

Sample Protocol for Prenatal and Breastfeeding Women
Multi-fetal Gestation (C45)

Definition	Presence of more than one fetus diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician or someone working under physician's orders.
Objective	<p>A gain of 1.5 pounds per week during the 2nd and 3rd trimesters in twin pregnancies. In triplet pregnancies the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy. Because the 2009 IOM recommendations provide <i>provisional</i> guidelines for multi-fetal pregnancies; the ranges programmed into ISIS may be too low in some cases, particularly for the underweight category; therefore communication with the HCP is essential for determining the individual weight gain goal.</p> <p>The risk of pregnancy complications is greater in women carrying twins and increases markedly as the number of fetuses increases. Promote optimal maternal health and nutrition, and steady weight gain to prevent poor pregnancy outcomes.</p>
Instructions for Staff	<ol style="list-style-type: none"> 1. Review Nutrition Questionnaire/ISIS Summary Screen to determine WIC eligibility. 2. Determine potential topic(s) for nutrition education/referral 3. Have a conversation with the parent/guardian of the participant to identify what they are interested in discussing or learning about within the parameters of the participant's category, developmental stage, and health /nutrition risks. 4. Provide Healthy Lifestyle Messaging and /or information about the risk condition, as appropriate. 5. Work with participant to identify constructive "next steps" 6. If the Summary Screen shows an "N", ask the participant about seeing a Nutritionist to answer questions about the identified medical condition. 7. Document the nutrition education contact in ISIS. 8. Make referral(s) and schedule follow-up as needed
Possible Assessment Information	<ul style="list-style-type: none"> • Accuracy of weight measurements • Weight history (recent weight loss, previous pregnancy weight gain) • What does HCP say about weight? Weight gain on target with guidelines? • How many fetuses? Age? • Related medical conditions and/or medications • Stress level/sleep adequacy • Physical activity appropriate per HCP? • Eating habits, including frequency of meals/snack • Adequacy of food groups, calories, and nutrients • Dietary restrictions (cultural or religious or fad diets) • Affects on appetite (nausea/vomiting/heartburn/constipation/diarrhea)
Possible Topics for Discussion (Focus on Healthy Lifestyle Messaging)	<ul style="list-style-type: none"> • Healthy or recommended weight range • Relationship of adequate weight gain to multifetal growth/development • Increased nutrient needs • Remedies for common problems during pregnancy • Physical activity as directed by health care provider • Breastfeeding support services
Possible Triggers for Referral to a Nutritionist	<ul style="list-style-type: none"> • Does the participant have medical or social issues beyond the scope of the counseling session? • Is there a medical history of pre-term labor or low birth weight infant? • Is the participant breastfeeding twins or triplets? • Would the participant like to see the RD? • Very low Hgb/Hct?

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Possible Referrals to outside WIC	<ul style="list-style-type: none">• Health Care Provider for medical issues• Community resources appropriate for prenatal women (food assistance)• Local breastfeeding support resources
Suggested Education Materials	
<ul style="list-style-type: none">• Give Your Baby a Healthy Start• Snacks	<ul style="list-style-type: none">• Relief from Common Problems