# 3-1 Risks for All Women

## Overview

Risk Group:	Description:		
Anthropometric			
Biochemical			
Clinical/Medical	☐ 303 – History of Gestational Diabetes		
	☐ 304 – History of Preeclampsia		
	☐ 311 – History of Preterm or Early Term Delivery		
	☐ 312 – History of Low Birth Weight		
	☐ 321 – History of Fetal or Neonatal Loss		
	☐ 331 – Pregnancy at a Young Age		
	☐ 332 – Closely Spaced Pregnancy		
	☐ 335 – Multiple Fetus Pregnancy		
	☐ 337 – History of Large for Gestational Age Infant		
	☐ 339 – History of Birth with a Congenital Birth Defect		
	☐ 358 – Eating Disorders		
	☐ 361 – Mental Illnesses (also applies for children)		
	☐ 601 —Breastfeeding Mother of Infant at Nutrition Risk		
	☐ 602 —Breastfeeding Complications or Potential Complications for Women		
Dietary	☐ 401− Presumed Dietary Eligibility for Women and Children		
	☐ 427—Inappropriate Nutrition Practices for Women		

	<ul> <li>427.1 Inappropriate use of Dietary Supplements</li> <li>472.2 Eating a Very Low Calorie or Nutrient Diet</li> <li>427.3 Pica</li> <li>427.4 Inadequate Iron, Iodine or Folic Acid Supplementation</li> </ul>
Environmental	<ul> <li>□ 371 – Nicotine and Tobacco Use</li> <li>□ 372 – Alcohol and Substance Use</li> <li>□ 902 – Women or Infant/Child of Primary Caregiver with Limit Ability to Make Feeding Decisions or Prepare Food</li> </ul>

## Learning activity:

1. Many of the clinical risks address a woman's medical history. Why would this be important information? Medical history helps predict an individual's future health.

# 3-2 Clinical risks for all women based on health history

	303 – History	of	Gestational	lD	ial	oetes
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- □ 304 History of Preeclampsia
- ☐ 311 History of Preterm or Early Term Delivery

	☐ 321 – History of Fetal or Neonatal Loss
	☐ 337 – History of Large for Gestational Age Infant
	☐ 339 – History of Birth with Congenital Birth Defect
Le	earning activity
1.	What is the difference between assigning these risks for a pregnant woman vs. a postpartum woman? For a pregnant woman, these risks refer to any of her past pregnancies. For a postpartum woman, these risks refer to her most recent pregnancy only.
2.	Molly is being recertified as a breastfeeding woman and was diagnosed with gestational diabetes during her pregnancy. Would she qualify for any of these nutrition risks?
	$\boxtimes$ YES – RISK # $303$ $\square$ NO
3.	Mae is being recertified as a non-breastfeeding woman. Her baby was born 2 weeks ago and weighed 5 pounds 8 ounces. Would she qualify for any of these
	nutrition risks?  XES – RISK # 312  NO
4.	Margaret is pregnant with her third child. Her first baby was born at 36 weeks due to preeclampsia. Would she qualify for any of these nutrition risks?
	∑ YES – RISK # 304, 311
5.	Marlena is being certified as a breastfeeding woman. She was pregnant with twins, but at 21 weeks miscarried one of the twins. The second baby survived and is now 2 weeks old and breastfeeding. Would she qualify for any of these nutrition risks?  YES – RISK # 321  NO
5.	Lenore was pregnant but miscarried at 11 weeks gestation. Would she qualify for any of these nutrition risks?

☐ 312 – History of Low Birth Weight

☐ YES – RISK # ☐ NO
<ul> <li>7. Linnea just gave birth to a baby who weighed 9 pounds 0 ounces. Would she qualify for any of these nutrition risks?</li></ul>
8. Laura is being enrolled as a prenatal woman. Her first child was born with spina bifida. Would she qualify for any of these nutrition risks?  XES – RISK # 339 NO
3-3 Clinical risks for all women related to
pregnancy
pregnancy
pregnancy  □ 331 – Pregnancy at a Young Age
☐ 331 — Pregnancy at a Young Age
☐ 331 — Pregnancy at a Young Age ☐ 332 — Closely Spaced Pregnancy

2. Katrina is two months pregnant with her third child. Her other children are 13 months and 2 ½ years old. Would she qualify for any of these nutrition risks?

□ NO

3.	Kaylee is 19 years old and 7 months pregnant. This is her second pregnancy. She has a 30-month-old child. Would she qualify for any of these nutrition risks?  YES – RISK # 331  NO
4.	Kiersten is pregnant with triplets. Would she qualify for any of these nutrition risks?  ☐ YES − RISK # 335 ☐ NO
3-4	Clinical risks for all women based on other conditions
Learr	<ul> <li>□ 358 – Eating Disorders</li> <li>□ 361 – Depression</li> <li>□ 601 –Breastfeeding Mother of Infant at Nutrition Risk</li> <li>□ 602 –Breastfeeding Complications or Potential Complications for Women</li> </ul>
1.	While you are enrolling Misha for her pregnancy, she tells you that she was diagnosed with bulimia last year. She says that she has stopped bingeing and purging since she found out she was pregnant, but that she is concerned that she will start again after delivery. Would she qualify for any of these nutrition risks?

