

LIMITED ABILITY TO MAKE FEEDING DECISIONS/PREPARE FOOD (902)

PARTICIPANT TYPE.....	ALL
HIGH RISK.....	NO

RISK DESCRIPTION:

Woman or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include individuals who are:

- ≤ 17 years of age;
- Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);
- Physically disabled to a degree which restricts or limits food preparation abilities;
- Currently using or having a history of abusing alcohol or other drugs; or
- A birth mother with diagnosed postpartum depression.

Note: The primary caregiver is defined as the person responsible for taking care of the infant/child and for making the feeding decisions or preparing meals in that household. This person is not necessarily the mother, guardian, or adoptive parent of that infant/child.

ASK ABOUT:

- Typical feeding patterns and practices
- Caregiver's support system for feeding decisions and food preparation
- Access to well child care and barriers to obtaining care
- Growth history or prenatal weight gain pattern

NUTRITION COUNSELING/EDUCATION TOPICS:

- Adolescent mothers generally have limited exposure and application of the life skills needed to care for and feed a total dependent.
- Cognitive limitation in a parent or primary caregiver has been recognized as a risk factor for failure to thrive as well as for abuse and neglect. The mentally handicapped caregiver may not have the necessary parenting skills to promote beneficial feeding interactions with an infant/child.
- Maternal illnesses such as severe depression and chemical dependency are also strongly associated with abuse and neglect.
- Some physical limitations such as blindness, para- or quadriplegia, or physical anomalies may restrict or limit a caregiver's ability to prepare and offer a variety of foods.
- Review age-appropriate feeding guidelines or lifecycle-appropriate nutrition recommendations and make suggestions as needed.

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NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Provide information to support appropriate feeding decisions and make suggestions for changes as needed.
- Provide nutrition and health education using appropriate educational strategies and tools to address the parent or caregiver's learning needs (i.e., low literacy publications, simple non-technical language, liberal use of graphics, and a limited number of messages).

POSSIBLE REFERRALS:

- If the participant does not have an ongoing source of health care, refer to primary care providers in the community or the local public health department.
- If the participant or caregiver could benefit from participating in a parenting education program or in-home support, refer to appropriate community programs.
- If the participant or caregiver needs additional social services, refer to relevant community programs and providers.
- If food insecurity is a concern, refer to other community resources such as food banks, food pantries, soup kitchens, and SNAP (Food Stamps).
- If the participant or caregiver is ready to enter treatment for alcohol or drug abuse, make a referral to the relevant community program.