselor shares information about reading nutrition labels on foods.	X	
3. The participant reports selecting foods labeled 'low sodium', while continuing to consume other high-sodium foods. The WIC counselor offers to discuss the sodium content of foods frequently consumed by the participant, and possible alternatives with lower sodium content.	X	

**Trainer Note:**

- Ask the trainee to explain their decision to determine whether a WIC counselor action is within WIC scope of practice or beyond WIC scope of practice.
- How would the trainee prefer to respond as the WIC counselor in each situation?
- Provide clarification for any situations that the trainee incorrectly identifies an action to be within the WIC scope of practice.

## Oral nutrition vs enteral nutrition regimen (362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat)

A C1 child participant with a G-tube button requires enteral nutrition to supplement oral feeding. The AR reports improved oral feeding and the successful introduction to new foods.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor encourages the AR to reduce the amount provided by enteral feeding to stimulate appetite and encourage oral feeding.		X
2. The WIC counselor recommends replacing one enteral feeding per day with oral feeding to support continued progress.		X
3. The WIC counselor shares ideas for meals and snacks to incorporate newly accepted foods during oral feeding.	X	

**Trainer Note:**

- Ask the trainee to explain their decision to determine whether a WIC counselor action is within WIC scope of practice or beyond WIC scope of practice.
- How would the trainee prefer to respond as the WIC counselor in each situation?
- Provide clarification for any situations that the trainee incorrectly identifies an action to be within the WIC scope of practice.

## Insulin dose/timing and Type 1 DM (343 Diabetes Mellitus)

A child with type 1 diabetes recently had an insulin pump malfunction. The AR shares that the doctor instructed her about how to administer insulin doses until the pump is replaced. The AR explains that it's a struggle to keep glucose readings within the normal range, and frequently they run high or low throughout the day.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor discusses ideas for modifying the current routine for meals and snacks to keep glucose levels more consistent and predictable.	X	
2. The WIC counselor asks if the AR has reached out to discuss challenges with the doctor.	X	
3. The WIC counselor recommends decreasing the insulin dose administered to prevent low blood glucose.		X

**Trainer Note:**

- Ask the trainee to explain their decision to determine whether a WIC counselor action is within WIC scope of practice or beyond WIC scope of practice.
- How would the trainee prefer to respond as the WIC counselor in each situation?
- Provide clarification for any situations that the trainee incorrectly identifies an action to be within the WIC scope of practice.

## Carbohydrate intake and Type 2 DM (343 Diabetes Mellitus)

A pregnant participant previously diagnosed with type 2 diabetes is concerned about her increased appetite and cravings for high-carbohydrate foods.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor tailors a daily meal plan based on her BMI, activity level and pregnancy status which recommends a daily intake of 2400 calories and 160g of carbohydrates.		X
2. The WIC counselor asks about current daily meals and snacks and explores alternatives to replace high-carbohydrate foods with foods lower in carbohydrates that contain protein.	X	
3. A participant is taking the same dose of metformin that was prescribed before her pregnancy and hasn't discussed her medication with her doctor. The WIC counselor advises her to stop taking metformin until her next appointment and educates about avoiding high-carbohydrate foods.		X

### Trainer Note:

- Ask the trainee to explain their decision to determine whether a WIC counselor action is within WIC scope of practice or beyond WIC scope of practice.
- How would the trainee prefer to respond as the WIC counselor in each situation?
- Provide clarification for any situations that the trainee incorrectly identifies an action to be within the WIC scope of practice.

## Bruising and vitamin C supplementation (303 Hx of Gestational Diabetes)

A postpartum participant says she has noticed that she has begun bruising more easily as a result of routine activities.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. The WIC counselor asks if she has brought her questions about bruising to the doctor?	X	
2. The WIC counselor recommends increasing her consumption of foods rich in vitamin C, since inadequate vitamin C intake may lead to bruising.	X	
3. The WIC counselor explores what other changes she may have noticed, in addition to probing to learn about what she typically consumes for meals and snacks.	X	



4. After learning the participant is taking a prescribed blood thinner, the WIC counselor explains that bruising is a common side effect of the medication and she should not worry.		X
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**Trainer Note:**

- Ask the trainee to explain their decision to determine whether a WIC counselor action is within WIC scope of practice or beyond WIC scope of practice.
- How would the trainee prefer to respond as the WIC counselor in each situation?
- In particular discuss whether example 2 is appropriate, although the action itself is not beyond the WIC scope of practice.
- Provide clarification for any situations that the trainee incorrectly identifies an action to be within the WIC scope of practice.

