

tex

National
Breastfeeding
Month

Breastfeeding
and
Work –
Let's Make
it Work

Exciting News in the World of WIC and Breastfeeding

Women all over Texas are working hard not only to care for their children but also nurture their careers. As you may find often in your clinics, this can be a huge barrier when it comes to breastfeeding. This year for National Breastfeeding Month, the theme is *Breastfeeding and Work – Let’s Make it Work*. We hope throughout this issue you will find helpful resources and solutions to help mothers who want to make it work, succeed.

On page 6, we couldn’t be more excited to share with you how much the Mother-Friendly Worksite Program has grown and greatly increased the awareness and interest among Texas employers. I’m so proud to know that all of our local agencies are Mother-Friendly Worksite role models and are acting as ambassadors for this program — encouraging and assisting local businesses to become Mother-Friendly Worksite designated. We highlight some of the agencies who are going above and beyond to make working and breastfeeding possible for all Texans.

One of the most important resources for women is support from a partner or other family member. In many homes — whether they are fathers, brothers, grandfathers, uncles, or caregivers — men can play a major role in how a child is raised, and this includes how they are fed. On page 10, read about how we can make sure men know, and feel, that they are important, included, and educated so that they can support women, not only in caring for their children, but also helping them reach their breastfeeding goals.

There is exciting news in the world of WIC and breastfeeding, be sure to check out the latest

information about the WIC Lactation Resource and Training Centers (page 11), the Texas Ten Step Star Achiever Initiative (page 9), and “New Policies Supporting and Protecting Breastfeeding” (page 12) — these are all great gains for Texas.

As you celebrate National Breastfeeding Month, I hope you recognize that the work you do reaches more than the clients you see; it extends past your clinic walls, and spills out into your community eventually touching every part of the state. By increasing awareness, sharing knowledge, and pushing for improvements, you are the reason there are better work environments, better policies, and better support for the health of women, infants, and children.

From the Texas WIC Director

- Lindsay Rodgers, M.A., R.D., L.D.





- 2** Exciting News in the World of WIC and Breastfeeding
- 4** National Breastfeeding Month – Breastfeeding and Work – Let’s Make it Work!
- 6** Mother-Friendly Worksite Program – Agency Spotlight
- 9** Texas Ten Step Star Achiever – Impacting Health Outcomes for Mothers and Babies, Region by Region
- 10** How Can Dad Help Mom with Breastfeeding?
- Pull-Out Section** ▶ **WIC Wellness Works**
- 11** What's New at the WIC Lactation Resource and Training Centers?
- 12** New Policies That Support and Protect Breastfeeding
- 14** What You Should Know about Babies and Teething Gels
- 16** Immunizations: A Primer
- 18** Test Your Nutrition IQ

NOTICE TO SUBSCRIBERS:

Texas WIC News is available online at <http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>. If you are a current subscriber who would prefer to receive the Texas WIC News online, send your email address to WICNewsSubscriptions@dshs.state.tx.us and we will notify you by email as soon as an issue becomes available online.

Texas WIC News (USPS 016-975) is published bimonthly by the Department of State Health Services, P.O. Box 149347, Austin, Texas 78714-9347 <http://www.dshs.state.tx.us/wichd/default.shtm>. Subscriptions are free. Periodicals postage paid at Austin, Texas.

POSTMASTER: Send address changes to WICNewsSubscriptions@dshs.state.tx.us or WIC News Subscriptions, Texas WIC News, Texas Department of State Health Services, P.O. Box 149347, Austin, TX 78714-9347.

Lindsay Rodgers
Texas WIC Director

Amanda Hovis
Director, Nutrition Education / Clinic Services Unit

Rachel Edwards
Manager, Clinic Services Branch

Shirley Ellis
Manager, Nutrition Education Branch

Yolanda BazDresch
Manager, Publishing, Promotion, and Media Services

Mandy Seay
Publication Coordinator

Clare Wolf
Managing Editor / Designer

Chris Coxwell
Photographer

Jeremy Boehm, Betty Castle,
Joseph M. de Leon, Lorise Grimbball,
Renee Mims, Karina Prado, Kelley Reed,
Irma Rendon
Contributing Editors & Designers

Health and Human Services
Printing Services
Printing

Amy Wolf
WIC Publications Coordinator

Leticia Silva
Subscriptions

TEXAS WIC NEWS SUBMISSION GUIDELINES:

If you have a story idea you would like to submit for consideration in the Texas WIC News please send an email to Mandy.Seay@dshs.state.tx.us.

If you would like to write an article, please request subject approval and our writer's guidelines prior to writing the article. Keep in mind that each Texas WIC News issue is planned five months in advance. Articles submitted will be considered, but not guaranteed for publication.



Comments may be sent to the managing editor at Publishing, Promotion, and Media Services, P.O. Box 149347, Austin, TX 78714-9347, or by email to WICNewsEditor@dshs.state.tx.us.

In accordance with federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send completed form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, by fax (202) 690-7442 or e-mail at intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

National Breastfeeding Month —

Breastfeeding and Work — Let's Make it Work!

by Faith Njoroge, M.S.
Breastfeeding Promotion Consultant



Mothers are the fastest growing segment of the U.S. labor force. Approximately 60 percent of employed mothers with children

younger than three years work full time. One third of these mothers return to work within three months after birth, and two-thirds return to work within six months. This August, Texas WIC will be celebrating National Breastfeeding Month with the theme *Breastfeeding and Work — Let's Make it Work!* This year's theme focuses on recognizing and promoting lactation support at the work place.

According to the 2013 Texas WIC Infant Feeding Practices Survey, mothers planning to return to work or school after childbirth are less likely to initiate breastfeeding. In fact, it's the number one reason moms don't breastfeed. It's also the primary reason mothers start supplementing with formula. Mothers who work full time are more likely to breastfeed for a shorter time than those working part-time, or those who are unemployed. Breastfeeding barriers identified in the workplace that lead to shorter duration of breastfeeding include a lack of flexibility in the work schedule, lack of space to breastfeed or store breastmilk, concerns about support from employers

and co-workers, and real or perceived low milk supply. Working outside the home is also related to shorter breastfeeding duration than working from home. African American and Hispanic women who fall within the low-income segment are more likely to return to work earlier than those in the high-income segment. They are also more likely to be engaged in jobs that make it challenging for them to continue breastfeeding.

Given the large numbers of mothers in the work force, there is a strong need to establish lactation support in the workplace. Studies show that participation by employees in worksite lactation programs benefits both individual families and employers. Employers who support breastfeeding at their worksites report better public image, overall reduced health-care costs, lower sick day rates, increased employee retention, improved employee self-confidence, and increased productivity.

Proposed Activities

There are many activities that can be held both within and outside of the WIC clinics. Advertise to and invite WIC participants, the community, and local business owners to participate and learn how to support breastfeeding employees.

Proposed Clinic Activity

Host a breastfeeding education health fair in the clinic with breastfeeding and returning to work, or school, as the theme. Set up learning stations that offer information and materials promoting the value and positive impacts of Mother-Friendly Worksites and the importance of continued breastfeeding. Suggested ideas for the stations include:

AUTHOR'S NOTE: African American Breastfeeding Week is celebrated nationally during the last week of August. This is a concept that was launched by nationally recognized African American breastfeeding advocates to celebrate African American mothers and babies; and promote and support breastfeeding among the African American communities. This year, Texas WIC will join the rest of the nation in celebrating the African American Breastfeeding Week from August 23-29.

