

Women's Dietary Risks

Chapter 2

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Risk Info Sheets: 427

2-1 Women's Dietary Risks

Items needed

- ◆ The *Risk Info Sheets* listed below:
 - ◇ 427.1 – *Inappropriate Use of Dietary Supplements*
 - ◇ 427.2 – *Eating Very Low Calorie or Nutrient Diets*
 - ◇ 427.3 – *Pica*
 - ◇ 427.4 – *Inadequate Iron, Iodine or Folic Acid Supplementation*
 - ◇ 427.5 – *Eating Potentially Harmful Foods*
- ◆ *Job Aid: Dietary Risks and Sub-Risks – 400s*
- ◆ *Job Aid: Completing a Diet Assessment for Pregnant Women*
- ◆ *Observation Tool: Diet Assessment of a Woman*
- ◆ *Job Aid: Completing a Diet Assessment for Postpartum Women*
- ◆ Access to TWIST Practice database for case study

Objectives

After completing this lesson, you will be able to:

- ◆ Determine a woman's dietary risk, based on a complete diet assessment.
 - ◆ Identify 5 inappropriate nutrition practices for women.
 - ◆ List probing questions to clarify information specific to women's dietary risks.
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Overview

It is important to find out about a woman's dietary practices so that you are able to provide the best, tailored nutrition education and counseling. There is one dietary risk for pregnant, breastfeeding or postpartum women: "*Inappropriate Nutrition Practices for Women.*" This risk is further defined by 5 different sub-risks, each of which identifies a particular nutrition practice that may result in impaired nutrient status, disease, or health problems. These sub-risks are described in a *Risk Info Sheet* at the end of this lesson.



Read the *Risk Info Sheet* for each of the following dietary risks for women:

- ◆ 427.1 – Inappropriate Use of Dietary Supplements
- ◆ 427.2 – Eating Very Low Calorie or Nutrient Diets
- ◆ 427.3 – Pica
- ◆ 427.4 – Inadequate Iron, Iodine or Folic Acid Supplementation
- ◆ 427.5 – Eating Potentially Harmful Foods (Pregnant Women only)



Practice activity

Referring to the *Risk Info Sheets*, write your answer to the following questions.



1. Which of these risks is only appropriate for pregnant women?

2. What information, if anything, should be documented if you assign the following risks?

Risk	Documentation
427.1 – Inappropriate Use of Dietary Supplements	
427.2 – Consuming Very Low Calorie or Nutrient Diets	
427.3 – Pica	
427.4 – Inadequate Iron, Iodine or Folic Acid Supplementation	
427.5 – Eating Potentially Harmful Foods (Pregnant Women only)	

3. Sierra is being certified as a pregnant woman. She takes a bologna sandwich to work for lunch every day. Would she qualify for a sub-risk of dietary risk 427?
 YES – RISK # _____ NO
4. Tyria is a pregnant woman. She takes the prenatal vitamin with iron and iodine that her doctor gave her plus a 1000 mg Vitamin C tablet to keep her from getting sick. Would she qualify for a sub-risk of dietary risk 427?
 YES – RISK # _____ NO
5. Marta is a breastfeeding woman. She no longer has any vitamins to take and she makes her own oatmeal from rolled oats for breakfast in the morning. Would she qualify for a sub-risk of dietary risk 427?
 YES – RISK # _____ NO
6. Nhu is a breastfeeding woman. She has cut out all dairy products from her diet because she is concerned that it may be causing eczema in her baby. She is taking 500 mg of calcium in a tablet and

eats lots of tofu and leafy greens. Would she qualify for a sub-risk of dietary risk 427?

YES – RISK # _____ NO

7. Karen is a postpartum non-breastfeeding woman. She is trying to get her weight down and says that eating chalk every day suppresses her appetite. Would she qualify for a sub-risk of dietary risk 427?

YES – RISK # _____ NO

8. Kimberly is a woman in her 6th month of pregnancy. She has not taken a prenatal vitamin or any other supplement because they make her constipated. Would she qualify for a sub-risk of dietary risk 427?

YES – RISK # _____ NO

9. Adrienne is a pregnant woman. She is a vegan, but she has been eating cheese and eggs since she got pregnant. She also takes some special vitamins that the doctor gave her to make sure she is okay. Would she qualify for a sub-risk of dietary risk 427?