**Weight loss (111 Pre-pregnancy BMI greater than or equal to 25)**

A breastfeeding participant with a 4-month-old infant is trying to lose weight and is interested in ideas to improve her diet and daily physical activity.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. Based on her current BMI and activity level, the WIC counselor helps her develop a daily meal plan to provide 1800 calories.		X
2. The WIC counselor helps her choose a variety of nutritious meals and snacks, while choosing flexible options for physical activity she can perform daily.	X	
3. The WIC counselor recommends asking the doctor if she may be a candidate for bariatric surgery due to a history of unsuccessful attempts to lose weight.		X

**Trainer Note:**

- Ask the trainee to explain their decision to determine whether a WIC counselor action is within WIC scope of practice or beyond WIC scope of practice.
- How would the trainee prefer to respond as the WIC counselor in each situation?
- Provide clarification for any situations that the trainee incorrectly identifies an action to be within the WIC scope of practice.

**Renal disease and nutrient intake (346 Renal Disease)**

A 2-year-old child with chronic kidney disease has had low hemoglobin at every WIC certification and mid-cert appointment. In the past year, BMI has increased from the 75th percentile to above the 95th percentile.

WIC Counselor action	WIC SOP	Beyond WIC SOP
1. Due to low hemoglobin readings at each appointment, the WIC counselor suggests giving a daily multivitamin with iron in addition to the daily iron supplement prescribed by the doctor.		X
2. The WIC Counselor offers nutrition education on reducing portion sizes to reduce BMI to a recommended range for child's age.		X
3. The WIC counselor offers education to address AR concerns about following the doctor's recommendation to limit sodium intake to 1500-2400 mg/d.	X	

**Trainer Note:**

- Ask the trainee to explain their decision to determine whether a WIC counselor action is within WIC scope of practice or beyond WIC scope of practice.
- How would the trainee prefer to respond as the WIC counselor in each situation?
- Provide clarification for any situations that the trainee incorrectly identifies an action to be within the WIC scope of practice.
- Notes on CKD-related symptoms:
  - Iron regulation is impacted by impaired GI absorption and enhanced activity of hepcidin in CKD and management of anemia in CKD is complex.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6103270/>
  - Despite normal or elevated BMI in most children with CKD in the U.S., there is a concern that some of these children may have a disproportion between lean and fat body mass, and relative loss of muscle mass, including the possibility of sarcopenic obesity.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6623973/>

## Module 2: Using the Nutrition Care Process

**Trainer Note:** It is recommended for you to review the competencies below with trainees.

### Module 2 Competencies:

1. Explain how each part of the WIC Nutrition Assessment corresponds to the steps of the Nutrition Care Process: ABCDE assessment, nutrition education, referrals, food package tailoring, follow-up and documentation.

### Module 2: WIC Nutrition Care Process and ABCDE Assessment

Directions:

Answer the following questions.

You may refer to Module 2, slides 2-3 in the course and to the table below to compare the Nutrition Care Process (NCP) and the WIC ABCDE Assessment.

#### Questions

1. How do the various screens in HANDS correspond to the steps in the Nutrition Care Process? (Family, Client, Immun, Income, Cert, Med, Assess, BF Surv, Care Plan, Benefits, Notes)

#### Possible answers:

- In HANDS, the tabs for the Medical and Assessment screens are displayed in the correct order (from left to right) required to correctly perform the ABCDE assessment conversation.
- The tab for the HANDS Assessment screen corresponds to step 1 of the NCP, and is displayed before the tabs in HANDS for the care plan, benefits, and notes.
- Steps 2 Nutrition Diagnosis and Step 3 Intervention of the NCP are performed in order by first assigning risk codes on the HANDS Assessment screen, and then addressing the intervention (nutrition education, referrals, etc.), which corresponds to the HANDS Care Plan and Benefits screens.
- Step 4 Monitoring and Evaluation of the NCP is documented in the HANDS Notes screen, which is shown as final HANDS screen to complete.

