Case Study for Breastfeeding Woman

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Meet Laura!

- Laura has a certification appointment for herself and her 3-week-old infant, Lilly.
- Laura is fully breastfeeding baby Lilly.
- Laura reports that her appetite is "not great". She is very busy caring for Lilly and her two preschool aged children. Usually not hungry in the morning but will eat some toast occasionally. Has a sandwich or yogurt for lunch and eats supper with her family. Sips on sweetened tea throughout the day.
- Laura's hemoglobin is 9.0 today. Laura reports her hemoglobin was low throughout her pregnancy. It was 8.5 at WIC two months ago. She recalls that it was 8.0 at discharge from the hospital. She was instructed to continue taking her prenatal vitamin, but often forgets.
- Laura has a prescription for iron but has not yet filled it.

Questions

1. What factors (dietary or health related) may be contributing to the low hemoglobin level? *See Implications for WIC Services* at WIC 201 Low Hematocrit/Low Hemoglobin. Review "Possible causes and/or contributing factors for low hemoglobin values" and "Areas for Assessment" for Breastfeeding women.

2. What are some probing or clarifying questions you might ask?

3. How might you address some of the issues you identified in #1 above?

4. What special considerations are there for the infant?

5. What would you include in your plan for follow-up?

Possible Responses

1. What factors may be contributing to the low hemoglobin level?
    - Not taking her prenatal vitamin regularly. Has not filled the prescription for iron.
    - Not consuming regular meals and snacks.
    - Limited intake of iron-rich WIC foods.
    - Large intake of tea, which may inhibit iron absorption.
2. What are some probing or clarifying questions you might ask?
    - Tell me more about why you haven't filled the iron prescription. Is it related to cost, no transportation to the pharmacy, reluctance to take the iron due to perceived side effects?
    - What do you normally eat at suppertime?
    - Any foods you don't or won't eat?
    - Tell me more about your appetite. What factors may be inhibiting her appetite? Is she too busy to eat? Does she know how to prepare simple, appealing meals? Are there adequate food resources for her family? Any concerns with postpartum depression?
3. How might you address some of the issues you identified in #1 above? (First, consider what Laura is concerned about or interested in hearing more about.)
    - Brainstorm ways to overcome barriers to obtaining/taking the iron supplement. Use clarifying/probing questions to determine why the prescription has not been filled.
    - Assist Laura with ideas to remember to take the prenatal vitamin daily.
    - Assist Laura with quick meal and snack ideas to fit into her busy schedule of infant and childcare.
    - Point out WIC foods that are high in iron and discuss other foods that are good sources of iron.
        - Would she be willing to eat WIC cereal for breakfast?
        - Review best sources of iron. Discuss ideas for incorporating more iron-rich foods into meals. Can she include a meat with each supper? Does she cook with beans like kidney, lentils, lima or navy beans?
        - Suggest ways that Laura can enhance iron absorption by eating iron-rich, plant-based foods with foods high in vitamin C.
    - Discuss beverage alternatives to tea.
        - WIC juice with the WIC cereal for breakfast.
        - Water between meals. Add ice or lemon for interest.

- Refer the low hemoglobin result to the health care provider for additional evaluation and to determine if supplementation is warranted.
- What other ideas do you have?

4. What special considerations are there for the infant?
   - The American Academy of Pediatrics recommends iron supplementation for exclusively breastfed infants starting at five months of age. If the mother has third trimester anemia, inadequate iron stores are passed on to the infant. Typically, iron stores in the infant last until four to six months of age, but if the mother was anemic during the third trimester, the infant may need iron supplements earlier, if exclusively breastfed. Encourage Laura to speak with Lilly's pediatrician about iron supplementation. The health care provider can assess if additional iron should be provided. Follow up on the health care provider's recommendations at future education contacts.
   - When complementary foods are introduced to baby, stress the importance of iron-rich foods. Encourage meat and iron fortified infant cereal.
5. What would you include in your plan for follow-up?
   - Assure Laura received additional evaluation/care for the low hemoglobin from her health care provider. What are the results of the health care provider evaluation? Any additional recommendations? If iron supplementation is still recommended, is she taking the supplement?
   - Ask about current meal and snacking pattern.
   - Ask about current beverage intake. Was Laura able to decrease tea intake?
   - Would she like additional assistance or ideas for meals?

References- Complete Listing of Hyperlinks

WIC 201 Low Hematocrit/Low Hemoglobin
(https://www.health.state.mn.us/people/wic/localagency/nutrition/riskcodes/201.html)

Minnesota Department of Health - WIC Program 85 E 7th Place, PO BOX 64882, ST PAUL MN 55164-0882; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; To obtain this information in a different format, call: 1-800-657-3942.

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