

# Dietary Intake Assessment Tool

The United States Department of Agriculture (USDA) has developed [evidence-based nutrition information for pregnant clients](#). The [MyPlate Plan](#) is an online tool that works for pregnant, breastfeeding and formula feeding clients. Dietary guidelines are available for food intake patterns from 2,000 to 2,600 calories. Specific dietary guidance is not available for obese pregnant and postpartum clients or for clients with other conditions requiring medical nutrition therapy.

For pregnant people, including those with gestational diabetes, two MyPlate handouts are available. The handouts are titled, [MyPlate California for Pregnant and New Parents including Breastfeeding](#) and [MyPlate for People with Gestational Diabetes](#). In addition, there is a [MyPlate for People who May Become Pregnant](#) for preconception and/or people who menstruate. These new MyPlate handouts are also available in Spanish.

The food intake assessment forms include the [24-Hour Perinatal Dietary Recall Tool](#), the [Perinatal Food Group Recall Tool](#) and [The Perinatal Food Group Recall Tool for People with Gestational Diabetes](#). The two food group recalls are based on the [MyPlate California for Pregnant and New Parents including Breastfeeding](#) and [MyPlate for People with Gestational Diabetes](#).

The [nutrition assessment](#) provides an opportunity to:

- ▶ Assess strengths and gaps in a client's typical eating pattern by comparing their intake to *MyPlate for Pregnant and New Parents* or *MyPlate for People with Gestational Diabetes*.
- ▶ Assess a client's food insecurity and refer them to the appropriate supplemental food and financial resources.
- ▶ Assess and address any food safety concerns.
- ▶ Help clients develop a healthy eating plan, keeping in mind their food habits, culture, family history, weight, health status and lifestyle.
- ▶ Educate a client on the healthiest food choices from every food group.
- ▶ Stress the importance of WIC education and food benefits through the WIC card to help clients achieve a healthy diet. Encourage them to buy and eat the foods WIC offers.
- ▶ Discuss the importance of safe daily physical activity.
- ▶ Provide referrals for complex medical/nutritional conditions.

- ▶ Celebrate healthy food and activity habits and changes.
- ▶ Offer guidance and support for ongoing improvement.

## How to Use the Food Intake Assessment Tool

The three options to assess the food intake of pregnant, breastfeeding or postpartum clients include the *24-Hour Perinatal Dietary Recall Tool*, the *Perinatal Food Group Recall Tool (PFGR)*, or the *Perinatal Food Group Recall Tool for People with Gestational Diabetes*. No dietary intake method completely reflects a client’s food intake. All tools provide a basis for educating and encouraging a client to make healthy eating choices based on *MyPlate for Pregnant and New Parents* or *MyPlate for People with Gestational Diabetes*.

### The Perinatal Food Group Recall Tool:

The *Perinatal Food Group Recall* and the *Perinatal Food Group Recall Tool for People with Gestational Diabetes* are alternative food intake methods. These two tools are consistent with *MyPlate for Pregnant and New Parents* and *MyPlate for People with Gestational Diabetes* recommendations which refer to the proportion of each food group that should be included in a meal. They are based on a 10-inch sized plate instead of using serving sizes to describe the client’s normal food intake. If the provider is comfortable measuring serving sizes, they may use the 24-Hr recall instead. The Food Group recalls provide an overview of the client’s daily diet; they do not ask the clients to describe everything they ate in the last 24 hours. Whatever the dietary assessment method used, it is most important that the client makes healthy food choices.

The *Perinatal Food Group Recall Tool* and *Perinatal Food Group Recall Tool for Gestational Diabetes* asks about the frequency and relative amounts of each food group they are eating. The shading around some rows of boxes on the form indicates a nutritional risk that should be addressed with the client. The “Client chooses to” column provides brief nutrition guidance for each food group. List the goal codes that the client chooses in the notes section. Their diet is considered inadequate if two or more food groups are shaded and should be documented as “inadequate diet” in the Individual Care Plan and the Care Plan Summary.

### Begin by Referring to the Perinatal Food Group Recall Tools

- ▶ Explain to the clients that you will ask questions about their usual eating habits to determine if they are eating the right kind and amounts of foods that their body needs for a healthy pregnancy.

- ▶ Use either the *MyPlate for Pregnant and New Parents* or *MyPlate for People with Gestational Diabetes* handouts along with one of the *Perinatal Food Group Recalls* to explain to the client what the food groups are, how often each food group should be eaten and what proportion the food group should be on the plate.

