Certification: Postpartum
Miscarriage or Fetal Loss
Mandatory Questions

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)

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

❑ No

❑ Yes – referral made. What type and how often?

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?

NE Provided:

Next Step:

Food Package Notes: (modifications, etc)

Quarterly NE Plan/Next Appointment Type: