

4-2 Job Aid: Selecting Risks –Postpartum

Selecting the answers in **Bold** assigns the risk.

*Indicates a mandatory question.

Other column - **Doc** indicates additional documentation required when the risk is assigned; **High** indicates risk level and a referral to the WIC nutritionist.

Clinical (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – pregnancy outcome			
Tell me about your labor and delivery.	Type in response	None	
*How would you describe your health?	Type in response	None	
*For the pregnancy just completed, how many babies were delivered?	<ul style="list-style-type: none"> One More than one 	335 - Multiple Fetus Pregnancy	Doc
Did you have a Caesarean delivery?	<ul style="list-style-type: none"> Yes, less than two months ago Yes, more than two months ago No 	359 - Recent Major Surgery, Trauma or Burns	Doc
Was your baby born at or before 38 weeks?	<ul style="list-style-type: none"> Yes No 	311 - History of Preterm or Early Term Delivery	
What was your baby's birth weight?	<ul style="list-style-type: none"> Less than or equal to 5 lbs 8 ozs Between 5 lbs 8 oz and 9 lbs More than or equal to 9 lbs 	312 - History of Low Birth Weight 337 - History of a Large for Gestational Age Infant	
Topic – health concerns			
*Do you now have or during your pregnancy did you have any health conditions or medical problems?	<ul style="list-style-type: none"> Yes No 	Medical risks selected by certifier from pop-up	High

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Do you take any medications now?	<ul style="list-style-type: none"> • Yes, there are drug nutrient interactions • Yes, but no known nutritional impact • No 	357 - Drug Nutrient Interaction	High Doc

Environmental (Health History)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic - smoking			
*Do you smoke cigarettes now?	<ul style="list-style-type: none"> • Yes • No 	371 - Maternal Smoking	
*How many cigarettes do you smoke per day?	Enter number	None	
Does anyone living in your household smoke inside the home?	<ul style="list-style-type: none"> • Yes • No 	904 - Exposure to Environmental Tobacco	
Topic – alcohol and drugs			
*Do you routinely drink 2 or more servings of beer, wine or hard liquor daily?	<ul style="list-style-type: none"> • Yes • No 	372 - Alcohol or Illegal and/or Illicit Drug Use	Doc
*Have you used any drugs since delivery?	<ul style="list-style-type: none"> • Yes • No 	372 - Alcohol or Illegal and/or Illicit Drug Use	Doc
Topic - safety			
*In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt you?	<ul style="list-style-type: none"> • Yes • No • Unable to ask question 	901 – Recipient of Abuse	

Dietary (Diet Assessment)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – meal pattern			
*On a typical day since you had your baby, what meals, snacks and beverages do you have?	Type in response	None	
Topic –appetite			
How would you describe your appetite?	Type in response	None	
Topic –food security			
In the past few months, were there ever times when your family ran low on food?	<ul style="list-style-type: none"> • Yes • No 	None	
Topic – nutrition concerns			
How do you feel about the weight changes you have experienced since delivery?	Type in response	None	
What foods, if any, do you avoid for health or other reasons?	Type in response	None	
Are you on a low calorie or restricted diet?	<ul style="list-style-type: none"> • No • Vegan • Macrobiotic • Low carbohydrate, high protein • Other, please list 	427.2 Eating Very Low Calorie or Nutrient Diets	Doc
Do you eat anything that is not food?	<ul style="list-style-type: none"> • No • Yes 	427.3 Pica	Doc
Topic - supplements			
What vitamins or other supplements do you take?	<ul style="list-style-type: none"> • Vitamin with folic acid or folic acid supplement • None or supplement without folic acid • Unknown 	427.4 - Inadequate Iron, Iodine or Folic Acid Supplementation	