YES – RISK # _____ NO

10. Remi is a pregnant woman. She tells you that every once in awhile when she is nervous, she chews on her pencil at work. Would she qualify for a sub-risk of dietary risk 427?

YES – RISK # _____ NO

11. Rayanne is a pregnant woman. She loves bleu cheese dressing on her salads. Would she qualify for a sub-risk of dietary risk 427?

YES – RISK # _____ NO

12. Malini is a breastfeeding woman. She takes daily herbal supplements 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 okay for a breastfeeding woman. Would she qualify for a sub-risk of dietary risk 427?

YES – RISK # _____ NO

Asking about a woman's feeding behaviors

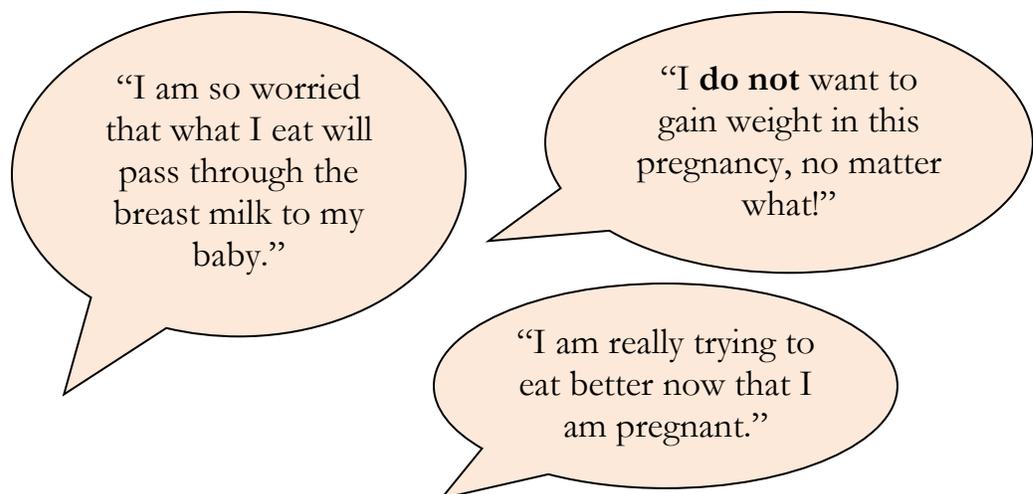
As mentioned earlier in this module, **Step ①** in a diet assessment involves asking the participant about the 3 topic areas related to feeding behaviors, attitudes and actions (relating to food) and about any supplementation that is being used. During this conversation, you need to ask enough questions so that you have a complete picture of her normal dietary habits and practices.

With a complete picture, you can then assign appropriate dietary risks. Remember, you **do not** need to ask every question on the Diet Questionnaire in TWIST. However, you **do** need to be sure to address each of the three topic areas. Discussion items within each topic area vary from one participant category to another. Let's take a moment to review the topic areas and examples of discussion items for women.

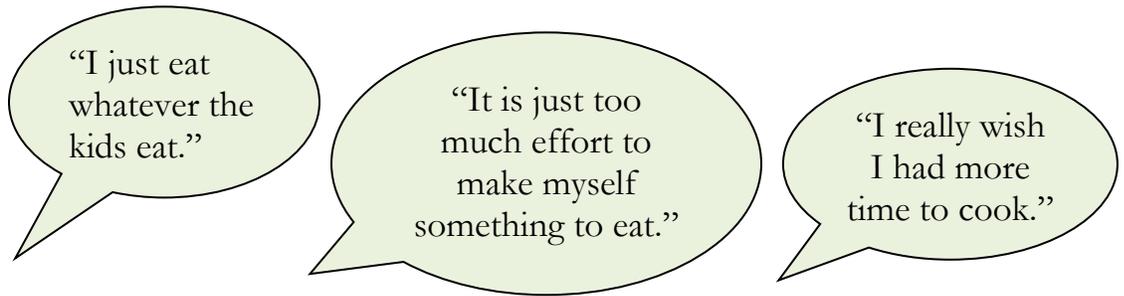
Attitudes

This topic area addresses what the woman thinks or feels about her food choices and overall diet. When talking to a woman, you might hear her talk about her appetite or about how she feels about certain foods or food groups. She may express concerns about what she is eating or whether she is getting the right nutrients. Here are some examples of what you might hear from a woman:

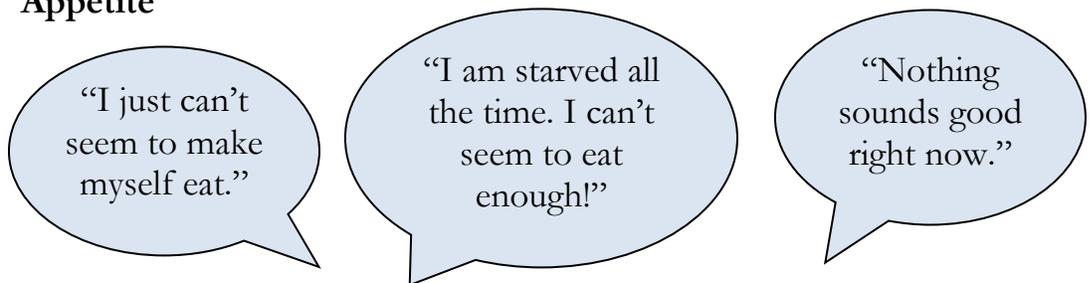
Eating issues



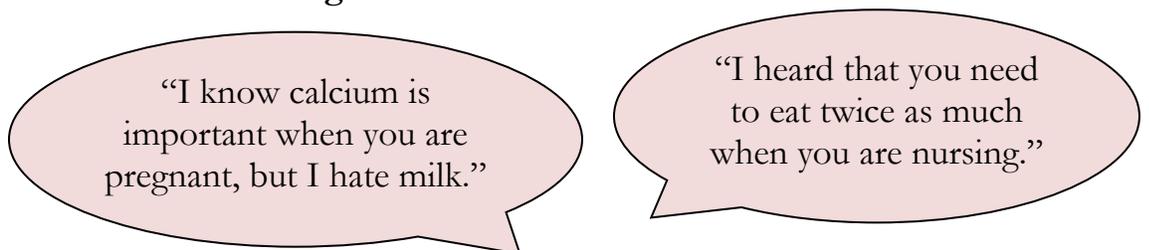
Interest in eating



Appetite



Nutrition knowledge



Actions

This topic area relates to the actions of a woman related to food. She might talk about how often she eats, foods she likes or dislikes, or what she eats or tries to avoid eating. She may also talk about foods typical of her culture or what she eats relating to cultural or religious events.

Meal patterns

"I kind of snack all day long."

"I eat whenever my kids eat."

"I can't eat in the morning, so I eat really often in the afternoon."

Food preferences

"Milk is nasty."

"I love fruit and veggies. I can eat those even when nothing else sounds good."

"I like chicken and turkey. Beef is pretty yucky."

Food fads

"I am really trying to cut down on carbs."

"I am trying out that grapefruit diet to see if I can lose some of this baby weight."

Food avoidance

"I am really trying to cut out all the junk food."

"I can't handle eating anything that once had a face."

Cultural issues

“I’m Muslim, so I don’t eat any pork or shellfish.”

“I can’t eat that until the baby is over a month old or I might lose my milk.”

“I am fasting during the day.”

Supplementation

The topic of supplementation comes up when a woman shares information about any vitamins or minerals that have been prescribed by her health care provider. The woman may also talk about over-the-counter supplements, herbs, botanical remedies, herbal teas, or items purchased at a health food store.



Use of supplements

“I just take the prenatal vitamins the doctor gave me.”

“I use several things that were recommended to me by the health food store.”

Herbal remedies

“I am taking some St. John’s Wort to help relieve some of my postpartum depression.”

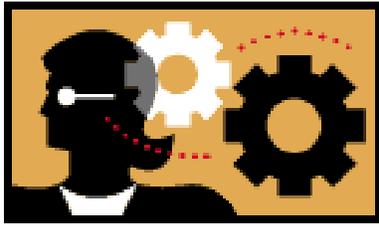
“In my culture we use special herbs to help with milk supply.”

“My mother makes me drink a cup of stewed herbs to balance my yin and yang.”

After a woman discusses her attitudes, actions, and supplementation, **Step ②** will be to ask additional probing questions to clarify the information you received. **Step ③** involves assigning any risks.

Completing the diet assessment

The two job aids, *Completing a Diet Assessment for Pregnant Woman* and *Completing a Diet Assessment for Postpartum Women* will help you complete all of the steps in the diet assessment.



Critical Thinking: After you have talked with the participant and feel like you have a clear picture of her normal eating habits, **Step ④** is the process of comparing what she has told you with any other information you have collected, such as her weight, or her weight gain or loss.