2. What actions of the WIC ABCDE assessment are most closely aligned with the nutrition diagnosis of the NCP? (Choose the best answer)
  - a. Tailoring food package and/or formula
  - b. Identify specific nutrition problem(s) and/or risk(s) based on their assessment.
  - c. Planning and implementing appropriate nutrition interventions tailored to the participant's needs and interests
  - d. Assess an applicant's nutrition status, risk(s), capacities, strengths, needs and/or concerns.

**Correct answer:**

- Identify specific nutrition problem(s) and/or risk(s) based on their assessment.

3. What is an example of a nutrition intervention according to step 3 of the Nutrition Care Process? (Choose the best answer)
- a. Assigning relevant risk codes
  - b. Asking open-ended questions to obtain information needed to identify nutrition-related problems.
  - c. Providing nutrition education, counseling, and tailoring the food package.
  - d. Documenting how you plan to evaluate the participant's progress regarding their expected outcomes and/or goals.

**Correct answer:**

- Providing nutrition education, counseling, and tailoring the food package.

4. Approving a Food and Formula Request form for medically necessary foods, formulas and/or supplements takes place in which step of the Nutrition Care Process? (Choose the best answer)
- a. Step 1: Nutrition Assessment
  - b. Step 2: Nutrition Diagnosis
  - c. Step 3: Nutrition Intervention
  - d. Step 4: Nutrition Monitoring and Evaluation

**Correct answer:**

- Step 3: Nutrition Intervention

5. Documenting whether a risk has been resolved and scheduling the next appointment in HANDS takes place in which step of the Nutrition Care Process? (Choose the best answer)
- a. Step 1: Nutrition Assessment
  - b. Step 2: Nutrition Diagnosis
  - c. Step 3: Nutrition Intervention
  - d. Step 4: Nutrition Monitoring and Evaluation

**Correct answer:**

- Step 4: Nutrition Monitoring and Evaluation

## Module 3: Observing Medium & High-Risk Nutrition Services

**Trainer Note:** It is recommended for you to review the competencies below with trainees.

### Module 3 Competencies:

1. Observe three medium and/or high-risk appointments.
2. Complete a SOAP/ADIME note for each observed medium and/or high-risk appointment.
3. Critically think about how the WIC Counselor attempted to resolve each participant's main concern/problem, what the counselor did well, and what could have been improved.

### Module 3: Observation and Practice

Your trainer will offer you opportunities to observe more experienced WIC Nutritionists, NDTRs, RDs/RDNs, and/or State-Approved Nutritionists complete medium/high risk appointments with three or more WIC participants.

#### Directions:

After you have completed each observation, complete a practice SOAP/ADIME note in the space provided and answer the reflection questions.

#### Medium / High-Risk #1

SOAP/ADIME Note:

#### Reflection Questions

1. What did you feel like the WIC Counselor did well?

**Possible answer:**

- Answers may vary based on the appointment

2. What is the participant's main concern and/or problem? What did the WIC counselor do to address it during the appointment?

**Possible answer:**

- Answers may vary based on the appointment

3. What might you have done differently (e.g., additional information you would have liked collect, additional education you may have provided, etc.)?

**Possible answer:**

- Answers may vary based on the appointment

**Medium / High-Risk #2**

SOAP/ADIME Note:

**Reflection Questions**

1. What did you feel like the WIC Counselor did well?

**Possible answer:**

- Answers may vary based on the appointment

2. What is the participant's main concern and/or problem? What did the WIC counselor do to address it during the appointment?

**Possible answer:**

- Answers may vary based on the appointment

3. What might you have done differently (e.g., additional information you would have liked to collect, additional education you may have provided, etc.)?

**Possible answer:**

- Answers may vary based on the appointment

**Medium / High-Risk #3**

SOAP/ADIME Note:

**Reflection Questions**

1. What did you feel like the WIC Counselor did well?

**Possible answer:**

- Answers may vary based on the appointment

2. What is the participant's main concern and/or problem? What did the WIC counselor do to address it during the appointment?