The National Healthy People 2020 objectives for improving the health of all Americans, the Surgeon General's Call to Action to Support Breastfeeding, and the National Prevention Strategy call for an increase in the proportion of employers that have worksite lactation support programs.



- Federal and national laws on breastfeeding – partner with your Regional Department of Labor and have a representative on hand to provide the information to participants. Advertise the federal Fair Labor Standards Act that requires employers to provide reasonable break time for breastfeeding employees to express breastmilk for up to one year after the child’s birth and a private place other than a bathroom for expressing breastmilk.
- Benefits of Mother-Friendly Worksites to employers.
- How to talk to your employer.
- How to talk to your child care provider – understanding your rights.
- Tips for returning to work – making the most of your maternity leave.
- Keeping up your milk supply – provide information on pumping and storage, show the video Maximizing Milk Production with Hands on Pumping, and teach about the use of soothing sounds while pumping, such as a recording of their babies’ coos or the Sing to Me lullaby CD.
- Breastmilk storage guidelines.

Proposed Outreach Activity

The state agency has officially named all Texas WIC local agency staff as Mother-Friendly Worksite ambassadors. Staff can:

- Host a seminar inviting several employers – Invite a representative from a company that is already designated as a Mother-Friendly Worksite to provide information on how to go about getting designated, as well as the benefits of becoming designated.

- Set up meetings with human resources staff at companies that employ a large number of WIC moms in your communities.

Use the Mother-Friendly Worksite Outreach Partner Toolkit as a guide to help you prepare for the seminar and meetings. Toolkits were mailed to all local agencies in 2010 and the kit is available at <http://texasmotherfriendly.org/outreach-partner-toolkit>. The toolkit provides the resources you’ll need to serve as an outreach partner on behalf of your organization. In the toolkit, you will find:

- An outreach guide with suggestions for engaging organizations and employers.
- A customizable PowerPoint presentation.
- Initial contact letter and follow-up letter templates.
- Customizable internal and external newsletter articles.
- A guest column for community newspapers.
- Talking points.
- Q & A for community presentations.
- A letter-of-support template for community leaders.
- A need for Mother-Friendly Worksites fact sheet.
- A business case for breastfeeding fact sheet.

Please visit the 2015 National Breastfeeding Month webpage at <http://www.dshs.state.tx.us/wichd/bf/bf1.shtm> for additional National Breastfeeding Month information and more details on suggested activities and materials.

The full report on findings from the 2013 Texas WIC Infant Feeding Practices Survey is available on the DSHS website at <http://www.dshs.state.tx.us/wichd/bf/surveysreports.aspx>.

Mother-Friendly Worksite Program — Agency

Julie Stagg, M.S.N., R.N., I.B.C.L.C., R.L.C.
State Breastfeeding Coordinator
Office of Title V and Family Health

While the vast majority of Texas mothers choose to breastfeed, fewer than 20 percent will breastfeed according to medical recommendations and fewer than half will meet their own breastfeeding goals. Mothers report many barriers to breastfeeding, but the biggest barrier to breastfeeding for working moms is the work environment itself, with the need to return to work listed as the leading reason (56 percent) for early weaning among working mothers who ever breastfed and the leading reason (62 percent) for not breastfeeding to begin with among working mothers who never breastfed. Significantly, 58 percent of working moms who started breastfeeding but stopped reported that they did not breastfeed for as long as they wanted to. With the majority (62 percent) of mothers participating in the U.S. labor force within the first year after giving birth, it's clear that supportive worksite environments are critical for breastfeeding mothers.

In 1995, the Texas Legislature recognized “a mother’s responsibility to both her job and her child” and charged the Texas Department of State Health Services (DSHS) with the development and maintenance of the Texas Mother-Friendly Worksite Program (MFWP). The MFWP recognizes worksites as “mother friendly” when they have voluntarily established and submitted to DSHS a worksite breastfeeding support policy in line with the program’s minimum criteria. The administrative rules that govern the MFWP were revised in December 2011 to add additional recognition (Silver and Gold Level recognition) for employers who provide certain supports over and above the minimum requirements for Mother-Friendly designation.

The MFWP was recently boosted through the Texas Mother-Friendly Worksite Policy Initiative (MFWPI), a two and one-half year project funded by the Centers for Disease Control and Prevention (CDC) through a competitive grant. The initiative facilitated development and implementation of worksite policies that support



breastfeeding statewide by providing training, technical assistance, educational materials, and additional best-practice resources for the development of Texas Mother-Friendly Worksites in state agencies, public hospital districts, local public health departments, and WIC worksites. The MFWPI has greatly increased awareness and interest in worksite lactation support programs among Texas employers. As a result, the number of Mother-Friendly Worksites increased by 630 percent (from 233 designated worksites in 2010 to over 1,700 in 2014).

Phase 1 of the MFWPI included a social marketing campaign to spread breastfeeding support strategies to a broad variety of employment sectors, development of a comprehensive employer toolkit, an outreach partner toolkit, and additions to the “Working Moms” section of Breastmilkcounts.com, among many other program enhancements. The initiative was recently recognized as a [Practice-Tested Initiative](#) for obesity prevention by the CDC-funded Center for Training and Research Translation.

Launched in 2015, Phase 2 of the MFWPI includes a media campaign, intensive, targeted outreach and public relations to key employment sectors, and the addition of the Texas Mother-Friendly Worksite Technical Assistance Program (MFW-TAP). DSHS is partnering with the University of Texas School of Public Health to administer the MFW-TAP to provide training and technical assistance opportunities to employers who are interested in developing Mother-Friendly Worksites as well as increased administrative support to expedite the application review process for Mother-Friendly designation.



All Texas WIC state and local agencies must now maintain designation as Texas Mother-Friendly Worksites so that all WIC sites across the state truly “walk the walk” by modeling best practices in worksite lactation support to their staff, clients, and communities. As breastfeeding promoters, WIC agencies are well positioned to provide more than just the basic supports required for designation to their staff and their families, including breastfeeding education, lactation services, or referrals to community resources. Many WIC local agencies have achieved Silver or Gold level designation by offering additional benefits to their employees. Some highlights of how Texas WIC local agencies are leading the way for worksite lactation support include:

Outreach Health Services, [Northeast Texas Public Health District](#), South Plains Community Action Association and Christus Health System WIC Programs are each answering the [U.S. Surgeon General’s Call to Action to Support Breastfeeding](#) by expanding “the use of programs in the workplace that allow lactating mothers to have direct access to their babies.” These agencies each allow their employees to directly breastfeed their infants during the work day through Infant-at-Work Programs. These programs lead to significantly improved breastfeeding outcomes for employees while also modeling the ultimate breastfeeding-friendly work environment to clients.

Tarrant County Public Health implements a comprehensive mother-friendly program for all of its employees (WIC and non-WIC), and expands its program benefits to all of its employees. For example, Tarrant County Public Health

maintains a stock of multi-user breast pumps specifically for their employees to borrow for themselves or a family member who needs the equipment in order to combine working and breastfeeding. With the tag line “Breastfeeding Works: What’s good for babies is good for business,” the campaign uses signage, banners, desk tents, bathroom stickers, and other communications to promote the program throughout Tarrant County Public Health worksites.

