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August:
World Breastfeeding Month

Special Supplemental Nutrition Program for Women, Infants, and Children

Providing Support to Moms Beyond the First Weeks

Moms are faced with new challenges as their breastfed infants grow older. Supporting breastfeeding women beyond the first few weeks is critical in helping them reach their personal breastfeeding goals. Texas is exceeding the Healthy People 2010 objective for 75 percent breastfeeding initiation rate, but is not on target to reach the objectives of 40 percent exclusively breastfeeding at 3 months, 17 percent exclusively breastfeeding at 6 months, 50 percent any breastfeeding at 6 months, or 25 percent any breastfeeding at 12 months. The need for support is highlighted in this year's World Breastfeeding Month (WBM) theme *Every Ounce Counts: Supporting Moms Beyond the First Weeks*.

WIC plays a key role in providing support to moms throughout the duration of their breastfeeding relationship with their child. This role begins with creating an environment that welcomes families and is conducive to helping all moms that come through the doors. The "World Breastfeeding Month" article on page 6 provides previews of new and revised materials developed in conjunction with the WBM theme to support breastfeeding promotion and education efforts. These educational materials spotlight one of our most precious resources, Texas babies!

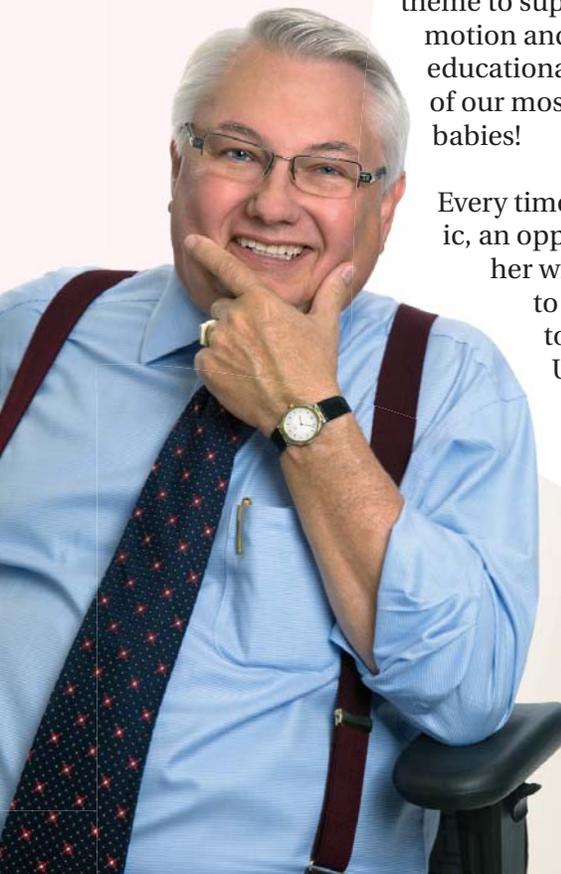
Every time a mom enters a WIC clinic, an opportunity arises to provide her with the confidence boost to strengthen her decision to continue breastfeeding. Use these opportunities and the various materials provided – such as teaching aids, educa-

tional pamphlets, and emotion-based lessons – as a resource to help guide and support her decision.

The article, "Every Ounce Counts: Breastfeeding Moms Need Your Support," found on page 14, offers suggestions to collaboratively reinforce the decision to continue breastfeeding while returning to work or school. It also lists quick steps that can be taken to set an example by becoming a Mother-Friendly Worksite.