**Possible answer:**

- Answers may vary based on the appointment

3. What might you have done differently (e.g., additional information you would have liked to collect, additional education you may have provided, etc.)?

**Possible answer:**

- Answers may vary based on the appointment

## Module 4: Scheduling Medium and High-Risk Appointments

**Trainer Note:** It is recommended for you to review the competencies below with trainees.

### Module 4 Competencies:

1. Identify important factors for scheduling the next visit when the assigned medium and/or high-risk codes are resolved or not resolved,
2. Identify appropriate actions for rescheduling missed appointments.
3. Choose an appropriate food benefit issuance interval based on Arizona WIC policy for missed appointments and declined referrals.
4. Apply learning from modules 1-4 covered in this course to complete case study questions for each WIC category: women, infants and children assigned medium and high-risk codes.

### Module 4, Activity 1: Scheduling in HANDS, Missed Appointments, Declined Referrals

Directions: Answer the following questions. You may refer to Module 4, slides 2-4 in the course to aid you in answer the questions.

#### Questions

1. What scheduling factors should be considered when scheduling the next visit after completing a medium or high-risk appointment? (Choose all that apply)

- ☐ Resolved vs. not resolved status for assigned medium or high-risk code(s).
- ☐ The timeframe for monitoring outcomes and evaluating progress toward expected outcomes.
- ☐ Participant availability or preferences for scheduling the next visit
- ☐ Next appointment type, such as low risk or high-risk appointment.

**Correct answer:**

- All of the factors listed affect the scheduling of the next visit.

2. When should the red high-risk heart icon be changed to green? (Choose the best answer)
  - a. When the participant agrees to set a goal to improve an outcome related to the medium or high-risk(s) assigned.



- b. When the risk is determined to be resolved and no longer needs to be referred to a WIC Nutritionist/NDTR, RD/RDN, State-Approved Nutritionist, or IBCLC for the next visit.
- c. When the WIC Nutritionist/NDTR, RD/RDN, State-Approved Nutritionist, or IBCLC completes the medium or high-risk appointment and writes a SOAP or ADIME note.
- d. When the participant misses the scheduled medium or high-risk appointment.

**Correct answer:**

- When the risk is determined to be resolved and no longer needs to be referred to a WIC Nutritionist/NDTR, RD/RDN, State-Approved Nutritionist, or IBCLC for the next visit.

3. What should be done in the case that a participant assigned medium and/or high-risk WIC codes misses their appointment? (Choose the best answer)
- a. Allow the participant to contact the clinic at their convenience to reschedule.
  - b. Contact the participant to schedule a low-risk appointment.
  - c. Contact the participant to schedule a medium or high-risk appointment as appropriate.
  - d. Remotely issue food benefits for one month at a time until the participant reschedules the appointment.

**Correct answer:**

- Contact the participant to schedule a medium or high-risk appointment as appropriate.

4. How soon should a missed appointment be rescheduled for a participant assigned medium and/or high-risk WIC codes? (Choose the best answer)
- a. Within the same month if possible.
  - b. In three months to give the participant more time to prepare.
  - c. The next appointment should be scheduled when a mid-certification appointment can be completed.
  - d. It is not necessary to reschedule missed appointments for a participant assigned medium and/or high-risk WIC codes.

**Correct answer:**

- Within the same month if possible

5. How should repeated missed appointments be handled for a participant assigned medium and/or high-risk WIC codes? (Choose the best answer)
- a. Inform the participant that food benefits cannot be issued until they attend the scheduled medium or high-risk appointment.
  - b. Issue no more than 1 month of benefits at a time until the participant is able to attend the scheduled medium or high-risk appointment.
  - c. Change the red high-risk heart icon to green and schedule as a low-risk appointment.

- d. Issue no more than 3 months of benefits until the participant is able to attend a medium or high-risk appointment.

**Correct answer:**

- Issue no more than 1 month of benefits until the participant is able to attend the scheduled medium or high-risk appointment.