Like Tarrant County WIC, many WIC local agencies have achieved Mother-Friendly Worksite designation for both their WIC sites and their parent organizations. [City of Austin Health and Human Services Department](#), Hidalgo County Health and Human Services, and San Antonio Metropolitan Health District have accomplished huge achievements in spreading Mother-Friendly by working with the cities of San Antonio, Austin, and Edinburg to establish municipality-wide Mother-Friendly policies, providing assurance of lactation support for all city employees. Several other cities and counties are now considering designation, and it is a CDC obesity-prevention recommendation for local governments to adopt such policies. City of Austin Health and Human Services, Galveston and Williamson County Health Departments, and El Paso WIC, among others, have each engaged in extensive outreach to employers in their communities to encourage the Mother-Friendly Worksite designation. City of Austin has even institutionalized their promotion of worksite lactation support by incorporating promotion of Mother-Friendly Worksite policies to local employers into their City Health Improvement Plan.

(continued on next page)

Mother-Friendly Worksite

(continued from previous page)

These are just some of the many ways that WIC is making a difference for working, breastfeeding mothers by reducing worksite barriers to breastfeeding. We know that there are many other stories to be told and we want to hear

from you. Please share what your local agency is doing to support working, breastfeeding mothers and promote Mother-Friendly designation in your community by sending an email to info@TexasMotherFriendly.org. Selected stories will be featured on the Texas Mother-Friendly Worksite Program's website at www.texasmotherfriendly.org

Procedures for a worksite to qualify

Texas Administrative Code Register of Mother-Friendly Businesses outlines the procedures for a worksite to qualify for, apply for, and maintain the Texas Mother-Friendly Worksite designation. A Mother-Friendly business is defined as "a worksite that actively promotes and supports breastfeeding by its employees and that maintains a written worksite lactation support policy that is regularly communicated to employees."

Minimum Standards for Texas Mother-Friendly Worksite Designation

To be designated Mother-Friendly, a worksite must maintain a written policy that:

1. Adheres to the definition of a Mother-Friendly business.
2. Provides work schedule and work pattern flexibility to, at a minimum, accommodate a reasonable break time for an employee to express breastmilk for her nursing child or to breastfeed each time such employee has need to express the milk or breastfeed for one year or longer after the child's birth.
3. Provides employees a private, accessible area, other than a bathroom, that is shielded from view and free from intrusion from co-

workers and the public, for either expressing breastmilk or breastfeeding each time such employee has need to express breastmilk or breastfeed.

The space must be sanitary and functional for the use of an employee to express breastmilk.

At a minimum, the space must:

- Have a comfortable place to sit.
- Have a flat surface, other than a floor, on which to place the pump.
- Have a door equipped with a functional lock or, if this is not possible, the room will have a sign advising that the room or location is in use and not accessible to other employees or the public.
- Be well lit.
- Ensure privacy by covering any windows with a curtain, blind, or other privacy covering.

Where reasonably feasible, the space should:

- Be in close proximity to the employee's work station.
- Include access to an electrical outlet.

4. Provides nearby access to a clean,

safe water source and a sink.

5. Provides access to a hygienic place to store expressed breastmilk.

Silver and gold standards

DSHS may recognize Mother-Friendly Worksites that implement additional best-practice policies and program activities to promote and support breastfeeding by their employees that exceed the minimum standards for the Mother-Friendly Worksite designation. Standards for silver and gold-level ensure that:

- Minimum standards are met and communicated.
- Dedicated lactation facilities are provided.
- Additional flexible scheduling options and/or options for keeping the baby close during the workday are provided.
- Educational and/or support resources are provided.

Specific information about Texas Mother-Friendly Worksite basic, Silver, and Gold level designation criteria are available in the Texas Administrative Code at the following link: <http://tinyurl.com/kvgjyup>. Frequently asked questions about the program are available here: <http://texasmotherfriendly.org/program/faqs>.

Website References:

- Practice-Tested Initiative: <http://www.centertrt.org/?p=intervention&id=1182>
- Northeast Texas Public Health District: <http://www.healthyeasttx.org/Services/WIC/MotherFriendlyWorksite.aspx>
- U.S. Surgeon General's Call to Action to Support Breastfeeding: <http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>
- City of Austin Health and Human Services Department: <http://www.healthypaceshealthypeople.org/workplaces/>

Impacting Health Outcomes For Mothers And Babies, Region By Region

by Veronica Hendrix, L.V.N., I.B.C.L.C., R.L.C.
Texas Ten Step Program Coordinator

“Mothers are acutely aware of and devoted to their responsibilities when it comes to feeding their children, but the responsibilities of others must be identified so that all mothers can obtain the information, help, and support they deserve when they breastfeed their infants.” — DR. REGINA BENJAMIN, SURGEON GENERAL’S CALL TO ACTION TO SUPPORT BREASTFEEDING, 2011.

Taking direction from, and answering the Surgeon General’s Call to Action to Support Breastfeeding, the *Texas Ten Step Star Achiever Initiative*, launched in the fall of 2012, brings multiple hospital improvement teams together with breastfeeding and quality improvement experts to work toward adopting the *Ten Steps to Successful Breastfeeding* in a collaborative, “everyone teaches, everyone learns,” environment. It also connects hospitals with community partners and resources to promote continued exclusive breastfeeding, thereby creating environments in which family’s choices concerning breastfeeding are best supported. With direct project work in Cohort A (health service regions 1-3) and Cohort B (health service regions 4-7) teams wrapping up, Star Achiever moves forward to its final region of Texas, Cohort C (health service regions 8-11) and will be working with up to 40 hospital teams from the area.

One of the greatest benefits to this project is that WIC is recognized as an important partner in healthcare, with WIC representatives serving on each hospital improvement team. Bringing the community and the healthcare system together allows for everyone involved to see a more complete picture of the clients’ lives we mutually serve. Messages can then be aligned across settings allowing mothers to receive a high-quality continuum of care. Thousands of mothers and babies across this great state will benefit from these partners working together to identify gaps in care and finding creative solutions to those gaps.



UTMB-Galveston Star Achiever hospital improvement team from left to right: Deborah Mordecai; Karen Shattuck, MD; Monica Huff, MD; Renee Kearby; Tina Carter; Kristy Addison, WIC (holding team mother representative, Lilia Rodriguez’s baby, Selah).

Tina Carter, a nurse on the UTMB-Galveston team had this to say, “I have a large population of women who deliver premature infants, and as a result they will need a hospital grade pump to continue pumping once discharged from the hospital. Although we encourage parents to call their local WIC office and arrange for a family member to pick up the pump, this doesn’t always happen. At one of our Cohort B meetings I asked Kristy (Addison) if she would allow me to provide her with the patient’s WIC ID number in order to provide a pump for use after discharge. Kristy agreed and the next time this situation came up she brought the WIC pump to Galveston after work and met me in our front circle to give me the loaner agreement and pump. We have done the ‘passing of the pump’ about six times now. In the world of premature babies, that is six more babies getting mother’s own milk!”

To date, annual data collected from both Cohort A and B teams shows an:

- 82 percent increase of mothers receiving prenatal education.
- 42 percent increase in skin-to-skin care after vaginal birth.
- 54 percent increase in skin-to-skin care after Cesarean birth.
- 11 percent increase in rooming-in.
- 10 percent increase in exclusive breastfeeding.

Congratulations to these teams for all their hard work. Stay tuned for more exciting updates!

How Can Dad Help Mom With Breastfeeding?

by Kristina Arrieta, I.B.C.L.C.
Peer Counselor Coordinator

Texas WIC breastfeeding initiation rates are over 84 percent; however, results from the latest Texas WIC Infant Feeding Practice Surveys show that 54 percent of Texas WIC moms do not reach their personal breastfeeding goals. Many moms report lack of family support as one reason they discontinue breastfeeding prematurely. Educating dads, or support persons, can help mom succeed.

Do dads really want to be a part of the appointment?

In 2014, Texas WIC conducted a state-wide research including focus groups with new fathers whose infants were enrolled in WIC. Many fathers reported they brought their partner to the WIC clinic but sat outside or waited in the waiting room. A few of the fathers said that WIC was “just for women.”

These fathers reported they read handouts brought home by the mother. Nine of the fourteen participants in one group remembered the breastfeeding bag that was given to mom. When asked, the majority of the participants identified a need to be better educated about breastfeeding. Many fathers were supportive of breastfeeding, but said that they lacked critical knowledge of how to help their partners overcome breastfeeding challenges. This is a service that WIC can, and should, provide to all fathers or support persons to help breastfeeding moms succeed.

How do we get dad in the clinic?

When mom asks what and who to bring, her partner or a support person should be on the list. Many families have never considered that fathers would benefit from going to a WIC appointment. Not all dads will be able to attend, but they should be offered an invitation. If a dad cannot make the appointment time, send home information for the dad and let the mom know that we would love for him to come to the next appointment.

How can we make dads feel welcome?

When a dad is in the clinic, invite him to attend the group class or appointment. A dad may feel uncomfortable at first and you may need to encourage him to participate in classes and counseling sessions. Let dads know that they are part of the breastfeeding team by helping them set goals for their role in the breastfeeding experience. Ask them if they have questions and get them involved in conversations.



Make your office “Family Friendly.” Hang posters that include pictures of dads with their infants and children. You can also create bulletin boards that use pictures of your successful breastfeeding families. Offer WIC brochures that are designed for fathers so that they can take home information. This will help fathers understand how important their role is in breastfeeding and parenting. The Texas Attorney General’s Maps for New Dads brochure is another great take home for new fathers.

Encourage dad to join our healthy family!

In a 2011 research study, one first-time dad reported, “I think it was good that someone explained things to me, because otherwise I would have been in the dark, especially being a first-time dad. I needed a helping hand or I would have made a lot of mistakes.”

Fathers play an important role in mom’s infant feeding decisions and breastfeeding success. In order to provide the support and encouragement to promote breastfeeding, fathers need education, support, and knowledge about what their role is in the breastfeeding family. WIC has a unique opportunity to provide this. When we welcome dad to WIC, we introduce an entire family to breastfeeding.



A Colorful Tour of Overlooked Veggies

CONTRIBUTED BY KAREN REIMANN, UNIVERSITY OF TEXAS AT AUSTIN DIETETIC INTERN

“*Eat your vegetables!*” — undoubtedly good nutrition advice. We know that veggies give us important nutrients we need to stay healthy, but it can be hard to get a variety and keep things interesting. Come along for a tour of a few veggies that are sometimes overlooked at the store. Spaghetti squash, root vegetables, and eggplant can be delicious when we know what to do with them. These veggies give us a variety of colors, making them packed with the nutrition we need to stay healthy and feel good.

Spaghetti Squash: The first stop is a familiar family: Squash. Many of us know zucchini, yellow, Calabaza, and butternut squashes. Spaghetti squash is another type of squash that is becoming popular. It is easy to prepare and can replace spaghetti or be served on its own. In fact, if you are looking to cut calories or add more veggies to your diet, a serving of spaghetti squash might be just the thing. Per cup, this veggie has less than one-fifth the calories of spaghetti (31 calories compared to 221 calories).

How to choose a spaghetti squash: Look for dark yellow, firm squash that feels heavy for its size.



Steps to preparing spaghetti squash:

1. Cut the squash in half the long way.
2. Scoop out the seeds with a spoon.
3. Coat each inside with olive oil.
4. Bake the squash with the skin side up at 350°F for 45 minutes (or until skin is soft when pressed).
5. Scrape the squash out of the skin with a fork (add seasoning as desired) and serve as one of the suggestions below.
6. Microwaving leftovers works well.

Serving suggestions:

- Serve as a main dish with spaghetti sauce or pesto, or mix with spaghetti noodles to add a serving of veggies and a new texture to an old favorite.
- Add it to vegetable soup for a change in texture.
- Chill and toss in with a salad.

Root Vegetables: While carrots rank in the top 10 of fresh vegetable sales, many other root vegetables are overlooked. Beets, jicama, and turnips are all root vegetables that are colorful and full of nutrients. The best part is root vegetables can be eaten raw or cooked with very little preparation.



(continued on WWW — Insert B)

Overlooked Veggies

(continued from page WWW — Insert A)

How to choose root vegetables: Look for firm roots with all root vegetables. The skins should not be wrinkled. The leaves do not need to be attached.

Serving suggestions:

- Use as a substitute for carrots in any dish. (You may want to watch out for beets; they will turn everything pink! Although, your kids may think this is fun.)
- Roasted:
 - ▷ Wash and peel.
 - ▷ Slice or cut into cubes.
 - ▷ Toss in small amount of oil and season to taste.
 - ▷ Roast in oven at 375°F for about 30 minutes or until tender. Smaller sizes will require less time.
 - ▷ Serve with any meal as a healthy vegetable.
- Grate or cut into toothpick-sized sticks to add crunch and color to any salad or slaw.

Eggplant: Another veggie in our colorful tour is eggplant which is also known as aubergine. Eggplant comes in many shapes and sizes and mostly has a purple skin. They are a good source of fiber.

How to choose an eggplant at the store: look for firm eggplants with glossy skin that are not bruised or wrinkled. The visible leaves should be green, not brown.



Preparation Tip: Eggplant can sometimes taste bitter. To help get rid of this flavor:

1. Cut eggplant into slices.
2. Sprinkle salt on the cut area and lay flat.
3. Allow to stand for at least 30 minutes (beads of water will form on the outside).
4. Rinse off excess salt and pat dry before cooking.

Serving suggestions:

- Make a dip following these steps:
 - ▷ Roast eggplant halves.
 - ▷ Scoop inside out of the leathery skin.
 - ▷ Blend with other roasted vegetables and your favorite spices.
- Create eggplant lasagna. Like spaghetti squash, eggplant can be used as a pasta replacement if cut thinly into sheets.
- Stew together with zucchini, squash, tomatoes, onions, garlic, and bell peppers to make ratatouille.

Getting a variety of colors while eating our veggies can be easy. Sometimes we just need a few tips to get us building more interesting and colorful plates.

recipe

Cauliflower Pizza Crust

CONTRIBUTED BY SOUTH PLAINS COMMUNITY ACTION ASSOCIATION (LA 27)
Makes 3-4 servings

Ingredients

4 cups raw cauliflower (one medium head)
1 egg, beaten
½ cup grated mozzarella cheese
⅛ cup parmesan cheese
1 teaspoon oregano
1 teaspoon basil
Pinch of salt



Preparation

Preheat oven to 400°. Pulse batches of raw cauliflower in a blender, until rice-like texture. Microwave the blended cauliflower for 6 to 8 minutes. Stir frequently to release steam. Put cooked cauliflower in clean dish towel and squeeze out all excess moisture (important!). In a large bowl, mix together the egg, cheeses, and spices. Press the mixture out onto a baking sheet lined with parchment paper. The parchment paper is very important to prevent it from sticking to the baking sheet. Bake for 35-40 minutes. Crust should be firm and golden. Add sauce and your favorite toppings (recipe below). Return to oven for 5 more minutes. Slice and Serve.

recipe

Summer Veggie Pizza

Ingredients

1 cauliflower pizza crust (above)
1 tablespoon olive oil
2 garlic cloves, crushed
1 cup sliced sweet yellow onion
1 red bell pepper, cut into thin strips
8 ounces asparagus, trimmed and cut into 1-inch pieces
2 ears corn
1 jar favorite pizza sauce
¾ cup (3 ounces) shredded part-skim mozzarella cheese
¼ teaspoon kosher salt
¼ teaspoon crushed red pepper

Preparation

Preheat small skillet over medium heat. Add olive oil and garlic to pan; cook 2 minutes but do not brown. Add onion and bell pepper; sauté 5 minutes. Place onion mixture in a bowl, and add asparagus. Cut corn from cob; add corn to vegetable mixture.

Spread pizza sauce onto pre-baked cauliflower crust. Top with vegetable mixture. Sprinkle cheese, salt, and pepper over top. Bake at 400° for 5 to 10 minutes or until golden. Cut into 8 slices.

Nutrition Information Per Serving (third of pizza):

380 calories, 15g total fat, 6g saturated fat,
99mg cholesterol, 528mg sodium, 46g carbohydrate (11g dietary fiber, 11g sugar), 23g protein

WIC Wellness Works: Success Story from the City of Del Rio WIC Program

CONTRIBUTED BY KELLY SOBIESKI, LA 44, CLINIC SUPERVISOR/CA

Last year our clinic decided to conduct a wellness effort to increase healthy eating and physical activity (at home and at work). Our goal was to show that a concerted effort on wellness would improve employee performance, time management, and emotional well-being.

For six weeks, participating employees kept an activity log with the type and amount of activities they were doing. To improve success, each employee was asked to introduce a fun and achievable activity such as hula hooping, Zumba, line dancing, or just walking along the creek.

In addition, we incorporated exercises such as lunges, squats, desk push-ups, and other body

weight exercises that could be conducted in between clients.

For our healthy eating goal, our nutritionist, Jeanneth Mandujano, took everyone on a tour of a local grocery store; where she explained how to make healthier choices by shopping the perimeter of the store.

At the end of the six week wellness program, we had three employees recognized for their increased activity and willingness to adapt to a healthier lifestyle. Elva O. Reyna, Greselda Natividad, and Connie Pena were awarded for their combined effort of exercise totaling a whopping 10,000 minutes.

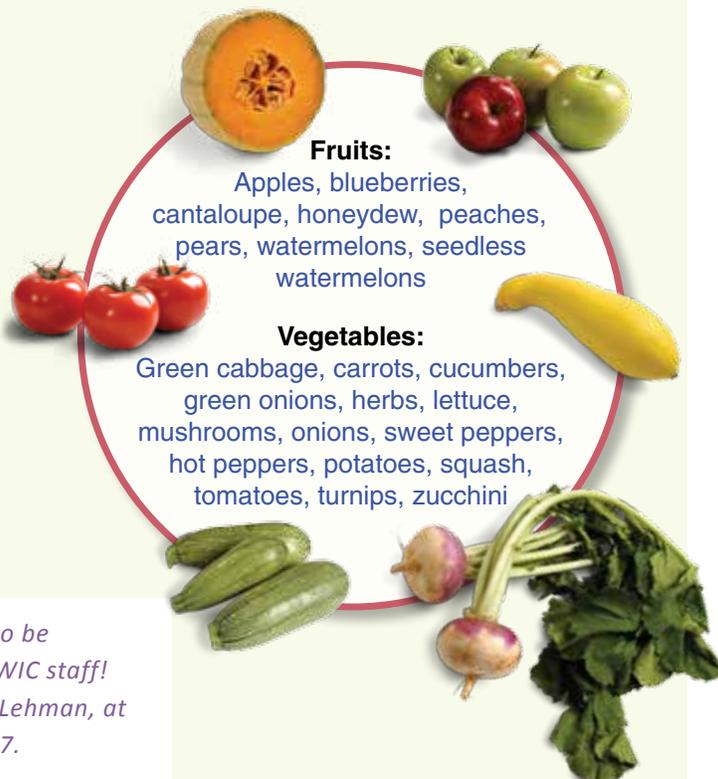
Wellness Tips

1. Healthy eating — Setting a time every weekend to sit down with your family to plan your meals can greatly decrease the amount of fast food you consume.
2. Physical activity — Stay consistent with your workout schedule, it takes more energy to get going than it does to stay going.
3. Stress management — Try picking up a new book, immerse yourself in an exciting story.

Can your agency come up with at least three wellness tips — at least one each related to healthy eating, physical activity, and stress management?

*Share your wellness success stories for a chance to be spotlighted in Texas WIC News and inspire other WIC staff!
Contact your State Wellness Coordinator, Debbie Lehman, at Debbie.Lehman@dshs.state.tx.us or 512-341-4517.*

Texas Seasonal Produce



What's New at the WIC Lactation Resource and Training Centers?

by Linda Zeccola, R.N., I.B.C.L.C.
Breastfeeding Training Specialist

Texas WIC is proud to have four Lactation Resource and Training Centers ready to help moms with breastfeeding. The manager of each center is a registered nurse (RN) and International Board Certified Lactation Consultant (IBCLC) experienced and skilled in assessing situations that may be complicated, or fall outside the normal scope of practice of the local WIC clinic. When mothers are struggling with issues like a baby who won't latch, low milk production, painful breastfeeding, or a slow gaining baby, early intervention results in better outcomes and enables more women to reach their personal breastfeeding goals.

The Lactation Foundation in Houston

For clinics without access to IBCLCs, tele-consults are available now through the Lactation Foundation in Houston. Tele-consults are conducted through GoToMeeting and are HIPAA compliant. Alisa Sanders, RN, IBCLC, manager of The Lactation Foundation, is happy to help your agency get started with tele-consults.

Lactation Care Center of Dallas

The Lactation Care Center (LCC) of Dallas is moving into a larger space, just next door to the WIC clinic. They see many mothers every month and now it will be easier to see and help even more. Dallas is excited to be hosting five to six medical students a week this year in addition to nursing students, medical residents, and dietitians. Manager Christine Wiseman, RN, IBCLC, continues to teach Baby-Friendly Hospital Initiative skills training classes in the Dallas area. Over 1200 hospital staff nurses have already attended this training. The LCC of Dallas also staffs the Texas Lactation Support Hotline (1-855-550-6667) which is now answered 24 hours a day/7 days a week, including holidays. Anyone in Texas can call for help, including WIC staff and other health-care providers.



Lactation Care center of Dallas staff photo (left to right): Sandra Ruiz, Raquel Rodriguez, Elizabeth Sanchez, Maria Rosales, Christine Wiseman, Ana Longoria, Elena Tovar, Adette Cole, Lizette Ruiz.