## Examples of how to address the food groups:

**For Whole grains:** The first group is the whole grains group. For diabetes, beans and starchy vegetables like winter squash and sweet potatoes count as grains. Ask the client: On a typical day, how many meals or snacks include a quarter plate of whole grains?

**If the client has gestational diabetes, for vegetables:** The third group is the vegetables group. Non-starchy vegetables are less likely than starchy vegetables to raise blood sugar. They can be low-sodium, frozen, canned or fresh. For gestational diabetes, starchy vegetables like potatoes, sweet potatoes, yams, peas, corn and winter squash do not count as a vegetable, they count as grains. Ask the client: On a typical day, how many meals or snacks include almost a half plate of non-starchy vegetables?

**Note Regarding Mixed Foods:** If a client reports frequently eating a meal that is made up of many food groups, like lasagna, enchiladas, or casserole dishes, ask the client for the main ingredients. Also ask how much they had of the mixed food in comparison to a 10" plate. Ask the client: How do you prepare [name of dish]? About how much did you eat? Then, using the client's explanation, record on the PFGR what food groups made up that item. For example, if the client had two beef enchiladas with sour cream, cheese, and corn tortillas, the provider should record that this meal was made up of 1 quarter plate of whole grains, one quarter plate of lean protein (if the client used ground beef with 15% fat or less), and one occurrence of eating "other" foods not shown on my plate to account for the unhealthy saturated fats in the cheese and sour cream. Encourage clients to choose healthier alternatives, like using nonfat dairy and leaner protein in their favorite mixed foods.

## Directions for completing the *Perinatal Food Group Recall Tool*:

- ▶ For most questions, you will indicate the amount of each client's meals that include the target food groups according to their MyPlate recommendations. You will check the appropriate frequency box such as:
  - 2 or less
  - 3 or more

- ▶ Make sure to check the appropriate box in the right column, such as 1st Tri(mester), 2nd Tri(mester), 3<sup>rd</sup> Tri(mester) or Post(partum).
- ▶ If the clients' responses fall in a shaded box, such as they eat fewer than three meals with a quarter plate of vegetables on a normal day, review options to improve vegetable intake. Ask the client what they are willing to do before their next visit and add a "client chooses to" code to the "client goals" section.
- ▶ For example, add "V1" to the client's goals section on the last page of the PFGR if the client chooses to eat five or more vegetables per day when using the standard *Perinatal Food Group Recall*.

Note: When using the *Perinatal Food Group Recall for Gestational Diabetes*, add "V1" to the care plan if clients chooses to make almost half of their plate non-starchy vegetables.

- ▶ If client's responses fall in an unshaded box, such as they eat three plates or more with half vegetables on a normal day, tell them that they have made good choices.
- ▶ Identify the codes that the "Client Chooses To" work on under Client Goals at the end of the discussion. For example, if the client prefers and only drinks whole milk, advise them to choose pasteurized fat-free milk. If they chose to work on this goal, write "D2" in the "Client goals" column at the bottom of the form.
- ▶ For the "Other" foods not shown on the MyPlate:
  - Make a checkmark next to the frequency that the client drinks sugary drinks or other non-MyPlate foods during a typical day in the correct trimester or postpartum column.
  - Sugary drinks are "sometimes foods" and limiting caffeine intake is the prudent choice during pregnancy.
  - Encourage water and fat-free milk as beverage options.

Note: If the client has gestational diabetes, discourage milk at breakfast.

- Discuss what extra foods the client eats like sugary drinks, candy, baked sweets, chips, ice cream or sour cream, and help the client choose healthy substitutions for their usual unhealthy choices. Review the "Client chooses to" Goals (O1-O5) and write the appropriate "Client chooses to" code (O1-O5) in the Perinatal Food Group Recall Summary at the bottom of the form in the "Client Goals" column.

## Directions for finishing the Perinatal Food Group Recall and the Perinatal Food Group Recall for Gestational Diabetes:

- ▶ After the last question, review the clients' strengths, risks and goals with them.
- ▶ Make sure to include the corresponding codes at the bottom of the form and in the Individual Care Plan. At the bottom of the form, clearly sign your name and add the date.
- ▶ If two or more food groups are shaded on the Perinatal Food Group Recall or the Perinatal Food Group for GDM Recall, be sure to document as "inadequate diet".
- ▶ Provide the client a copy of *MyPlate for Pregnant and New Parents* or *MyPlate for People with Gestational Diabetes* to reinforce the healthy eating messages