6. Which of the following statements below accurately describes the Arizona WIC policy about scheduling participants who declined the referral for a medium or high-risk appointment? (Choose the best answer)

- a. "Participants who decline High or Medium-Risk appointments shall be issued up to one month of Food Benefits. The declined service shall be recorded on the Notes screen of HANDS."
- b. "Participants who decline High or Medium-Risk appointments shall not be issued Food Benefits. The declined service shall be recorded on the Notes screen of HANDS."
- c. "Participants who decline High or Medium-Risk appointments shall be issued up to three months of Food Benefits. The declined service shall be recorded on the Notes screen of HANDS."
- d. "Participants who decline High or Medium-Risk appointments shall be contacted on a month-by-month basis until they attend their individual medium or high-risk appointment. The declined service shall be recorded on the Notes screen of HANDS."

**Correct answer:**

- "Participants who decline High or Medium-Risk appointments shall be issued up to three months of Food Benefits. The declined service shall be recorded on the Notes screen of HANDS."

## Module 4, Activity 2: Putting it all together - Case Study Practice

### Directions:

Read each case study of a medium-risk participant and answer the following questions. You may also refer to the [Nutrition Risk Manual](#) if needed.

### Medium-Risk Woman: 335 Multi-fetal Gestation Case Study

#### General Information

Margaret is a 15-week pregnant mom-to-be of twins (WIC Code 355 Multi-fetal Gestation). Her weight gain chart indicates she has so far been gaining the recommended amount of weight.

#### Initial Assessment

- Margaret explains that she doesn't have any medical concerns and her OBGYN said her pregnancy is progressing normally so far.
- She doesn't take any medications, but does take a daily prenatal vitamin.
- When you ask her to recall everything that she ate/drank yesterday she tells you:
  - Breakfast: Frozen waffles / strawberries / coffee
  - Lunch: Fast food meal (hamburger, French fries, chocolate shake)
  - Dinner: Tacos (ground hamburger, tomatoes, lettuce, cheese, salsa)
  - Snacks: String cheese, orange, smoked almonds
  - Fluids: ~60 oz water throughout the day, 1 cup of coffee, 16oz chocolate shake
- She expressed that she would like to breastfeed, but is concerned that she won't be able to breastfeed both babies, and will likely need to feed them formula.

#### Questions

1. What questions would you ask to continue your assessment with Margaret?

#### Possible answers:

- Do you have any concerns regarding food safety?
- What specific concerns do you have regarding breastfeeding?
- What are your health/nutrition goals right now?

2. What types of support and resources can you provide for Margaret if she is interested in breastfeeding multiples?

**Possible answers:**

- Breastfeeding materials you have available within your local agency.
- Introduce her to the IBCLC or LCs in the WIC clinic.
- Refer her to a breastfeeding class.
- Discuss the possibility of obtaining a breast pump from the AZ WIC Program.

3. What would your nutrition intervention be for Margaret? You may refer to the [Nutrition Risk Manual](#) if needed.

**Possible answers:**

- Provide information regarding weight-gain recommendations and recommend a steady rate of weight gain.
- Provide participant-centered services regarding the possibility of replacing fast-food meals with more well-balanced meals.
- Provide participant-centered services / nutrition education regarding how mothers can successfully breastfeed multiples

4. How many months of food benefits would you recommend be issued to Margaret before her next WIC appointment, and why?

**Possible answer:**

- (Answer will vary)

5. Would you recommend that Margaret continue to be seen as a medium-risk or low-risk participant, and why?

**Possible answer:**

- (Answer will vary)

## Medium-Risk Woman: 344 Thyroid Disorders Case Study

### General information

Della is 12 weeks pregnant and has a 14-month-old toddler. During an OBGYN visit 2 months ago to confirm her pregnancy, a health assessment and lab tests were completed, and she was diagnosed with hyperthyroidism. Last month she had a certification appointment at which time she was assigned WIC Risk Code 344 Thyroid Disorders.

### Initial Assessment

- She's never had thyroid-related issues before and she's not sure how this will affect her pregnancy.
- She has a follow-up appointment already scheduled with her OBGYN in a few days.
- Since she was Dx with a mild case of hyperthyroidism, her doctor did not prescribe any medication or provide any instructions about what to eat during her pregnancy.

