

## Training Tool for Postpartum Woman Assessment Questions

| Type            | Question  | Purpose/Risk Code   |
|-----------------|---|---|
| <p><b>A</b></p> | <p><b>100's Anthropometric = Ht/WT, %tiles</b></p> <p>What has your doctor said about your weight? (if applicable)</p> <p>What are your thoughts on your weight?<br/>PROBE for participant's feelings on weight change.</p> | <p><i>(Anything related to weight gain, loss, growth)</i></p> <ul style="list-style-type: none"> <li>• Helps determine what other health care practitioners have discussed</li> <li>• Helps understand participant's attitude about her weight and her weight gain/loss</li> <li>• May provide direction of counseling regarding weight changes</li> </ul>  |
| <p><b>B</b></p> | <p><b>200's Biochemical = Blood Tests</b></p> <p>(If low Hgb) What has your doctor said about your iron?</p> <p>(If low Hgb) What do you know about anemia?</p>   | <p><i>(Anything related to blood- anemia, lead)</i></p> <ul style="list-style-type: none"> <li>• Helps determine if participant has been diagnosed with anemia or has had low iron in the past</li> <li>• Provides opportunity to reinforce information or treatment given by MD</li> <li>• Provides opportunity to build upon understanding that participant already has about anemia</li> </ul> |

|                 |  |   |
|-----------------|--|---|
| <p><b>C</b></p> | <p style="text-align: center;"><b>300's Clinical = Health/Medical Conditions</b></p> <p>Do you have any concerns in regards to your health?</p> <p>Do you have any medical or nutrition conditions that you are currently being treated for such as food allergies, lactose intolerance weight loss surgery, diabetes or hypertension?</p> <p>What medications are you currently taking?</p> <p>Are you experiencing depression? Has a health care provider suggested treatment for depression for you?</p> <p>Do you use any street drugs? (asking this when asking about smoking/alcohol use seems to flow nicely)</p> | <p style="text-align: center;"><b><i>(Anything related to medical history, medical conditions, MD access)</i></b></p> <ul style="list-style-type: none"> <li>• Participant can discuss any health concerns that may be important to her at that time</li> <li>• May indicate participant's concern and may influence direction of counseling</li> <li>• Helps you discuss postnatal health care</li> <li>• Helps determine risk code assignment for medical risk conditions</li> <li>• Risk codes 342,343,345,353,358,359,others possible depending on medical condition</li> <li>• Helps assess potential for drug-nutrient interactions</li> <li>• Risk code 357 may apply</li> <li>• May provide opportunity for participant to share health status if not responding to previous question</li> <li>• Helps to determine if participant is eligible for risk code</li> <li>• Risk code 361 may apply</li> <li>• Helps determine if participant needs referral to health care provider for further assessment</li> <li>• Helps determine if participant is eligible for risk code</li> <li>• Helps determine if participant needs referrals</li> <li>• Risk codes 372 or 902 may apply</li> </ul> |
|-----------------|--|---|

|  |  |  |
|--|--|--|
| <p><b>D</b></p>  | <p><b>400's Diet and Nutrition</b></p>                                 | <ul style="list-style-type: none"> <li>• Provides opportunity to explore her challenges and support her successes</li> <li>• Helps you to encourage healthy eating practices</li> <br/> <li>• May indicate possible stress in participant's life</li> <li>• May provide opportunity to discuss eating strategies for mom while caring/nursing baby</li> <br/> <li>• Find out whether she is taking appropriate supplements</li> <li>• Can lead to nutrition education about food as source of vitamins and minerals</li> <li>• Refer to MD if excessive medications or herbal supplements/teas</li> <li>• Evaluate herbal remedies for potential harmful effects on infant</li> <li>• Risk codes 427D and/or 427A may apply</li> <br/> <li>• Could affect intake of different food groups</li> <li>• Could show food allergies, possible eating disorder</li> <li>• May need to refer for high risk follow-up</li> <li>• May need to refer to food shelf or food stamps if needed</li> <li>• Risk Code 427B may apply</li> <br/> <li>• Helps determine what participant is interested in and/or trying to change</li> <li>• Helps develop counseling direction</li> <br/> <li>• Provides opportunity for mom to ask about concerns not covered when assessing breastfed infant's diet.</li> <li>• Risk code 602 may apply if complications identified</li> </ul> |
|  | <p>What makes you the most happy about your eating?</p>                |  |
|  | <p>How is your appetite?</p>   |  |
|  | <p>What vitamins or supplements are you taking?</p>                    |  |
|  | <p>Are you following a special diet or have any diet restrictions?</p> |  |
|  | <p>What are you doing to improve your health?</p>                      |  |
| <p>What questions do you have about breastfeeding?</p> |  |  |

|                 |   |   |
|-----------------|---|---|
| <p><b>E</b></p> | <p style="text-align: center;"><b>900's Environmental/Other Factors</b></p> <p>Are there times when anyone makes you feel unsafe?</p> <p>Do you feel your family could use support from other programs for housing or food at this time?</p> <p>What are some physical activities that you enjoy?</p> | <ul style="list-style-type: none"> <li>• Give appropriate referrals</li> <li>• Determine if your local agency requires mandatory reporting</li> <li>• Risk code 901 may apply</li> <br/> <li>• Helps to show food security or insecurity</li> <li>• May indicate need for referrals</li> <br/> <li>• An active lifestyle is important for overall health</li> <li>• Regular activity (Ok from MD) is part of a healthy lifestyle</li> </ul> |
|-----------------|---|---|