The Lactation Care Center Rio Grande Valley

Staff at The Lactation Care Center in Rio Grande Valley (RGV) are growing their services, with more mothers coming to the clinic for help. Two-

hour evening breastfeeding classes are offered every month in English and Spanish. Manager Burlene Carrizales, RN, IBCLC, is reaching out to area obstetricians and pediatricians as well as hospitals, to encourage referrals to the clinic. Extending the reach of the clinic can impact the numbers of women able to breastfeed exclusively for a longer duration.

Mom's Place Austin

IBCLCs and breastfeeding peer counselors at Mom's Place, in Austin, continue to help mothers and babies, and train health professionals in lactation management. Their goal for this year is to make it easier and quicker for moms with an infant in the special care nursery to get a multi-user pump. Mom's Place peer counselors will deliver the pump to the hospital. New mothers with a preterm infant are tired and stressed and find it difficult to go to the clinic to get a pump. This innovative idea will help so many families.

Lactation Care Center of Dallas:
214-670-9775 or 855-550-6667

The Lactation Foundation in Houston:
713-839-0527

The Lactation Care Center, RGV:
956-292-7711

Mom's Place, Austin:
512-972-6700 or 800-514-6667

New Policies that Support *and* Protect Breastfeeding



by Tracy Erickson, R.D., I.B.C.L.C., R.L.C.
WIC Breastfeeding Coordinator

More than eight out of ten Texas WIC moms breastfeed but only about half breastfeed for as long as they wanted to. New and upcoming state and federal policies are providing further protection to breastfeeding moms to help them achieve their personal breastfeeding goals.

Break Time for Nursing Mothers Law

Effective March 23, 2010, the Patient Protection and Affordable Care Act amended the Fair Labor Standards Act (FLSA) to require employers to provide nursing mothers with breaks and private space to express breastmilk for their babies. This law requires employers to provide reasonable break time for an employee to express breastmilk for her nursing child for one year after the child's birth each time such employee has a need to express breastmilk. The law does not require employers to provide payment for break time taken over and above regularly provided breaks. However, where employers already provide compensated breaks, an employee who uses this break to express breastmilk must be compensated in the same way that other employees are compensated for break time. Employers are also required to provide a place other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, which may be used by an employee to express breastmilk.

Employees who are classified as “non-exempt” are covered under this law. Non-exempt employees are typically hourly employees. The U.S. Department of Labor enforces the law. For more information see <http://www.dol.gov/whd/nursingmothers/> and <http://www.dol.gov/whd/regs/compliance/whdfs73.htm>

The Equal Employment Opportunity Commission (EEOC) Enforcement Guidance on Pregnancy Discrimination and Related Issues

New EEOC guidance protects breastfeeding mothers who are not covered by the FLSA Break Time for Nursing Mothers law. In July 2014, the EEOC clarified that lactation is a condition related to pregnancy. The Pregnancy Discrimination Act requires that pregnant employees be treated the same as non-pregnant employees who are similar in their ability or inability to work and prohibits discrimination of female employees based on pregnancy — whether past, present, or planned — as well as any medical conditions related to pregnancy and childbirth, such as lactation. It requires employers to provide similar rights and freedom to breastfeeding employees who need to address breastfeeding related needs, as they would other co-workers with other similarly limiting medical conditions. An excerpt from the guidance states:



To continue producing an adequate milk supply and to avoid painful complications associated with delays in expressing milk, a nursing mother will typically need to breastfeed or express breast milk using a pump two or three times over the duration of an eight-hour workday. An employee must have the same freedom to address such lactation-related needs that she and her co-workers would have to address other similarly limiting medical conditions. For example, if an employer allows employees to change their schedules or use sick leave for routine doctor appointments and to address non-incapacitating medical conditions, then it must allow female employees to change their schedules or use sick leave for lactation-related needs under similar circumstances.

For more information see http://www.eeoc.gov/laws/types/pregnancy_guidance.cfm

Minimum Standards for Child-Care Centers and the New Texas Rising Star Program

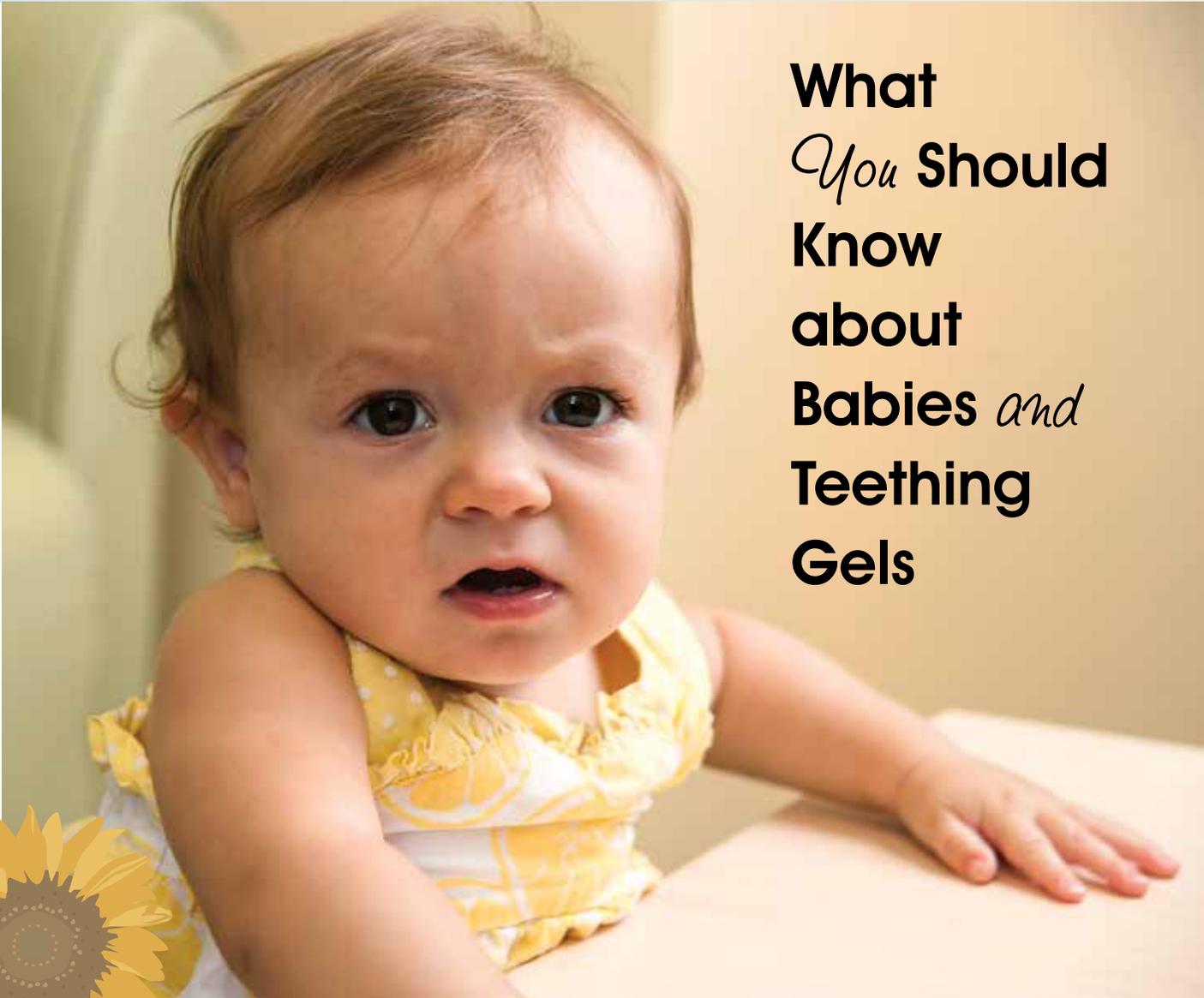
Texas Child Care Licensing Minimum Standards for Child-Care Centers issued by the Department of Family and Protective Services (DFPS) in June 2014 include minimum requirements for supporting breastfeeding. The standards require that a comfortable place for breastfeeding must be provided in Texas child-care centers. In addition, facility policies must inform all parents that they have the right to breastfeed or provide breastmilk for their child while in care.

