

NUTRITION RISK CRITERIA FOR PREGNANT & POSTPARTUM WOMEN

Breastfeeding and Non-breastfeeding



**Delaware County
WIC Program
484-471-3320**

Springfield Clinic

1260 East Woodland Avenue
Suite 211
Springfield, PA 19064
484-479-3086
FAX: 484-479-3349

Chester Clinic

2602 West 9th Street
MOB, Suite 103
Chester, PA 19013
484-480-8800
FAX: 484-480-8869

Upper Darby Clinic

Barclay Square Shopping
Center at 1500 Garrett Road,
Suite 20
Upper Darby, PA 19082
610-713-5800
FAX: 610-713-5807



**Delaware County WIC
Breastfeeding Helpline
484-472-7022**

PA WIC is funded by the USDA.

This institution is an equal
opportunity provider.



D30 10/16

General Information

Name: _____ D.O.B.: _____

Address: _____ ZIP: _____

Telephone Number: _____ Cell Phone Number: _____

Height: _____ Pre-Pregnancy Weight: _____ EDC: _____

Current Weight: _____ Date of Measure _____

Actual Delivery Date: _____ Weight at Delivery: _____

Hemoglobin (if available): _____ Date Drawn: _____ Not Drawn

Hematocrit (if available): _____ Date Drawn: _____ Not Drawn

Supplemental Information (if available)

List of Common WIC Qualifying Diagnoses (Please circle condition below. Details may be included in Additional Comments Section.)

HEMATOLOGIC DIAGNOSES

1. Low Hemoglobin/Hematocrit
2. Elevated lead level
3. Sickle cell anemia

MEDICAL CONDITIONS

4. Gestational Diabetes or history of gestational diabetes
5. History of Preeclampsia
6. GI disorders, genetic/congenital disorders or medical conditions
7. Dental problems
8. Central nervous system disorder
9. Recent major surgery/infectious disease/burn/trauma/other condition severe enough to affect nutritional status of women

PREGNANCY RELATED ISSUES

10. High parity and young age (<20 yr. old at conception with 3 or more previous pregnancies of at least 20 wks duration)
11. Multifetal gestation
12. Closely spaced pregnancies: conception before 16 months post-partum
13. History of fetal death, neonatal death, or spontaneous abortions
14. History of preterm delivery (≤37 wks gestation); history of LBW infant
15. Pregnant with an infant with fetal growth restriction, history of birth of a large for gestational age infant (≥9 lbs.) or an infant with nutrition related birth defect
16. Maternal smoking or exposure to environmental tobacco smoke
17. Maternal drug/alcohol abuse
18. Migrancy or homeless

FOOD/NUTRITION FACTORS

19. Food allergies
20. Lactose intolerance
21. Eating disorders
22. Celiac disease
23. Drug nutrient interaction
24. Consuming potentially harmful dietary supplements
25. Consuming a diet very low in calories and/or essential nutrients or impaired caloric intake or absorption of essential nutrients, e.g., bariatric surgery
26. Pica
27. Inadequate vitamin/mineral supplementation
28. Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms
29. Inability to make feeding decisions, or prepare food

**Please complete form; fax or mail to 484-471-3324,
WIC Program, 1260 East Woodland Avenue, Suite 214, Springfield, PA 19064**

Referring Agency

Health Care Provider Name: _____ MD __ DO __ CRNP __ PA __

Health Care Facility Name: _____ Phone: _____

Office Stamp



Provider Signature: _____ Date: _____