**BREASTFEEDING Nutrition Interview**

**Health Care Provider:**  No Health Care Provider

Do you give WIC permission to share <participant’s name>’s WIC information with this health care provider? Yes  No

Breastfeeding Support

**1a. How is it being a new mom?**

*Listen, ask, and assess for*

* *Postpartum depression*
* *Struggles*
* *Successes*
* *Caregiver ability*

361 – Depression

902 – Primary Caregiver has Limited Ability to Make Feeding Decisions

**1b. How is breastfeeding going for you?**

*Listen, ask, and assess for*

* *Successes*
* *Challenges*
* *Milk supply*
* *Teething/biting*
* *Baby preferring one breast*
* *Baby not interested*
* *Soreness/nipple care*
* *Breast leaking*

**602 – Breastfeeding Complications**

602a – BF Complications – severe breast

engorgement

602c – BF Complications – mastitis

602e – BF Complications – cracked, bleeding, or

severely sore nipples

602h – BF Complications – tandem nursing 2

siblings who are not twins

602b – BF Complications – recurrent plugged

ducts

602d – BF Complications - flat or inverted

nipples causing latch problems

602g – BF Complications – failure of milk to

come in 4 days postpartum

**1c. How long are you planning to breastfeed your infant?**

*Listen, ask, and assess for*

* *Returning to work/school*
* *Pumping*
* *Storage*
* *Continuation of BF*
* *Anticipated or current separation from infant*

**1d. Are you currently employed or attending school >10 hours/week?**  Yes  No

**1e. What type of support do you have for breastfeeding?**

*Listen, ask, and assess for*

* *Partner/spouse*
* *Other family members*
* *Friends/peers*
* *Work/school environment*

**1f. Do you need any help or assistance from the WIC Program?**

*Listen, ask, and assess for*

* *BF equipment need, current use, type, experience using*
* *BF PC*
* *CPA*
* *Lactation specialist*
* *Additional referral*

**1g. BF PC has not been assigned. We have trained moms who have breastfed before and can help you with breastfeeding. I will have one call you, if that is ok with you.** (If one has been assigned, question 1g. will be listed as this: BF PC has been assigned. Review the BF PC Documentation.)

Interest in BF PC  Yes  No

*Starters/Prompts*

* What has been the best or most challenging thing about breastfeeding?
* Can you tell me about your plan or goal for breastfeeding?
* What have the last 24 hours of feeding your baby been like?

Health/Medical

**2b. What concerns do you or your doctor have about your health?**

*Listen, ask, and assess for*

* *Medical conditions*
* *Family planning*

**2c. Any medical conditions, illnesses, or special needs?**  Conditions  No Conditions Medical Conditions (listed below)

**2d. Are you currently taking any medications?**

*Listen, ask, and assess for*

* *Medications that compromise nutritional status*

357 – Drug Nutrient Interactions

**2e. Was this your first pregnancy?**  Yes  No

(Not including most recent pregnancy)

\_\_\_\_# of previous pregnancies

\_\_\_\_# of live births

\_\_\_\_# of pregnancies past 20 weeks/5 months

**2f. Did you have any complications or special conditions with this pregnancy?**  Yes  No

303 – History of Gestational Diabetes

321b – Fetal/Neonatal Death in Multifetal Pregnancy – 1 or more living infants

339 – History of Birth with Nutrition Related Congenital/Birth Defect

304 – History of Preeclampsia

311 – History of Preterm Delivery

311b – History of Early Term Delivery

**2g. Do you ever have a hard time chewing or eating certain foods?**

*Listen, ask, and assess for*

* *Routine oral health care*
* *Referral needed*
* *Tooth decay*
* *Tooth loss*
* *Impaired ability to eat*
* *Gingivitis*

381 – Oral Health Conditions

*Starters/Prompts*

* Are there any medical issues that might be affecting you or your milk supply during this transition from pregnancy to new parent?
* How have you been feeling emotionally?
* Is there something about your health that you wish was different?

Nutrition Practices

**3a. Tell me what you like to eat and drink.**

*Listen, ask, and assess for*

* *Drink to thirst*
* *Appetite*
* *Timing of meals*
* *Meals, snacks, beverages*
* *Eating pattern*
* *Frequency*
* *Eating problems*
* *Food preparation*
* *Food likes and dislikes*
* *Folic acid rich foods*
* *Pica*

**3b. What would you like to change about your eating?**

**3c. Is there anything you would like to eat more or less of?**

**3d. Do you take any vitamins, minerals, herbs or dietary supplements?**

*Listen, ask, and assess for*

* *Adequate folic acid intake*

**427 – Nutrition Practices**

427a – Dietary Supplements with Potentially Harmful Consequences

427c – Compulsively Ingesting Non-Food Items (Pica)

**Other Nutrition Risks**

401 – Failure to Meet Dietary Guidelines for Americans

427b – Consuming a Diet Very Low in Calories and/or Essential Nutrients

427d – Inadequate Vitamin/Mineral Supplementation

353 – Food Allergies (must list type)

**3e. Do you have problems with food preparation and/or storage?**

*Listen, ask, and assess for*

* *Refrigeration*
* *Cooking equipment*
* *Adequate food*
* *Family table*
* *Safe water*

*Starters/Prompts*

* Tell me what mealtime is like.
* What are you proud of in regards to your or your family's eating habits?

Life Style

**Current Nicotine and Tobacco Use**

**4a. Do you currently use any of the following: cigarettes, hookahs/pipes, e-cigarettes, vaping devices, smokeless tobacco, or nicotine replacement therapies?**  Yes  No

**4b. In the past seven days, have you been in an enclosed space (i.e. car, home, workplace) while someone used tobacco products?**  Yes  No

**Cigarette Smoking**

**4c. In the 3 months before you were pregnant, how many cigarettes did you smoke on an average day? (1 pack = 20 cigarettes)** \_\_\_\_Cigarettes/day

**4d. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (1 pack = 20 cigarettes)** \_\_\_\_Cigarettes/day

**4e. How many cigarettes do you smoke on an average day now?** \_\_\_\_Cigarettes/day

**Past Alcohol Use**

**4f. In the 3 months before you were pregnant, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?** \_\_\_\_Drinks/wk

**4g. In the last 3 months of your pregnancy, how many alcoholic drinks (beer, wine or liquor) did you have in an average week?** \_\_\_Drinks/wk

**Current Alcohol Use**

**4h. Do you currently drink alcohol?**  Yes  No

**If yes, how much and how often?** \_\_\_Drinks/Day \_\_\_Drinks/Wk

Binge drinking > = 4 drinks within 2 hours

**Current Drug Use**

**4i. Are you misusing any prescription medications, using marijuana in any form or using any illegal substances?**

* *Abuse of prescription medications*
* *Marijuana in any form (breastfeeding women only)*
* *Any illegal substances*

372b – Substance Use

**4j. What are your plans for returning to your pre-pregnancy shape?**

*Listen, ask, and assess for*

* *Physical activities*
* *Walking*
* *Playing with children*
* *Safe parks*
* *Access to fitness centers*
* *Activity frequency*
* *Food consumption changes*

*Starters/Prompts*

* What type of physical activity are you hoping to do after you get the OK from your doctor at your postpartum visit?
* What have you heard about smoking or vaping and breastfeeding?
* Does anyone in the family or who visits often, smoke, vape or use other tobacco in the house or car?

Social Environment

**5a. What else can I help you with?**

*Listen, ask, and assess for*

* *Abuse/neglect in the last 6 months*
* *Limited ability to make appropriate feeding decisions or prepare foods*
* *Family planning*

901 – Recipient of Abuse/Neglect  902 – Limited Ability to Make Feeding Decisions/Prepare Food

*Starters/Prompts*

* This is a safe place to talk about anything that affects you or your child/children. Is there anything that you would like to talk about today?
* Tell me about what support you have to care for yourself and your new baby.
* Is there anything we have not discussed today that you hoped we would?