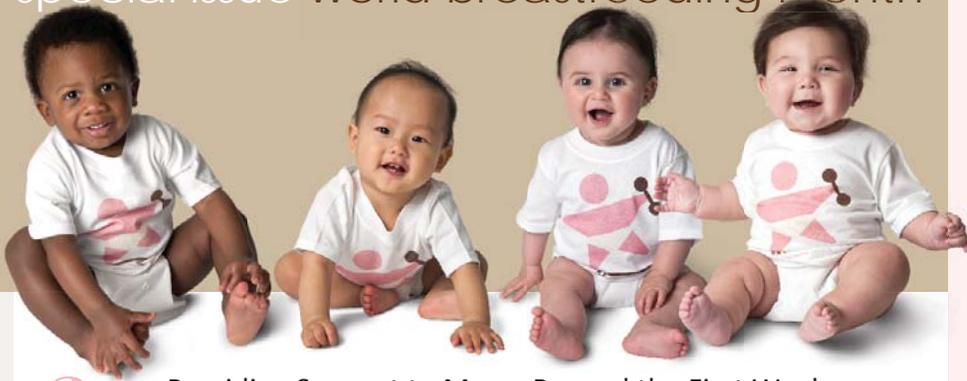
The article on page 4 details a new Better by Breastfeeding campaign set to launch this summer. The campaign is targeted to key hospital administrators and is designed to raise awareness that hospital breastfeeding policies directly impact breastfeeding outcomes and therefore impact Texans' health and obesity rates. The secondary target audience are influencers, such as WIC staff and breastfeeding coalitions. I encourage each local agency to reach out to local hospitals this summer by asking to be a member of any work groups or task forces that have formed to improve hospital maternity practices that support breastfeeding. You will have a lot to bring to the table and the potential to influence their policies by informing the work group of how WIC promotes and supports breastfeeding and by sharing WIC resources such as breastfeeding brochures, videos, trainings, and hospital peer counselor services.

This year's World Breastfeeding Month theme reinforces the efforts that you put forth daily in encouraging women to understand that when it comes to breastfeeding, every ounce does count! As always, I applaud all of your hard work, dedication, and unending support of all Texas WIC participants.



From the Texas WIC Director
— Mike Montgomery

special issue world breastfeeding month



- 2** Providing Support to Moms Beyond the First Weeks
- 4** Better by Breastfeeding: A Tool To Aid Hospitals In Improving Breastfeeding Support
- 6** World Breastfeeding Month: Supporting Moms Beyond the First Weeks
- 8** Breastfeeding Food Package: Baby's First Month
- 10** Client Centered Nutrition Education: A Look At Facts Versus Feelings
- 12** Times Are A-Changing: Standardized WCS Training to Become the Norm
- Pull Out Section** ▶ WIC Wellness Works
- 13** Texas WIC News Briefs
- 14** Breastfeeding Moms Need Your Support Because Every Ounce Counts
- 16** Local Agency Spotlight: Layla's Story
- 18** News to Use — Breastfeeding Materials Update
- 20** The American Academy of Pediatrics Has New Recommendations for the Prevention of Allergies in the High Risk Infant
- 22** Cooking with Mr. Mom

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Better by Breastfeeding:

A tool to aid hospitals in improving breastfeeding support

by Julie Stagg, M.S.N., R.N., I.B.C.L.C., R.L.C.,
Maternal & Child Health Nurse Consultant
&
Tracy Erickson, R.D., I.B.C.L.C.,
WIC Breastfeeding Coordinator

This year the Department of State Health Services (DSHS) is implementing a new Better by Breastfeeding initiative to promote awareness of the role of hospital policies and practices in determining breastfeeding outcomes. The initiative consists of a packet which reports the current state of breastfeeding in Texas hospitals and encourages hospitals to take steps to improve exclusive breastfeeding rates in the postpartum hospital setting. The initiative aims to increase awareness among hospital decision makers about the benefits of policies that support exclusive breastfeeding in terms of evidence-based, optimal patient care and primary prevention of chronic disease.

The packet titled *Right from the Start: How Texas Hospitals Can Reduce Obesity Through Breastfeeding Policies* includes an informational booklet that:

- Describes the problem of obesity in Texas and makes the connection between breastfeeding and obesity prevention.
- Identifies public health goals for exclusive breastfeeding, highlights low incidence of exclusive breastfeeding in the hospital setting, and provides state and regional breastfeeding rates prior to hospital discharge.
- Discusses the impact of hospital policies on women's achievement of breastfeeding goals and outlines evidence-based hospital practices supportive of breastfeeding.
- Outlines the benefits of breastfeeding and of supportive breastfeeding policies.
- Profiles a baby friendly hospital in Texas.

