

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
Topic – pregnancy history			
*Is this your first pregnancy?	<ul style="list-style-type: none"> No Yes 	None	
*For births after 20 weeks, were any still births or neonatal deaths?	<ul style="list-style-type: none"> Yes No 	321 - History of Fetal or Neonatal Loss	
*Were any babies born at or before 38 weeks?	<ul style="list-style-type: none"> Yes No 	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"> Yes No 	312 - History of Low Birth Weight	
*Did any of your babies weigh 9 lb or more at birth?	<ul style="list-style-type: none"> Yes No 	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"> Yes No 	332 - Closely Spaced Pregnancy	
Topic – prenatal care			
*When did you start going to a doctor or a clinic for prenatal care for this pregnancy?	<ul style="list-style-type: none"> No care yet, in the first trimester (1st, 2nd, 3rd month) No care yet, in the second or third trimester (4th-8th month) 	334 - Lack of or Inadequate Prenatal Care	Doc
Topic – health concerns			
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"> • Yes • No 	Medical risks selected by certifier from pop-up	High
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			
*Have you had any beer, wine, or hard liquor to drink during this pregnancy?	<ul style="list-style-type: none"> • Yes • No 	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"> • 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	
Topic – feeding plans			
How do you plan to feed your baby after he or she is born?	<ul style="list-style-type: none"> • Breastfeed • Breastfeed and formula feed • Formula feed • Undecided 	None	
What have you heard about breastfeeding?	Type in response	None	

Dietary (Diet assessment)

Questions in TWIST	Answers in TWIST	Risk Assignment	Other
Topic – prenatal nutrition			
*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	
Topic – meal pattern			
Thinking about a typical day, what meals and snacks and beverages would you have?	Type in response	None	
Topic – nutrition concerns			
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"> • No • Yes <ul style="list-style-type: none"> ○ Nausea and/or vomiting ○ Constipation ○ Heartburn ○ Poor appetite ○ Other, please list 	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, please list 	427.3 - Pica	Doc
Topic – food security			

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"> No Yes 	None	
Topic – food safety			
Do you eat raw or undercooked meat, poultry, fish or eggs?	<ul style="list-style-type: none"> No Yes 	427.5 Eating Potentially Harmful Foods	Doc
Do you use unpasteurized dairy products or juice?	<ul style="list-style-type: none"> No Yes 	427.5 Eating Potentially Harmful Foods	Doc
Topic - supplements			
What vitamins or other supplements do you take?	<ul style="list-style-type: none"> Vitamin or supplement with iron and iodine None or supplement without iron and iodine Unknown 	427.4 - Inadequate Iron, Iodine or Folic Acid Supplementation	