- Della constantly feels hungry and has a nearly insatiable appetite, and is concerned about the 8-pound weight gain seen at her last clinic visit. She said planning healthier meals and snacks has been difficult since she is also busy looking after her toddler.
- When you ask her to recall everything that she ate/drank yesterday she tells you:
  - Breakfast: scrambled eggs with sausage
  - Lunch: Salad with grilled chicken
  - Dinner: Spaghetti with meatballs
  - Snacks: Chips, pretzels, and cookies.
  - Fluids: ~120 oz water

### Questions

1. What questions would you ask to continue your assessment with Della?

#### Possible answers:

- Explore what symptoms Della may have noticed, such as appetite changes, weight changes, or other symptoms affecting her daily eating and activity.
- Any other relevant questions about diet and/or other health concerns impacting pregnancy or breastfeeding.
- What support does she have at home?

2. How does hyperthyroidism affect mom/baby's health during pregnancy? You may refer to the [Nutrition Risk Manual](#) if needed.

#### Possible answers:

- Uncontrolled hyperthyroidism (especially in the second half of pregnancy) may result in infection, miscarriage, preterm delivery, preeclampsia, or congestive heart failure.
- Fetal complications may include prematurity, small for gestational age, fetal or neonatal thyrotoxicosis, or death.

3. What would your nutrition intervention be for Della? You may refer to the [Nutrition Risk Manual](#) if needed.

#### Possible answers:

- Provide participant centered services regarding improvements that Della would like to make to her eating habits.
- Recommend that Della inquire with her doctor regarding possible hyperthyroidism nutrition interventions?

4. How many months of food benefits would you recommend be issued to Della before her next WIC appointment, and why?

#### Possible answers:

- (Answer will vary)

5. Would you recommend that Della continue to be seen as a medium-risk or low-risk participant, and why?

**Possible answers:**

- (Answer will vary)

## Medium-Risk Infant: 115 Weight for Length greater than or equal to the 98th percentile Case Study

### General Information

You are seeing Amanda and her 11-month-old baby, Ellis who has been assigned WIC Code 115 (greater than or equal to the 98<sup>th</sup> percentile weight-for-length).

Ellis' weight and length collected last month (10 months of age):

- Length: 28" (Length-for-age 17.3 percentile)
- Weight: 23 lbs, 12 oz (Weight-for-age 100 percentile)
- Wt-for-length 99.4 percentile

Current (11 months of age) weight and length:

- Length: 29.5 (Length-for-age 56.6 percentile)
- Weight: 26 lbs, 0 oz (Weight-for-age 98.2 percentile)
- Wt-for-length 99.4 percentile

### Initial Assessment

- Amanda tells you that Ellis had a checkup with the doctor 2 months ago and didn't have any concerns regarding Ellis' weight or health.
- Amanda doesn't have any concerns regarding Ellis' weight or health either.
- Amanda tells you that the doctor thought Ellis was having reflux at a past checkup, so he suggested putting cereal in the bottle.
- For the past 2 months Amanda has been putting 1 tbsp of cereal in the bottles that Ellis drinks.
- Amanda then tells you that Ellis is taking formula, about six- to eight-ounce bottles six to seven times a day.
- He also eats solids three times a day: one to two jars of baby food at each meal, and small bites of whatever the family is eating (pizza, mashed potatoes, casseroles, etc.)
- Amanda also says that she prepares a night bottle for Ellis and allows him to go to sleep drinking from the bottle.

### Questions

1. What questions would you ask to continue your assessment with Amanda?

**Possible answers:**

- If you could change anything about Ellis' growth and/or eating patterns, what would you want to change?
- What do you know about concerns associated with putting cereal in infant bottles?
- What do you know about concerns associated with putting infants to bed with bottles?