The packet also includes the following inserts:

- *Better by Breastfeeding Fact Sheet*: A one-page summary of benefits of breastfeeding and of implementation of supportive hospital breastfeeding policies.
- *Hospital Self-Assessment Guidelines*: A self-reflection checklist for hospitals to think about concrete steps that can be taken to implement the Ten Steps to Successful Breastfeeding.



Cover of the informational booklet.

- *Better by Breastfeeding Resource List*: Provides information about how to access available resources to support implementation of the WHO/UNICEF Ten Steps to Successful Breastfeeding.
- *WIC & Hospitals Fact Sheet*: Provides information about the impact of early feeding experiences for achievement of WIC goals and provides some data from the 2009 WIC Infant Feeding Practices Survey related to mothers' self-report of hospital experiences supportive of breastfeeding.

The following will be provided only to hospital leadership and not publicly shared:

Hospital Specific Reports:

- Provides hospital administrators and medical and nursing management staff exclusive breastfeeding data for their facility and provides regional and state level data for context.
- Communicates directly with the hospital personnel most able to influence hospital practices and policies.
- Encourages consideration of hospital practices and policies that are positively associated with improved breastfeeding outcomes.

The packet will be mailed to community stakeholders and influencers (e.g. state and local breastfeeding coalitions, regional and WIC staff) and stakeholders and influencers within the hospital environment (i.e. lactation consultants, nurses, OB/GYNs, pediatricians, and neonatologists). The hospital specific reports will be distributed to hospital decision makers and leaders (e.g. Hospital Administrators, Quality Improvement Directors and Maternity Services Nurse Managers).

The Better by Breastfeeding initiative is one of several resources to help hospitals increase exclusive

breastfeeding rates at hospital discharge. Others include:

- DSHS Breastfeeding Resources (e.g. breastfeeding training courses and materials)
- The Texas Ten Step Program
- The Baby-Friendly Hospital Initiative

Better by Breastfeeding is part of a comprehensive strategy to increase breastfeeding support in the hospital setting, and is aimed at increasing awareness among key decision makers that hospital policies and practices impact breastfeeding outcomes. It is hoped that hospitals' increased awareness, coupled with knowledge and access to DSHS resources, will result in implementation of incremental change to create hospital environments that support breastfeeding. Ideally, change will occur along a continuum, ultimately resulting in full adoption of the WHO/UNICEF Ten Steps to Successful Breastfeeding (i.e., Baby-Friendly Hospital Designation).

National initiatives could help bolster Better by Breastfeeding

Strategic timing of the release of the Better by Breastfeeding initiative could increase its impact by creating synergy with other high profile initiatives occurring nationally. Of most significance to hospitals is the adoption of an Exclusive Breastmilk Feeding indicator by the Joint Commission, the organization that accredits approximately 88 percent of U.S. hospitals. The Exclusive Breastmilk Feeding indicator is a measure that includes exclusive breastmilk feeding upon discharge to the Perinatal Core Measure specifications. Hospitals were asked to begin voluntarily reporting on this indicator beginning in April 2010. This measure is also included in the National Quality Forum's perinatal care indicator set.

Also this year, the Centers for Disease Control and Prevention will release the CDC State Benchmark Reports for the 2007 Maternity Practices in Infant Nutrition and Care (mPINC) Survey. In 2007, the CDC completed a national 52-question survey of all birthing facilities regarding the birth facility's maternity practices, training, personnel, policy, and facility characteristics. Texas, with 190 facilities responding, had a composite score of 58/100, scoring in the lowest quartile of all states. Each responding facility received a Facility Benchmark Report last spring, delivered to the same facility leadership representatives as targeted by the Better by Breastfeeding initiative. The state benchmark reports will

target the same stakeholders and will summarize strengths and weaknesses of the state's performance and provide recommendations for action. National and state results from the 2009 mPINC survey are expected to be released later this year.

