

## 4-2 Job Aid: Selecting Risks – Pregnant

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
<b>Topic – pregnancy history</b>			
*Is this your first pregnancy?	<ul style="list-style-type: none"> <li>No</li> <li><b>Yes</b></li> </ul>	None	
*For births after 20 weeks, were any still births or neonatal deaths?	<ul style="list-style-type: none"> <li><b>Yes</b></li> <li>No</li> </ul>	321 - History of Fetal or Neonatal Loss	
*Were any babies born at or before 38 weeks?	<ul style="list-style-type: none"> <li><b>Yes</b></li> <li>No</li> </ul>	311 - History of Preterm Delivery	
*Did any of your babies weigh 5 lb 8 oz or less at birth?	<ul style="list-style-type: none"> <li><b>Yes</b></li> <li>No</li> </ul>	312 - History of Low Birth Weight	
*Did any of your babies weigh 9 lb or more at birth?	<ul style="list-style-type: none"> <li><b>Yes</b></li> <li>No</li> </ul>	337 - History of a Large for Gestational Age Infant	
*What was the date that your last pregnancy ended?	Enter date	None	
*Are there less than 18 months between the end of the last pregnancy and the beginning of this pregnancy?	<ul style="list-style-type: none"> <li><b>Yes</b></li> <li>No</li> </ul>	332 - Closely Spaced Pregnancy	
<b>Topic – prenatal care</b>			
*When did you start going to a doctor or a clinic for prenatal care for this pregnancy?	<ul style="list-style-type: none"> <li>No care yet, in the first trimester (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> month)</li> <li><b>No care yet, in the second or third trimester (4<sup>th</sup>-8<sup>th</sup> month)</b></li> </ul>	334 - Lack of or Inadequate Prenatal Care	Doc
<b>Topic – health concerns</b>			
Tell me about your health and pregnancy.	Type in response	None	

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
*Have you had any medical problems with this or any previous pregnancy?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Medical risks selected by certifier from pop-up	High
Do you take any medications now?	<ul style="list-style-type: none"> <li>• <b>Yes, there are drug nutrient interactions</b></li> <li>• Yes, but no known nutritional impact</li> <li>• No</li> </ul>	357 - Drug Nutrient Interaction	High Doc

## Environmental (Health history)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
<b>Topic - Smoking</b>			
*Do you smoke cigarettes now?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	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"> <li>• Yes</li> <li>• No</li> </ul>	904 - Exposure to Environmental Tobacco	
<b>Topic – alcohol and drugs</b>			
*Have you had any beer, wine, or hard liquor to drink during this pregnancy?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	372 - Alcohol or Illegal and/or Illicit Drug Use	Doc
*How many drinks do you have per week?	Enter number	None	
*Have you used any drugs during this pregnancy?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	372 - Alcohol or Illegal and/or Illicit Drug Use	Doc
<b>Topic - safety</b>			
*In the past six months, has someone pushed, hit, slapped, kicked, choked or physically hurt you?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unable to ask question</li> </ul>	901 – Recipient of abuse	
<b>Topic – feeding plans</b>			
How do you plan to feed your baby after he or she is born?	<ul style="list-style-type: none"> <li>• Breastfeed</li> <li>• Breastfeed and formula feed</li> <li>• Formula feed</li> <li>• Undecided</li> </ul>	None	
What have you heard about breastfeeding?	Type in response	None	

## Dietary (Diet assessment)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
<b>Topic – prenatal nutrition</b>			
*What changes have you made to your eating habits since becoming pregnant?	Type in response	None	
What have you heard about eating during pregnancy?	Type in response	None	
<b>Topic – meal pattern</b>			
Thinking about a typical day, what meals and snacks and beverages would you have?	Type in response	None	
<b>Topic – nutrition concerns</b>			
How do you feel about the weight changes you have had with this pregnancy?	Type in response	None	
Have you had any discomforts with eating during this pregnancy?	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes               <ul style="list-style-type: none"> <li>○ Nausea and/or vomiting</li> <li>○ Constipation</li> <li>○ Heartburn</li> <li>○ Poor appetite</li> <li>○ Other, please list</li> </ul> </li> </ul>	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"> <li>• No</li> <li>• <b>Vegan</b></li> <li>• <b>Macrobiotic</b></li> <li>• <b>Low carbohydrate, high protein</b></li> <li>• <b>Other, please list</b></li> </ul>	427.2 - Eating Very Low Calorie or Nutrient Diets	Doc
Do you eat anything that is not food?	<ul style="list-style-type: none"> <li>• No</li> <li>• <b>Yes, please list</b></li> </ul>	427.3 - Pica	Doc
<b>Topic – food security</b>			

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
In the past few months, were there ever times when your family ran low on food?	<ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>	None	
<b>Topic – food safety</b>			
Do you eat raw or undercooked meat, poultry, fish or eggs?	<ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>	427.5 Eating Potentially Harmful Foods	Doc
Do you use unpasteurized dairy products or juice?	<ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>	427.5 Eating Potentially Harmful Foods	Doc
<b>Topic - supplements</b>			
What vitamins or other supplements do you take?	<ul style="list-style-type: none"> <li>Vitamin or supplement with iron and iodine</li> <li><b>None or supplement without iron and iodine</b></li> <li>Unknown</li> </ul>	427.4 - Inadequate Iron, Iodine or Folic Acid Supplementation	