To complete the diet assessment, you will carefully consider the information you have gathered and whether any additional information is needed. You will also prioritize the proposed topic(s) to discuss with the participant, as part of her nutrition education.

Remember, the last step (**Step ⑤**) in the diet assessment is to complete the appropriate documentation in TWIST.

The following skill check will help you practice completing a diet assessment for pregnant and postpartum women.



Skill check

Part 1

Review the job aids *Completing a Diet Assessment for Pregnant Women* and *Completing a Diet Assessment for Postpartum Women*. Make note of the topics covered for each category of woman. Read the questions from the TWIST Diet Questionnaire and sample probing questions for each category.

Part 2

On the job aids, write questions in your own words that you would feel comfortable asking to cover these topics. Think about what probing questions you would use to get more clarifying information. It is okay to start with the questions in TWIST and the probes listed on the job aid if you feel comfortable with them.

Part 3

Review your questions with your Training Supervisor.

Part 4

Have your Training Supervisor arrange a time for you to observe a more experienced CPA certifying a woman from each of these categories.

Part 5

Use the *Observation Tool* to make notes on:

- a) questions and probes that the CPA used to get information from the participant;
- b) what topics were covered;
- c) what dietary risks were assigned, if any.

Think about the information you heard and whether it covered the “Critical Thinking” questions from the observation tool and job aids

Note what nutrition education topics were proposed by the certifier to the participant.

Part 6

After the certification is over, discuss what you observed with the CPA. Check with the CPA to see if what you heard and understood was correct.

Part 7

Have your Training Supervisor arrange a time for you to work with a more experienced CPA. You will do the diet assessment during the certification of a woman from each of these categories. (Alternative – You may want to role-play a diet assessment or you may want to work directly with your Training Supervisor.)

Part 8

Ask the CPA to use the observation tool to observe you, as you practice using the questions and probes that you developed.

Part 9

Discuss the observations and what you learned with your Training Supervisor. Discuss the “Critical Thinking” questions. Review the dietary risks that were assigned and the nutrition education topics that were suggested to the participant.

Case study

Complete *Case Study A*, which is located in the *Case Studies* section of the module.

Review Activity

With Your Training Supervisor

1. Discuss your questions about Chapter 2.
 2. Check your answers to the written *Practice Activities* and *Skill Checks*.
 3. Check your answers to *Case Study A*.
 4. Discuss your observations of the diet assessment process and what you learned. Review your completed *Observation Tool*.
 5. Discuss the diet assessment questions that you wrote to use with pregnant and postpartum women.
 6. Role-play a diet assessment of a pregnant woman.
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Inappropriate Use of Dietary Supplements

427.1

Category.....	ALL Women
Risk Level.....	LOW



Risk Description

Taking dietary supplements may be toxic or have potentially harmful consequences when taken in excess of recommended dosages for participants' category.

At risk if:	<p>Woman is taking dietary supplements in <i>excess</i> of recommended dosages. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ■ Single or multi-vitamins ■ Mineral supplements ■ Herbal or botanical supplements/remedies/teas
NOT at risk if:	<p>Woman is not taking dietary supplements -OR- Woman is taking the recommended amount of dietary supplements for her category</p>

For more information on inappropriate use of dietary supplements, refer to:

- ◆ American Academy of Pediatrics, Committee on Nutrition. Pediatric Nutrition Handbook. 5th edition.

Reason for Risk

Women taking inappropriate or excessive amounts of dietary supplements such as, single or multivitamins or minerals, or botanical (including herbal) remedies or teas, are at risk for adverse effects such as harmful nutrient interactions, toxicity, and birth defects. Pregnant and lactating women are more at risk, because they are potentially affecting both their health and the health of their infant.

Considerations for Assigning Risk

Is the woman currently taking dietary supplements in excess of the recommended dose?



Additional Documentation

Document the *specific inappropriate use of dietary supplements* in the “Notes” or the “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Ruby is at WIC today to be recertified as an exclusively breastfeeding woman. During the diet assessment, she tells you she’s been drinking 7-8 cups a day of a special herbal tea because her neighbor told her it would help her make more milk. Ruby would qualify for Risk 427.1.

