

Sample Protocol for Women Preeclampsia (C17)

Definition	History of diagnosed preeclampsia. Presence of condition diagnosed by a physician as self-reported by applicant/ participant/ caregiver; or as reported or documented by a physician, or someone working under a physician's orders. Defined as pregnancy induced hypertension (>140mm Hg systolic or 90mm Hg diastolic) with proteinuria (protein in the urine) developing usually after the twentieth week of gestation.	
Objective	Weight gain and weight gain rate within recommended values, as determined by WIC guidelines and health care provider (HCP).	
Instruction 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. Identify which topics participant is interested in discussing or learning about within the parameters of their category, developmental stage, and health/nutrition risks. 4. Provide Healthy Lifestyle Messaging and/or information about the risk condition, as appropriate. For example, increase consumption of fruits and vegetables and increase time spent on physical activity. 5. Work with participant to identify constructive "next steps". 6. If the Summary Screen shows and "N", ask participant about seeing a Nutritionist to answer questions about the identified medical condition. 7. Document the nutrition content in ISIS. 8. Make referral(s) and schedule follow-up as needed. 	
Possible assessment information	<ol style="list-style-type: none"> 1. Height, weight 2. Is BMI \geq 30? 3. Any preeclampsia in prior pregnancy (self-reported or physician note)? 4. Is this the first pregnancy? 5. Is maternal age > 35 years? 6. Any endocrine disorders (e.g., diabetes); autoimmune disorders (e.g., lupus); renal disorders (self-reported or physician note) present? 7. Is pregnancy a multi-fetal gestation? 8. Is diet sufficient in Vitamin D and Calcium (which have been shown to have protective effect on preeclampsia in future pregnancy) compared to RDA for pregnant women? 	
Possible topics for discussion (Focus on HH/ HEAL)	<ol style="list-style-type: none"> 1. Educate participant on taking prenatal vitamins if she is pregnant or a daily multi-vitamin with calcium and Vitamin D if planning to become pregnant 2. Counsel participant to consume the RDA amounts for pregnant women for Vitamins C and E either from foods or supplements 3. Educate participant to avoid excessive weight gain during pregnancy and between pregnancies to prevent this condition 4. Counsel participant to gain recommended amount of weight for their pre-pregnancy BMI 5. Educate participant to consume a nutritionally adequate diet consistent with the Dietary Guidelines for Americans 6. Educate participant to consume Vitamin D fortified foods and/or beverages 7. Educate participant to engage in regular physical activity 8. Counsel participant on smoking and alcohol cessation, if needed 	
Refer to the Nutritionist	<ul style="list-style-type: none"> • If the participant presents a prescription for therapeutic formula 	
Possible Triggers for Referral to a Nutritionist	<ul style="list-style-type: none"> • Difficulty eating a healthy, balanced diet • Does the participant want to see the RD? • Does the participant have medical or social issues beyond the scope of the counseling session? 	
Suggested education materials		
<ul style="list-style-type: none"> • Healthy Habits Active Living handouts • Vitamin C handout • Calcium 	<ul style="list-style-type: none"> • Try Something New with Fruits and Vegetables • Which Milk is Healthiest, Ways to Use Low Fat Milk • Selecting, Storing and Using Fruits and Vegetables 	