2. What would your nutrition intervention be for Ellis? You may refer to the [Nutrition Risk Manual](#) if needed.

**Possible answers:**

- Provide recommendation to stop putting cereal in the bottle
- Review height/growth chart
- Provide recommendation regarding how to increase fruits and vegetable intake

3. How many months of food benefits would you recommend be issued to Ellis before his next WIC appointment, and why?

**Possible answer:**

- (Answer will vary)

4. Would you recommend that Ellis continue to be seen as a medium-risk or low-risk participant, and why?

**Possible answer:**

- (Answer will vary)

## Medium-Risk Infant: 142.2 Early Term Delivery Case Study

### General information

Maria has brought her 2-month-old baby girl, Loren, into her medium-risk appointment today. Loren was born at 38 weeks gestation.

**Birth Measurements:**

- Weight: 7 lbs, 6 oz (53<sup>rd</sup> percentile)
- Length: 20" (67<sup>th</sup> percentile)
- Wt-for-length: 53<sup>rd</sup> percentile

**Current measurements (2 months):**

- Weight 10 lbs, 0 oz (6<sup>th</sup> percentile)
- Length 22.0" (10 percentile)

- Wt-for-length: 22nd percentile

### Initial Assessment

- Maria says that everything is going great and she loves being a new mom.
- She says that she feels like her baby is growing well, and during Loren's last doctor's visit, the pediatrician said that Loren was growing well.
- She is exclusively breastfeeding because she knows it is the healthiest nutrition for her baby.
- She has a great support system at home and says nursing Loren is going really well.
- She tells you that she has never had any trouble with breastfeeding and feels like she has become a pro at it.
- When you ask her about how often she is nursing little Loren, Maria tells you that she has downloaded a helpful phone app that tells her when to feed the baby. The phone app is alerting Maria to feed the baby every four to six hours and Maria tells you that this app also allows her to track how long the feedings are.

### Questions

1. What concerns do you have based on your initial assessment?

#### Possible answers:

- It's probable that Loren is not adequate nutrition as evidenced by the dramatic weight loss
- The phone app replacing baby cues and health provider recommendations.

2. What questions would you ask to continue your assessment with Maria?

#### Possible answers:

- What do you know about recommendations for how often to feed breastfeeding infants?
- Do you have any upcoming appointments scheduled with Loren's pediatrician?
- Do you have a plan for how you would like to introduce Loren to solid foods?

3. What would your nutrition intervention be for Loren? You may refer to the [Nutrition Risk Manual](#) if needed.

#### Possible answer:

- Increase feeds to every two to three hours or on-demand.
- Recommend that Maria consult Loren's doctor regarding recent slow growth.

4. How many months of food benefits would you recommend be issued to Loren before her next WIC appointment, and why?

#### Possible answer:

- (Answer will vary)



5. Would you recommend that Loren continue to be seen as a medium-risk or low-risk participant, and why?

**Possible answer:**

- (Answer will vary)

## Medium-Risk Child: 201.1 Low Hemoglobin Case Study

### General information

You're meeting with Melanie, the mother of a 4-year-old child, Clancy, who's been assigned WIC Code 201.1 (Low Hemoglobin in the Nutritionist range).

Clancy's previous lab data collected at 3 ½ -years of age:

- Weight 30 lbs (Weight/age percentile: 15.1)
- Height 37 ½" (Height/age percentile: 19.2)
- BMI: 14.9 (BMI percentile: 23)
- Hgb: 8.2

Clancy's current lab data:

- Weight 31.5 lbs (Weight/age percentile: 12.8)
- Height 39 ½" (Height/age percentile: 32.3)
- BMI: 14.2 (BMI percentile: 8)
- Hgb: 8.7

### Initial Assessment

- Melanie says she wishes Clancy would eat more at mealtimes because she knows that he is not gaining as much weight as he should.
- The doctor encouraged Melanie to offer Clancy Pediasure with his meals, but she tells you she decided not to follow that recommendation stating that she works too hard to prepare his meals, and didn't want him to only drink Pediasure.
- The doctor also recommended a daily multivitamin due to low hemoglobin but she has not started offering it yet, saying that she would like him to get his nutrients in the food he eats.
- When you ask Melanie to recall everything that Clancy ate/drank yesterday she tells you:
  - Breakfast: Scrambled eggs / deli turkey meat / 1% cow's milk (very small amount of eggs eaten)
  - Lunch: Grilled salmon / brown rice / strawberry yogurt / 1% cow's milk (no salmon and very small amount of rice eaten)
  - Dinner: Grilled chicken breast / sweet potatoes / blueberries / 1% cow's milk (very small amount of chicken and sweet potatoes eaten)
  - Snacks: Popcorn (plain)
  - Fluids: ~6 oz 1% milk, ~20 oz water