Not at Risk

Alexis is at WIC today to be certified as a pregnant woman. During the diet assessment, Alexis tells you that she was taking an extra multi-vitamin everyday before she found she was pregnant. She said after her first appointment with the doctor, she stopped taking the multi-vitamins and started taking only her prescribed prenatal vitamin. Alexis would **not** qualify for Risk 427.1.

Eating Very Low Calorie or Nutrient Diet

427.2

Category.....**ALL Women**

Risk Level.....**LOW**



Risk Description

Any pregnant or postpartum woman eating a diet very low in calories and/or essential nutrients.

At risk if:	<p>Woman is routinely eating a diet very low in calories and/or essential nutrients. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Strict vegan diet ▪ Low carbohydrate, high protein diet ▪ Macrobiotic diet ▪ Diet is very low in calories and/or essential nutrients
NOT at risk if:	<p>Woman consumes a diet adequate in calories and essential nutrients</p>

Reason for Risk

Women consuming highly restrictive diets are at risk for nutrient deficiencies, especially during critical developmental periods such as pregnancy. Pregnant women who restrict their diets may increase the risk of birth defects, poor fetal development and chronic health problems in their children.

The pregnant adolescent who consumes a vegan diet is at an even greater risk due to her higher nutritional needs. The breastfeeding woman who chooses a vegan or macrobiotic diet increases both her and her baby's risk for vitamin B12 deficiency.

Considerations for Assigning Risk

Is the woman currently consuming a diet very low in calories and/or essential nutrients?



Additional Documentation

Document the *specific diet* in “Notes” or the “Progress Notes”.



Education/Referrals

- ◆ A referral to the WIC nutritionist is recommended.
- ◆ Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Andie is sixteen years old and is two months pregnant. She's at WIC today to be certified. During the diet assessment, she says she doesn't eat any animal products because she is a vegan. Andie would qualify for Risk 427.2.

Not at Risk

Nedra is 8 weeks pregnant and is at WIC to be certified. During the diet assessment she tells you, she hasn't been able to eat any meat for two weeks because the smell of meat, fish, or chicken makes her sick to her stomach. She hasn't been able to eat much, but she tries to follow her doctor's advice and eats small frequent meals and is eating eggs, nuts, and some cheese. Nedra would **not** qualify for risk 427.2.

Pica**427.3**

Category.....	ALL Women
Risk Level.....	LOW

**Risk Description**

Compulsively eating non-food items over a sustained period of time.

At risk if:	<p>Woman is compulsively eating non-food items over a sustained period of time. Examples of non-food items include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Ashes ▪ Baking soda ▪ Burnt matches ▪ Carpet fibers ▪ Chalk ▪ Cigarettes ▪ Clay ▪ Dust ▪ Large quantities of ice or freezer frost ▪ Paint chips ▪ Soil ▪ Starch (laundry or cornstarch)
NOT at risk if:	<p>Woman is not compulsively ingesting non-food items</p>

Reason for Risk

Pica, the compulsive ingestion of non-food substances, is linked to lead poisoning and exposure to other toxicants, anemia, excess calories or displacement of nutrients, gastric and small bowel obstruction, as well as parasitic infection.

Considerations for Assigning Risk

Is the woman currently eating the non-food items on a regular basis?
Does the woman feel compelled to eat these food items?



Additional Documentation

Document the *non-food items eaten* in the “Notes” or the “Progress Notes”.



Education/Referrals

- ◆ A referral to the participant’s health care provider is recommended.
- ◆ Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Stella is pregnant for the first time and is at WIC today to be certified. During the diet assessment, she tells you she’s been craving ice since she got pregnant. She says she’s eating about a bag of crushed ice everyday and that it seems to be the only thing that quenches her thirst. She also says eating the ice sometimes hurts her teeth. Stella would qualify for Risk 427.3.

Not at Risk

Lillian is pregnant for the first time and is at WIC today to be certified. During the diet assessment, she tells you her mother-in-law suggested she eats white clay to relieve her morning sickness. She said she tried it once, and it made her feel worse. She hasn't done it since that first time and doesn't plan to do it again. Lillian would **not** qualify for Risk 427.3.

Inadequate Iron, Iodine or Folic Acid Supplementation

427.4

Category.....	ALL Women
Risk Level.....	LOW



Risk Description

Inadequate supplementation of iron, iodine or folic acid recognized as essential by national public health policy.

At risk if:	<p>Pregnant woman consuming less than 27 mg of iron supplement daily</p> <p>-OR-</p> <p>Pregnant or breastfeeding women who consume less than 150 mcgs of supplemental iodine daily</p> <p>-OR-</p> <p>Postpartum woman consuming less than 400 mcg of folic acid from fortified foods and/or supplements daily</p>
NOT at risk if:	<p>Woman is consuming adequate amounts of iron, iodine and folic acid for her category</p>

Reason for Risk

Iron is an important part of blood. It is needed for a healthy pregnancy, during lactation and for recovery after childbirth.

Most pregnant women, who do not take iron supplements to meet the increased iron requirements during pregnancy, cannot maintain adequate iron stores, particularly during the second and third trimesters.

Iodine deficiency during pregnancy can adversely affect cognitive development in children. Pregnant and breastfeeding women should review the iodine content of their vitamins as iodine is not a mandated nutrient in all prenatal vitamins.

Postpartum women of childbearing age, who do not take adequate amounts of folic acid, are at greater risk for functional folate deficiency, which has been proven to cause neural tube defects, such as spina bifida and anencephaly.

Considerations for Assigning Risk

Is the woman currently taking the recommended supplements for her category on a regular basis? Is there a situation that will prevent her from taking the supplements on a regular basis?



Additional Documentation

No special requirements.



Education/Referrals

- ◆ A referral to the participant's health care provider is recommended.
- ◆ Provide diet counseling appropriate for participant's concerns.

Example

At Risk

Nola is 4 months pregnant and at WIC today to be certified. During the diet assessment, she tells you she hasn't been able to take her prenatal vitamin for two months because of morning sickness. Nola qualifies for Risk 427.4.

Not at Risk

Agnes is at WIC today to be recertified as a non-breastfeeding woman. During the diet assessment, she tells you she just found the bottle of vitamins that she misplaced last week. She plans to start taking them again tomorrow. Agnes would not qualify for Risk 427.4.

Eating Potentially Harmful Foods

427.5

Category.....	Pregnant Women
Risk Level.....	LOW



Risk Description

Pregnant woman is eating foods that could be contaminated with harmful microorganisms.

At risk if:	<p>Pregnant woman eating potentially harmful foods. Examples of potentially harmful foods include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Raw or undercooked meat, poultry, fish or shellfish ▪ Raw or undercooked eggs, or foods containing raw or lightly cooked eggs, including: salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog ▪ Refrigerated, smoked seafood, unless it is an ingredient in a cooked dish ▪ Hot dogs, lunch meat, fermented or dry sausage and other deli style meat or poultry (unless reheated until steaming hot) ▪ Refrigerated paté or meat spreads ▪ Unpasteurized milk or foods containing unpasteurized milk
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	<ul style="list-style-type: none"> ▪ Any soft cheese or fresh cheeses made with unpasteurized milk, such as: feta, brie, camembert, blue-veined and Mexican style cheese such as queso blanco, queso fresco, or panela ▪ Unpasteurized fruit or vegetable juices ▪ Raw vegetable sprouts such as alfalfa, clover, bean or radish
NOT at risk if:	Pregnant woman is not eating potentially harmful foods

Reason for Risk

Pregnant women are especially at risk for foodborne illness. The CDC advises pregnant women and other high-risk individuals not to eat foods identified as potentially harmful. Food-borne illness during pregnancy can result in infection, leading to premature delivery, miscarriage, fetal death, and severe illness or death of a newborn.

Considerations for Assigning Risk

Is the woman currently eating the potentially harmful food? How long has the woman been eating the food? How often is the woman eating the food? How much of the food does the woman eat?



Additional Documentation

Document the *specific food* in the “Notes” or the “Progress Notes”.



Education/Referrals

Provide diet counseling appropriate for participant’s concerns.

Example

At Risk

Marley is pregnant and is here today to be certified for WIC. During her diet assessment, she mentions that since she's been pregnant, all she wants to eat is raw homemade chocolate chip cookie dough. Marla tells you she is eating a lot of raw homemade chocolate chip cookie dough on a weekly basis. Marley would qualify for Risk 427.5.

Not at Risk

Sylvia is pregnant and is here today to be certified for WIC. During the diet assessment, you learn she raises goats, and prior to this pregnancy, she drank unpasteurized goat's milk daily. She says the unpasteurized milk didn't cause any problems during her other pregnancies, but she started drinking pasteurized cows milk instead of the goat's milk because her doctor said the unpasteurized milk could hurt the baby. Sylvia would **not** qualify for Risk 427.5.