The new Texas Rising Star program, administered by the Texas Workforce Commission, is a voluntary rating system that will recognize providers who choose to meet standards above the minimum DFPS licensing standards. The Texas Rising Star certification system offers three certification levels in center-based care (2-star, 3-star, and 4-star) and two levels in home-based care (provisional or full) to encourage providers to attain progressively higher certification requirements, leading to a 4-star certification. For more information see

- http://www.dfps.state.tx.us/Child_Care/Child_Care_Standards_and_Regulations/default.as
- <http://texasworkforce.org/svcs/childcare/texas-rising-star-provider-certification.htmlp>

Proposed Child and Adult Care Food Program (CACFP) Meal Patterns

Proposed CACFP meal patterns, released in January 2015, include a huge change in support of breastfeeding. Current regulations only reimburse for breastmilk if the provider feeds it to the baby. The proposed change would provide reimbursement even if a mom nurses in the child care facility. Another change would delay introduction of solids from 4 months to 6 months and prohibit juice for all infants. That's a Win-Win! For more information see <http://www.cacfp.org/regulations-legislation-advocacy/cacfp-proposed-meal-patterns/>



What *You* Should Know about Babies *and* Teething Gels



by Patricia Koym, M.S., R.D.N., L.D.
Formula Specialist

A baby starts teething between 3 to 6 months of age. Along with teething comes pain and fussiness. Signs of teething may be drooling, chewing on hard surfaces or their hands, or a fussy mood change. When this occurs, parents may ask for guidance. This article discusses the dangers of some teething products and offers a few safe solutions.

In 2006, and then again in 2011, the U.S. Food and Drug Administration (FDA) issued an alert that some topical teething gels containing

benzocaine or lidocaine are not safe for young children. Even though a few teething gels containing these ingredients may still be in drug or grocery stores for purchase without a prescription, our WIC participants should know how to identify which medications could be harmful.

What are some of the potential side effects of using benzocaine?

According to the FDA, teething gels containing benzocaine have been linked to a life-threatening condition, called methemoglobinemia.

Methemoglobinemia is a blood disorder that prevents red blood cells from carrying oxygen from the lungs to the rest of the body. A blood test is needed to confirm the condition. Reaction to benzocaine may occur immediately or hours after application even when a pea size amount of gel is used.

What are the warning signs and symptoms?

Below are the signs and symptoms that these products may cause:

- Pale, gray, or blue skin (cyanosis)
- Shortness of breath or very shallow breathing
- Light-headedness or dizziness in a walking toddler
- Rapid heart rate — more than normal because all babies have faster heartbeats than older children
- Fatigue or listlessness
- Confusion
- Seizures and coma in extreme cases

If any of these symptoms are seen in the WIC clinic, follow your local emergency procedures and get immediate medical attention by calling 911.

Currently, the FDA recommends that parents and caregivers do not use any benzocaine or

lidocaine containing teething gels. Some gels may even have warnings listed on the box “Do not use on children less than 2 years of age without consulting your physician.”

How Can WIC Help?

The American Academy of Pediatrics and American Academy of Pediatric Dentistry (AAPD) recommend:

- Allowing the child to chew on cooled but not frozen teething rings, wet washcloths, or even a chilled banana.
- Gently rubbing or massaging the child’s gums with a clean finger or a cold wet washcloth.
- Wiping the baby’s face often with a cloth to remove the drool and prevent rashes from developing.
- Contacting your doctor if the baby is running fever or needs pain medication; as this may not be caused by teething.
- Never tie a teething ring, amber teething necklace, or other object around a baby’s neck which can cause choking or strangulation.

After the teeth break through the skin, parents should be counseled on the dangers of tooth decay caused by drinking from a bottle or a cup while in bed or sleeping. Dental caries are the “most prevalent infectious disease” in young children according to the AAPD.

References

- Benzocaine and Babies: Not a Good Mix, <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm306062.htm>
- Benzocaine Teething Gels Associated With Life-Threatening Condition, Worst Pills, Best Pills News, Michael Carome, MD, Editor, October 2014, Vol 20, No 10.
- Guideline on Infant Oral Health Care, Clinical Guidelines, American Academy of Pediatric Dentistry, Revised Edition, 2014.

Immunizations: A Primer

by Liz Bruns, RD, LD
Nutrition Training Specialist



Kenda Deputy, RN, BSN
Nurse Consultant – Immunization Branch

August is National Immunization Awareness month, a good time for such awareness since children will be finishing their summer vacations and getting ready to start or return to school. Texas law requires that children meet minimum immunization requirements for entry into schools and childcare. WIC staff can help by screening children’s immunization records and making referrals when their shots are not current.

Background Information

Cases and Deaths from Polio, Pertussis, and Measles in the United States

Year	Polio		Pertussis		Measles	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
1952	57,879	3,145	45,030	402	683,077	618
1957	2,499	221	28,295	183	486,799	389
1964	106	17	13,005	93	458,083	421
1970	31	7	4,249	12	47,351	89
1980	9	2	1,730	11	13,506	11
1990	6	0	4,570	12	27,786	64
2000	0	0	7,867	12	86	1
2010	0	0	27,550	NA	63	NA



Vaccines are one of the greatest achievements in medicine and public health. Prior to the mid-1950s, millions of children and adults worldwide died of vaccine-preventable diseases. In less than a hundred years, and in a couple cases, in less than 50 years, some diseases that were truly virulent have been eradicated* or virtually eliminated*.

Polio

Polio is a good example of such a disease. Polio has been eradicated in the United States since 1979, but in 1952 there were almost 58,000 cases of polio and over 3,000 deaths. Polio is a crippling and potentially fatal disease with no cure. Your grandparents or great-grandparents probably remember when public swimming pools were closed due to polio outbreaks and paralyzed polio survivors lived in “iron lung” machines. Two vaccines were introduced in the mid-1950s, the Salk polio vaccine (IPV) and the Sabine oral polio vaccine (OPV). Within 30 years of the vaccine’s introduction, polio was virtually eliminated in the United States. As of 2014, the

only countries in the world with endemic (occurring in the community) cases of polio were Nigeria, Pakistan, and Afghanistan. Polio is now close to being eradicated worldwide.

Smallpox

The last natural cases of smallpox in the United States were in Texas in 1949. A small outbreak in Hidalgo county involving eight people was contained and eliminated. However outside of the United States, millions of people continued to contract smallpox each year, resulting in severe illness, blindness, scarring (pock scars), and death.