## Questions

1. What questions would you ask to continue your assessment with Melanie?

**Possible answers:**

- Ask if Melanie is familiar with foods that are high in iron
- Ask what is different about his eating habits recently, what has changed?
- Ask if there is anything Melanie would like to change regarding Clancy's eating habits.

2. What would your nutrition intervention be for Clancy? You may refer to the [Nutrition Risk Manual](#) if needed.

**Possible answers:**

- Providing nutrition education regarding foods high in iron, and foods high in Vitamin C to aid in iron absorption
- Providing nutrition education regarding the division of responsibility, and how to be considerate without catering in the foods that she offers
- Provide participant-centered counseling to discuss options to include more high-calorie foods in Clancy's diet.
- Encouraging her to follow the doctor's advice of beginning to have Clancy take a multivitamin containing iron
- Referrals to screen for underlying growth and/or feeding concerns if Clancy is not meeting developmental milestones

3. How many months of food benefits would you recommend be issued to Clancy before his next WIC appointment, and why?

**Possible answer:**

- (Answer will vary)

4. Would you recommend that Clancy continue to be seen as a medium-risk or low-risk participant, and why?

**Possible answer:**

- (Answer will vary)

## Medium-Risk Child: 344 Thyroid Disorders Case Study

### General Information

You're meeting with Audra and her 3-year-old son Hugo who has been assigned WIC Code 344 Thyroid Disorders. Since Hugo was diagnosed with hypothyroidism 4 months ago his growth has plateaued.

### Initial Assessment

- Audra is concerned about Hugo's growth and weight

- After being diagnosed with hypothyroidism, Hugo has been taking thyroid medication (Synthroid -side effects include changes in appetite/weight loss) daily at least 30 minutes before breakfast as prescribed.
- The doctor recommended higher calorie foods due to the medication.
- The doctor told her the medication dosage may go down in the future.
- Mom says he eats 3 meals/day and eats a lot of meat but not many vegetables. Snacks include all fruits, cheese, and crackers. Drinks water all day and milk twice a day, and very little juice, if any.
- Hugo is picky sometimes. He doesn't like wet or mushy foods like hot cereal. Generally, Hugo eats what is served at meals but avoids things like when the family eats oatmeal. She wishes he would try more vegetables but he usually refuses them.

#### 2.5 year-old height/weight measurements

- Weight: 27.5 lbs (Weight/age percentile: 22.0)
- Height 34.0" (Height/age percentile: 9.0)
- BMI/Age percentile: 64.0

#### 3-year-old height/weight measurements (current):

- Weight: 26 lbs (Weight/age percentile: 3.1)
- Height 34.5" (Height/age percentile: 2.1)
- BMI/Age percentile: 16.4

### Questions

1. Do you have any concerns about Hugo's medication and eating habits?

**Possible answer:**

- Since Synthroid is associated with changes in appetite/weight loss, it could reduce how much Hugo eats and as a result affect Hugo's growth.

2. What questions would you ask to continue your assessment with Audra?

**Possible answers:**

- What has your doctor said about what to expect from his growth over the next few months?
- Did Hugo's doctor provide any recommendations regarding his eating habits?

3. What would your nutrition intervention be for Hugo? You may refer to the [Nutrition Risk Manual](#) if needed.

**Possible answers:**

- Encourage AR to discuss specific feeding recommendations with doctor, and the possibility of a referral to a feeding therapist for food aversions.
- Provide participant-centered counseling to discuss options to include more high-calorie foods in Hugo's diet.

4. How many months of food benefits would you recommend be issued to Hugo before his next WIC appointment, and why?

**Possible answer:**

- (Answer will vary)

5. Would you recommend that Hugo continue to be seen as a medium-risk or low-risk participant, and why?

**Possible answer:**

- (Answer will vary)