

**Certification: Postpartum
Miscarriage or Fetal Loss**

WIC ID: _____ Name: _____

Cardholder: _____ Today's date: _____

Weight: _____ Height: _____ Total prenatal weight gain: _____ Delivery date: _____

Hgb/Hct: _____ Twins or more: ☐ Yes ☐ No

The format of the questions follows what is seen in TWIST.

Note: Bolded questions are mandatory TWIST questions

Health History

01 Tell me about your health

03 Was the most recent pregnancy greater than 20 weeks gestation? (321)☐ No ☐ Yes**04 Do you or did you have any medical conditions or health problems? (300+)**☐ No☐ Yes (please describe)

05 Do you take any medications now? (357)

☐ No☐ Yes, but no nutritional impacts☐ Yes, there are drug-nutrient interactions

Medication(s):

06 Are you currently smoking cigarettes or vaping? (371)

- ☐ No
☐ Yes – referral made. What type and how often?

07 Have you been in an enclosed space while someone was smoking cigarettes or vaping? (904)

- ☐ No ☐ Yes

08 Do you routinely drink 2 or more servings of beer, wine, or hard liquor per day? (372)

- ☐ No ☐ Yes – referral made, describe:

09 Have you used any drugs since delivery? (372)

- ☐ No ☐ Yes – referral made, describe:

10 Do you have any concerns about your safety at home or in your relationships? (901)

- ☐ No
☐ Unable to ask
☐ Yes

Diet Assessment

01.1 Since your pregnancy ended, what meals, snacks, beverages do you typically have?

02.1 How would you describe your appetite?

02.5 In the past few months, were there times when your family ran low on food?

- ☐ No ☐ Yes

03.1 How do you feel about the weight changes you have experienced since delivery?

04.1 What foods, if any, do you avoid for health or other reasons?

05.1 Are you on a low calorie or restricted diet? (427.2)

- ☐ No
- ☐ Vegan
- ☐ Macrobiotic
- ☐ Low Carbohydrate/High Protein
- ☐ Other:

06.1 Do you eat anything that is not food? (427.3)

- ☐ No
- ☐ Yes, describe:

07.1 What vitamins or other supplements do you take? (427.4)

- ☐ Vitamin or supp with folic acid
- ☐ None or supp without folic acid
- ☐ Unknown

NE Provided:

Next Step:

Food Package Notes: (modifications, etc)

Quarterly NE Plan/Next Appointment Type: