**Pregnant 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

Health/Medical

**1a.** **How is your pregnancy going?**

*Listen, ask, and assess for*

* *Obtaining prenatal care*
* *Nausea/Vomiting*
* *Heartburn*
* *Constipation*
* *Previous pregnancies*

301 – Hyperemesis Gravidarum – severe nausea and vomiting

**1b. Is this your first pregnancy?**  Yes  No

(Not including current pregnancy)

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

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

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

Last recorded Actual Delivery Date: Date of last live birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1d. With any past pregnancy did you have any complications?**

303 – History of Gestational Diabetes

304 – History of Preeclampsia

311a – History of Preterm Delivery

311b – History of Early Term Delivery

312 – History of Low Birth Weight Infant < or = 5 lbs 8 oz

321a– History of Fetal or Neonatal Death or 2 or more Spontaneous Abortions

337 – History of Large for Gestational Age Infnat > or = 9 lbs

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

345 – Hypertension and Pre-hypertension

**1e. How are you feeling this week?**

*Listen, ask, and assess for*

* *Nausea*
* *Vomiting*
* *Discomfort*

**How do you feel about your weight gain?**

301– Hyperemesis Gravidarum – severe nausea and vomiting

302– Gestational Diabetes

**1f. Have you been to the doctor yet?**  Yes  No **Care began after 13th week?**  Yes  No

**1g. Tell me about any medical problems or illnesses you have. Has your doctor diagnosed any medical problems?**  Conditions  No Conditions

*Listen, ask, and assess for*

* *Medical conditions (previous to pregnancy)*
* *Health concerns*
* *Disability*
* *Illnesses*

Medical Conditions (listed below)

**1h. Are you currently taking any medications?**

*Listen, ask, and assess for*

* *Medications that compromise nutritional status*

357 – Drug Nutrient Interactions

**1j. Do you ever have a hard time chewing or eating certain foods?**

*Listen, ask, and assess for*

* *Oral health care/Referral*
* *Tooth decay*
* *Tooth loss*
* *Impaired ability to eat*
* *Gingivitis*

381– Oral Health Conditions

*Starters/Prompts*

* How have you been feeling throughout your pregnancy?
* How do you feel about the weight changes you are experiencing during this pregnancy?
* Every parent wants to insure the best for their baby. Do you have any medical concerns that could be affecting you or your baby?

Nutrition Practices

**2a. Tell me what you like to eat and drink.**

*Listen, ask, and assess for*

* *Appetite*
* *Timing of Meals*
* *Meals, snacks and drinks*
* *Eating pattern*
* *Frequency*
* *Eating problems*
* *Food preparation*
* *Food likes and dislikes*
* *Pica*

**2b. What would you like to change about your eating?**

**2c. Is there anything you would like to eat more or less of?**

**2d. In the month before you became pregnant with this baby, how many times a week did you take a multivitamin?**

Choices: Less than once/week, 1 time/week, 2 times/week, 3 times/week, 4 times/week, 5 times/week, 6 times/week, 7 times/week, More than 7 times/week, Unknown

**2e. Have you taken any vitamins/minerals in the past month?**  Yes  No  Unknown

**2f. Do you take any herbs or dietary supplements now?**  Yes  No  Unknown

**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)

*Starters/Prompts*

* How has your eating changed since you found out you are expecting?
* Pregnancy can cause food cravings or even other cravings for things like ice, dirt, starch, or things like that. Have you experienced any cravings?
* What have you heard about food safety during pregnancy?

Life Style

**Current Nicotine and Tobacco Use**

**3a. Do you currently use any of the following: cigarettes, hookahs/pipes, e-cigarettes, vaping devices, smokeless tobacco, or nicotine replacement therapies?**  Yes  No

**3b. 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**

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

**3d. How many do you smoke on an average day now?** \_\_\_\_Cigarettes/day

**Past Alcohol Use**

**3e. 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

**3f. Have you consumed alcohol during this pregnancy?**  Yes  No

**Current Alcohol Use**

**3g. How many alcoholic drinks (beer, wine or liquor) do you have in an average week now?** \_\_\_\_Drinks/wk

**Current Drug Use**

**3h. Are you misusing any prescription medications, using marijuana in any form or using any illegal substances?**

* Abuse of prescription medications
* Marijuana in any form
* Any illegal substances

372b – Substance Use

**3j. What do you do for physical activity?**

*Listen, ask, and assess for*

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

*Starters/Prompts*

* What have you heard about being active while pregnant?
* What types of physical activities do you do at work and home?
* How do think your life will change with a new baby?

Breastfeeding Preparation

**4a. What have you heard about breastfeeding?**

*Listen, ask, and assess for*

* *Interest in breastfeeding*
* *Myths*
* *Concerns*
* *Support systems*

Mom Interested in Breastfeeding Yes  No

**4b. Previous experience**  Yes  No

**4c. If previously breastfed, how did it go?**

* *Affirm*
* *Praise*

\_\_\_\_\_\_Length of time (weeks)

Reason for stopping: Choices –

* *Worksite/school issue*
* *Planned to wean at this time*
* *Anxiety over milk supply*
* *Baby/child weaned self*
* *Child care issue*
* *Didn’t enjoy it*
* *Embarrassment*
* *Had teeth/biting*
* *Infant complication*
* *Maternal complication*
* *Medically contraindicated*
* *No support from family members/friends*
* *Poor advice/misconceptions*
* *Too busy/didn’t fit lifestyle*

**4d. What does your family, friends, or partner say about breastfeeding?**

**4e. Tell me about the changes you have noticed or concerns you have about your breasts.**

*Listen, ask, and assess for*

* *Flat*
* *Inverted*
* *Pierced*
* *Surgeries*
* *Pain/discharge*
* *Size*

**4f. We have moms who have breastfed before and can help you with breastfeeding. I will have one call you.** Interest in BF PC  Yes  No

**4g. Are you exclusively or mostly (Part BF In-Range) breastfeeding an infant or mostly (Part BF In-Range) breastfeeding multiples from a previous pregnancy?**  Yes  No

**4h.  338 - Pregnant Woman Currently Breastfeeding**

**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

602g – BF Complications – failure of milk to come in 4 days

postpartum

*Starters/Prompts*

* What are your plans for feeding the baby?
* Tell me what you know about breastfeeding?
* What have you read or heard about breastfeeding that you might have questions about?

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*

* Tell me about what support you have to care for yourself and your new baby.
* Tell me about how things are going at home.
* How do you feel about this pregnancy?
* Do you ever feel like your mood or personality has changed?