In 1967, the World Health Organization (WHO) initiated a campaign to eradicate smallpox. At the time, smallpox was endemic in 42 countries and there were 131,000 cases worldwide. Thirty percent of all cases resulted in death.

The campaign was successful and as a result, routine smallpox vaccination was halted in 1972. In 1980, the World Health Assembly de-

clared that small pox had been officially eradicated. Small pox is the first, and so far the only, human disease to be completely eradicated worldwide.

Pertussis and Cocooning

Pertussis, also known as whooping cough, was on its way to elimination when it began a fierce comeback starting in 2004. In 2012 there were almost 50,000 cases reported in the United States. That was the highest number of pertussis cases since 1955.

The concept of “cocooning” has been strongly promoted by immunization advocates, especially with pertussis. Cocooning is a way to protect infants by immunizing family members and care-givers thus forming an immunity cocoon around the infant when too young to receive the vaccine. Pertussis vaccine is usually given in combination with tetanus and diphtheria; DTaP is given to children younger than 6 years and Tdap is given to anyone older than 7 years of age, including adults. It is now recommended that pregnant women receive a Tdap booster during each pregnancy, preferably during the third trimester. Vaccinating pregnant women with the booster will provide some protection for the infant as well.

Measles, Herd Immunity and Vaccine Exemption

A measles outbreak started in 2015 at an amusement park in California, and it spread quickly. As of March 13, 2015, some 176 cases have been identified with multiple states involved, including Texas. Measles is very contagious. If you aren't immunized when exposed, there's a 90 percent chance that you may contract the disease. Studies indicate that more than 99 percent of those who receive two doses of measles vaccine administered after the first birthday, will develop immunity.

An outbreak similar to the one in California occurred at an amusement park two years earlier in Florida but only five people contracted measles. What was the difference? Public health officials agree that the answer is most likely herd immunity and vaccine exemption.

Herd immunity, also referred to as community immunity, occurs when a sufficient proportion of the population is immunized thereby preventing the spread of disease and protecting

the community as a whole. The concept implies that those who are healthy enough to be vaccinated get vaccinated. This will in turn protect those who are not vaccinated because they have a medical condition or are too young. Herd immunity is similar to cocooning but on a much larger scale.

Vaccine exemption occurs when a parent or guardian does not want to vaccinate their child for medical, religious, or philosophical reasons, also referred to as reasons of conscience. Ease of exemption is how easy or how difficult it is to obtain this exemption. In states where it is more difficult to obtain vaccine exemption, there will obviously be more vaccine compliance and more vaccinated children.

Vaccination Schedules

The Centers for Disease Control and Prevention (CDC) and Texas Immunization Branch both post updated vaccination schedules on an annual basis. Be sure to use the most current schedule for screening immunization records. You can access these schedules at:

Texas Immunization Branch: <http://www.dshs.state.tx.us/immunize/schedule/default.shtm>
CDC: <http://www.cdc.gov/vaccines/schedules/index.html>

Summary

As a result of immunization, some diseases have been eliminated or eradicated. When herd immunity is practiced the likelihood of disease reappearance and outbreaks are decreased. Screening participants' immunization records at certification and making appropriate referrals plays an important part in community immunity. Vaccines are effective in preventing diseases but only if they get to participants, or the community. And that's where you come in.

*Eradication – the complete and permanent worldwide reduction to zero new cases of a disease through deliberate efforts. If a disease has been eradicated, no further control measures are required.

*Elimination – the reduction to zero (or a very low defined target rate) of new cases in a defined geographical area. Elimination requires continued measures to prevent re-establishment of disease transmission.



Hello Everyone!

Eaton Wright, B.S., NUT
Nutrition Expert

August. What a wonderful month! It's a time when a young baby's thoughts turn to breastfeeding. The comfort. The closeness. The awesome nutrition.

Hello, Eaton Wright here. Time again to write about my favorite topic: the SUPER benefits of breastfeeding. This time the quiz is about the immunological benefits of breastfeeding.

Quiz:

1. Breastmilk gives babies extra protection against which of the following:
 - a. food allergies
 - b. stomach viruses
 - c. lower respiratory illnesses
 - d. ear infections
 - e. all of the above
2. True or False – A mom who smokes should not breastfeed her baby.
3. True or False – The microbial community in the tummies of an exclusively breastfed baby may protect them from irritable bowel syndrome and gastrointestinal problems later in life.
4. The health benefits of breastfeeding aren't just for baby. A mom who breastfeeds may be less likely to get which of the following:
 - a. type 2 diabetes
 - b. breast cancer
 - c. ovarian cancer
 - d. rheumatoid arthritis
 - e. all of the above



Answers:

1. The answer is E. It's no secret (ory IgA)* that breastfeeding helps protect against stomach viruses, diarrhea, and other infections. The American Academy of Pediatrics recommends breastfeeding exclusively for at least 6 months and then for at least 12 months in combination with the introduction of complimentary foods.
2. The answer is False. We all know the dangers of smoking tobacco and secondhand smoke – increased risk of sudden infant death syndrome (SIDS), as well as childhood asthma, bronchitis, pneumonia, and otitis media. But it is especially important for a mom who smokes to breastfeed her baby because breastmilk provides immunities that help her baby fight illness. It goes without saying, but I will anyway — *Never smoke around children (or anyone else, for that matter).*

If you smoke and want help quitting, call the Texas Quitline at: 1-877-YES-QUIT (937-7848) or log-on to <http://www.yesquit.org/> for valuable resources.

3. The answer is True. Hot off the presses, Researchers at the University of North Carolina School of Medicine found significant differences in the microbiomes of exclusively breastfed babies and babies fed formula. According to the lead author of the study, babies who are fed only breastmilk have microbial communities that seem more ready for the introduction of solid foods, which could lead to long-term health benefits, such as a lower risk of obesity, irritable bowel syndrome, and gastrointestinal problems.
4. The answer is E. Breastfeeding is an equal opportunity gift! Healthier baby, healthy mom... what's not to like.

* Secretory IgA (SIgA) is the main immunoglobulin found in tears, saliva, sweat, respiratory epithelium and colostrum. Secretory IgA serves as the first line of defense in protecting the intestinal epithelium from enteric toxins and pathogenic microorganisms.

As always... Breastfeed your baby for a BIG baby brain and healthy baby body.

And remember... Texas Law (Texas Health & Safety Code § 165.002) allows a woman to breastfeed her baby in any Texas location in which the mother is authorized to be.

About the author: Eaton Wright is a certified NUT based in Austin, Texas.



References:

- Dorea, J.G. Maternal smoking and Infant Feeding: Breastfeeding is Better and Safer. *Matern Child Health J.* 2007; 11:287
- Thompson, A et al. Milk-and solid-feeding practices and daycare attendance are associated with differences in bacterial diversity, predominant communities, and metabolic and immune function of the infant gut microbiome. *Front Cell Infect Microbiol.* 2015; 5: 3



WIC, Nutrition Services Section
Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347

PERIODICALS

ADDRESS SERVICE REQUESTED

Publication No. 06-10664

Texas WIC News is also available on the Texas WIC website!
<http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>



For information about subscriptions to Texas WIC News, email WICNewsSubscriptions@dshs.state.tx.us or call 1-512-341-4453.