Ohio Department of Health • Bureau of Nutrition Services

WIC Health History for Breastfeeding Women and Postpartum Women

<table>
<thead>
<tr>
<th>Name</th>
<th>Today's date</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date this pregnancy ended</td>
<td>Your weight at delivery</td>
<td>Your weight before pregnancy</td>
</tr>
<tr>
<td>What was your due date?</td>
<td>(49)</td>
<td>(11)</td>
</tr>
</tbody>
</table>

Check one:
- □ live birth ___ pounds ___ ounces
- □ stillbirth
- □ miscarriage
- □ abortion
- □ infant death (22, 45, 49)

Number of past pregnancies: ___ How many ended in live birth? ___

Date previous pregnancy ended (42) (45)

Prenatal doctor or clinic: ___ Date of last doctor visit ___

If you are currently breastfeeding, fill out Sections 1 and 2. If you are not currently breastfeeding fill out Section 2.

**Section 1**

My baby breastfeeds:
- every ___ hours or ___ times a day and ___ times a night How long on each side? ___ (76)

If your baby gets bottles

What is in the bottle? ___________________________ How often? ___________________________

Do you have problems with
- □ Let down
- □ Hot, hard breasts
- □ Latch
- □ Pain in your breasts
- □ Sore nipples
- □ Other ___________________________ □ No problems (14)

How long do you want to breastfeed your baby?

Are you going back to work or school?
- □ Yes When? ___________________________ □ No

What kind of support for breastfeeding do you have at home?

Would you like more breastfeeding help?
- □ Yes □ No

**Section 2**

Did you ever breastfeed your baby?
- □ Yes □ No

Why did you stop? ___________________________ How old was your baby when you stopped? ___ (93)

Did you have a C-section?
- □ Yes □ No (93)

List any problems you have had.
- With this pregnancy ___________________________
- With past pregnancies ___________________________ □ None (44)

Check any health problems you currently have.
- □ Diabetes □ Depressive □ Dental □ High blood pressure □ Lactose intolerance
- □ Other ___________________________ □ None (91, 93, 94)

List any medicines you take.

HEA 4449 2/08

OVER →
Has the doctor tested your blood for lead?
☐ Yes ☐ Results ☐ No ☐ Don't know

Have you ever had a baby with a birth weight of nine pounds or more?
☐ Yes ☐ No

Was your baby born three or more weeks early?
☐ Yes ☐ No
☐ How many weeks?

Was your baby born with any health problems?
☐ Yes ☐ No

Check all supplements you take.
☐ Prenatal vitamins/vitamins ☐ Iron ☐ Herbs ☐ Calcium ☐ Other

☐ None

Are you on a special diet?
☐ Yes, your choice ☐ Yes, from your doctor ☐ No

List your food allergies
☐ None

Check any of these non-food items that you eat or crave.
☐ Paint chips ☐ Ice ☐ Printed paper ☐ Dirt/clay ☐ Starch ☐ Coffee grounds
☐ Other

☐ None

Check all that apply.
☐ Someone else shops for food. ☐ I usually shop for food. ☐ I usually do not eat at home.
☐ Someone else does the cooking. ☐ I usually cook. ☐ I live in a shelter, motel, or temporary place.
☐ I have a working stove or microwave and refrigerator in my home.
☐ I run out of money or food stamps to buy food.

What do you think about your eating habits?

Name one or two things you do for physical activity or exercise.

How many cigarettes, pipes, cigars do/did you smoke?

Now ___________ a day ___________ a week ☐ None

Last three months of this pregnancy ___________ a day ___________ a week ☐ None

Three months before this pregnancy ___________ a day ___________ a week ☐ None

If anyone living in your home smokes, where do they smoke?
☐ Inside ☐ Outside ☐ Car ☐ No one smokes

Check all alcoholic beverages you drink.
☐ Wine ☐ Beer ☐ Coolers ☐ Liquor

Now ___________ a day ___________ a week ☐ None

Last three months of this pregnancy ___________ a day ___________ a week ☐ None

Three months before this pregnancy ___________ a day ___________ a week ☐ None

Check all drugs you currently use.
☐ Marijuana ☐ Crack ☐ Speed ☐ LSD ☐ Heroin
☐ Crystal meth ☐ Inhalants ☐ Prescription drugs (misuse)
☐ Other

☐ None

During the last six months, have you been physically, sexually or verbally abused?
☐ Yes ☐ No

Do you have any questions or concerns?