
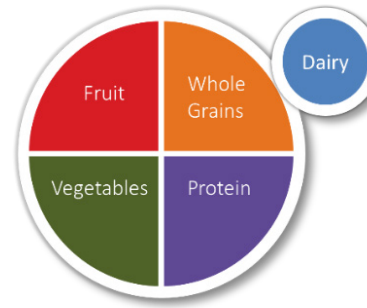


Perinatal Food Group Recall Tool for Pregnant and New Parents

Estimate the daily food intake with the client using the MyPlate for Pregnant and New Parents. The MyPlate icon  used in this recall method refers to the proportion of a food group in a meal based on a 10-inch plate. Shaded areas with an asterisk (*) indicate higher nutritional risk or concern. Document the client goal code(s) on page 4 under Perinatal Food Group Recall Summary. For further instructions, visit cdph.ca.gov/MyPlate.



Client info here

Whole Grains - How many meals and snacks are a quarter or more whole grains?

Preferred whole grains: _____



Frequency	1 st Tri	2 nd Tri	3 rd Tri	Post
2 or less*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Client chooses to (choose all the apply):
- WG1. Eat whole grains three times per day.
 - WG2. Eat mostly whole grains like brown rice. Limit bread, noodles and rice that are white.
 - WG3. Choose cereals with little or no added sugar, such as those approved by WIC.
 - WG4. Choose fortified grains high in iron. See WIC’s [“Iron for Strong Blood”](#).

Protein - How many meals and snacks are a quarter or more protein foods?

Preferred protein foods: _____



Frequency	1 st Tri	2 nd Tri	3 rd Tri	Post
2 or less*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Client chooses to (choose all the apply):
- P1. Eat protein foods three times per day.
 - P2. Remove poultry skin.
 - P3. Read labels and choose lean meats (15% fat or less).
 - P4. Eat low-mercury fish. See www.fda.gov/fishadvice.
 - P5. Limit processed meats like salami, hot dogs and bologna.
 - P6. Choose vegetarian proteins like nuts, seeds and beans.

Vegetables - How many meals and snacks are a quarter or more vegetables?

Preferred vegetables: _____



Frequency	1 st Tri	2 nd Tri	3 rd Tri	Post
2 or less*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Client chooses to (choose all the apply):
- V1. Eat five or more vegetables per day.
 - V2. Eat a variety of fresh, frozen, or canned vegetables.
 - V3. Flavor vegetables with herbs and spices.
 - V4. Choose vegetables for snacks.
 - V5. Eat dark green, red and orange vegetables often.
 - V6. Choose 100% vegetable juice.

Fruit - How many meals and snacks are a quarter or more fruits?

Preferred fruits: _____

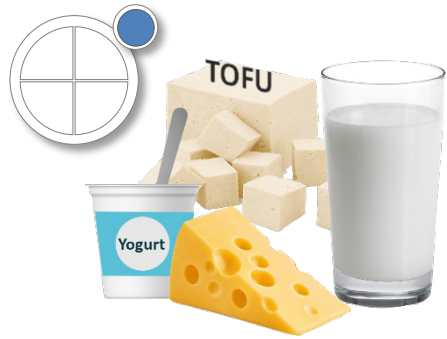


Frequency	1 st Tri	2 nd Tri	3 rd Tri	Post
2 or less*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Client chooses to (choose all the apply):
- F1. Limit dried fruit to ¼ cup per day.
 - F2. Focus on whole fruits. Eat a variety of fresh, frozen, or canned fruits packed in their own juice or water.
 - F3. Choose fruits for snacks.
 - F4. Limit 100% fruit juice to ½ cup each day.

Dairy - How often do you add dairy or fortified soy products to your meals or snacks?

Preferred dairy and calcium-rich foods: _____



Frequency	1 st Tri	2 nd Tri	3 rd Tri	Post
Twice a day (three times for teens) or less *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 or more (for teens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Client chooses to:**
- D1. Drink or eat dairy or calcium-rich foods 3 times per day (4 for teens).
 - D2. Choose pasteurized fat-free milk and cheeses.
 - D3. Eat plain yogurt. For sweetness, add fruit.
 - D4. Choose fortified soy products, like tofu. Choose other calcium-rich foods. See WIC’s [“Nutrient Card – Calcium”](#).
 - D5. Choose non-dairy milks with added calcium, vitamin D and protein.

How many meals or snacks include foods not on MyPlate, such as sugary drinks, candy, fries, baked sweets, chips, ice cream or sour cream?

Preferred healthy snack foods: _____

Preferred healthy beverages: _____

Preferred healthy plant oils: _____



Frequency	1 st Tri	2 nd Tri	3 rd Tri	Post
2 or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 or more*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Client chooses to:**
- O1. Add a variety of plant oils like canola, safflower and olive oil for cooking and in dressings.
 - O2. Bake, boil, steam or microwave instead of frying.
 - O3. Choose water or fat-free milk for your beverage.
 - O4. Choose foods low in solid fat, sugar and salt.
 - O5. Limit caffeine drinks like coffee, tea and energy drinks.
 - O6. Eat foods from the five food groups for meals or snacks.

Perinatal Food Group Recall Tool Summary for Pregnant and New Parents

Please document as “inadequate diet” in the client’s Individual Care Plan and Care Plan Summary if there are risks (shaded responses) in two or more food groups and include the client’s goals.

Pregnancy Stage	Notes	Client Goals (use codes)	Signature	Date
Example	<i>Client will use WIC benefits to buy fortified soy products, peanut butter and fresh fruits</i>	<i>D5, P6, F3</i>	<i>John Smith</i>	<i>2/2/23</i>
1st Tri				
2nd Tri				
3rd Tri				
Post				

Please document the client’s goals to their Individual Care Plan if there are risks in two or more food groups.