2.	Valentina is in the office for her first postpartum visit and shares that she has
	been diagnosed with postpartum depression. She is on medication and is being
	followed by her health care provider. Would she qualify for any of these
	nutrition risks?

 $\boxtimes$  YES – RISK # 361  $\square$  NO

3. During her postpartum appointment, Amelia reports that she is breastfeeding her infant with cleft palate and struggling with severe engorgement. Would she qualify for any of these nutrition risk?

## 3-5 Dietary risks for all women

- ☐ 401– Presumed Dietary Eligibility for Women and Children (2 to 5 years)
- ☐ 427 Inappropriate Nutrition Practices for Women
  - ➤ 427.1 Inappropriate use of Dietary Supplements
  - ➤ 472.2 Eating a Very Low Calorie or Nutrient Diet
  - > 427.3 Pica Women
  - ➤ 427.4 Inadequate Iron, Iodine or Folic Acid Supplementation

## Learning activity

Using the risk information sheets as a reference, write your answers to the following question:

What information, if any, should be documented for the following risks?

Risk	Documentation
427.1 – Inappropriate Use of Dietary Supplements	Type of dietary supplement and the inappropriate use
427.2 – Consuming a Very Low Calorie or Nutrient Diet	Type of diet
427.3 – Pica - Women	Non-food items being eaten
427.4 – Inadequate Iron, Iodine or Folic Acid Supplementation	No additional documentation required

A	id Supplementation
1.	Marta is a breastfeeding woman. She ran out of vitamins several weeks ago.  Would she qualify for a dietary risk?  ☐ YES − RISK # 427.4 ☐ NO
2.	Karen is a non-breastfeeding woman. She is trying to get her lose weight and says that chewing on large amounts of ice every day decreases her appetite.  Would she qualify for a dietary risk?  ☐ YES − RISK # 427.3 ☐ NO
3.	Kimberly is a woman in her 6 <sup>th</sup> month of pregnancy. She has not taken a prenatal vitamin or any other supplement because they make her constipated. Would she qualify for a dietary risk?  YES – RISK # 427.4  NO
4.	Adrienne is a pregnant woman. She is usually follows a vegan diet but she has been eating eggs since she got pregnant. She also takes prenatal vitamins that the doctor gave her. Would she qualify for a dietary risk?  YES – RISK # NO
5.	Malini is a breastfeeding woman. She takes a double dose of herbal supplements daily to help her milk supply and to give her more energy. She gets them from the health food store and they told her they were safe when breastfeeding. Would she qualify for a dietary risk?  YES – RISK # 427.1  NO

7.	Sierra is being certified as a pregnant woman. She has been diagnosed with gestational diabetes. Would she qualify for a presumed eligibility risk?  YES – RISK # NO
-6	Environmental risks for all women
	<ul> <li>□ 371 – Nicotine and Tobacco Use</li> <li>□ 372 – Alcohol and Substance Use</li> <li>□ 902 – Women or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions or Prepare Food</li> </ul>
	Learning activity
1.	Tran is a non-breastfeeding woman who usually drinks 3 beers every evening.  Would she qualify for a nutrition risk?  YES – RISK # 372  NO
2.	Annette is a pregnant woman who smokes one-half a pack of cigarettes a day. This is half of what she smoked before she was pregnant. Would she qualify for a nutrition risk?  YES – RISK # 371  NO
3.	Wade is a 4-week-old baby. His mother, Wilma, is developmentally delayed. She lives with her family but tries to care for him herself. Would Wade qualify for any of these risks?

∑YES – RISK # 902 □ NO

## 3-7 Chapter Test

#### 1. Brooke:

- She is a pregnant woman who is expecting twins.
- ◆ Her 3-year-old was born 5 weeks early and weighed 3 pounds 3 ounces at birth.
- She smokes about 5 cigarettes a day and is trying to quit. Sometimes she eats the cigarette butts to help control her craving for tobacco.

What risks would be assigned?	Risk #s: 311, 312, 335, 371, 427.3
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

## 2. Janet:

- She is 16 years old and just delivered her first child 3 weeks ago.
- She is not breastfeeding.
- She tells you during her appointment that she was diagnosed with anorexia when she was 14 and hasn't been eating since she had the baby because she doesn't want to be fat anymore.
- She is not taking vitamins but has been taking amphetamines to help her lose weight.

What risks would be assigned?	Risk #s: 311, 358, 372, 427.4		
Additional documentation required?	Yes No		
Referral to the RD required?	Yes No		

## 3. May:

- She is a pregnant woman taking prenatal vitamins.
- ◆ The child born from her last pregnancy had an encephaly and died when he was just 5 days old.
- She conceived this current pregnancy 3 months later.

What risks would be assigned?	Risk #s: 321, 332, 339
Additional documentation required?	Yes No
Referral to the RD required?	Yes No

## 4. Sydney:

- She is 19 years old.
- She has 3 children and is pregnant with her fourth.
- Sydney's last baby weighed 9 pounds 3 ounces and she is concerned that this baby will be big also.
- She had gestational diabetes during her last pregnancy.

What risks would be assigned?	Risk #s: 303, , 331, 337
Additional documentation required?	Yes No
Referral to the RD required?	Yes No