In August, the CDC will release an updated CDC Breastfeeding Report Card, which ranks states on several dimensions of breastfeeding support. The 2009 indicators included:

- Outcome indicators including percent ever breastfed, percent breastfeeding at 6 months, percent breastfeeding at 12 months, percent exclusive breastfeeding at 3 months, percent exclusive breastfeeding at 6 months.
- Process Indicators:
 - Birth facility support includes state mPINC score, percent of live births occurring at facilities identified as part of the Baby-Friendly Hospital Initiative, and percent of breastfed infants receiving formula before 2 days of age.
 - Professional support includes the number of International Board Certified Lactation Consultants (IBCLCs) per 1,000 live births.
 - Mother-to-mother support includes the number of IBCLCs per 1,000 live births.
 - Legislation includes laws protecting breastfeeding in public and laws mandating support for breastfeeding mothers who return to work.
 - Infrastructure includes number of state health department full-time equivalents (FTEs) responsible for breastfeeding and statewide breastfeeding coalitions with public websites.

Finally, the draft Healthy People 2020 objectives, slated for release this year, include three new breastfeeding objectives in addition to the previous objective, two of which assess birth facility support for breastfeeding. The draft objectives include:

- Increasing the proportion of mothers who breastfeed their babies:
 - Ever
 - At 6 months
 - At 1 year
 - Exclusively through 3 months
 - Exclusively through 6 months
- Increasing the percentage of employers who have worksite lactation programs. (New)
- Decreasing the percentage of breastfed newborns who receive formula supplementation within the first 2 days of life. (New)
- Increasing the percentage of live births that occur in facilities that provide recommended care for lactating mothers and their babies. (New)





Supporting Moms Beyond the First Weeks

by Cristina García, R.D., L.D.
Breastfeeding Promotion Nutritionist

When you think about breastfeeding, think about how “Every ounce counts.” Starting with those first drops of colostrum and lasting through the duration of the breastfeeding relationship, every single ounce counts towards the health of mom and baby. That is why this year’s World Breastfeeding Month (WBM) theme is *Every Ounce Counts: Supporting Moms Beyond the First Weeks*.

As the growing infant continues to breastfeed, moms are often faced with new challenges. WIC staff can help support moms and their efforts to continue breastfeeding. Here are some common concerns and ways you can help:

Approximate age of infant during growth spurts:

7-10 days old
3 weeks
6 weeks
3 months
6 months
9 months

Growth spurts –

Often, moms mistake a growth spurt for low milk supply. This is because their baby transitions from seeming satisfied after feedings to having an insatiable appetite virtually overnight. You can help moms distinguish between a growth spurt and actual low milk supply based on the duration of the episode. Growth spurts will come and go quickly.

You can proactively share anticipated growth spurt periods with moms, so they are ready for these changes in feeding patterns. Remind them their bodies will adjust to these growth spurts and will successfully

provide all the nutrients their babies need. Encourage these moms to nurse often and enjoy the extra snuggle time with their babies.

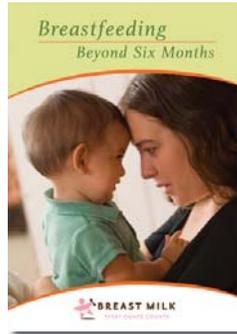
Milestones – Teething and starting solid foods
Many parents anxiously await each developmental milestone as their babies grow. Teething and the introduction of solid foods are two of the most anticipated landmarks – both of which may lead to new breastfeeding challenges.

While the first signs of an emerging tooth may be very exciting for parents, it may be an uncomfortable time for the baby. Some babies experience itchy or swollen gums, which can be very painful. If the baby is too uncomfortable to nurse, a nursing strike may begin. Assure the mom that the nursing strike is temporary. Encourage her to offer the breast to the baby and suggest she use a breast pump if the baby refuses a feeding. This pumped breastmilk can be offered in other ways, such as in a cup, until the baby is ready to begin directly nursing again.

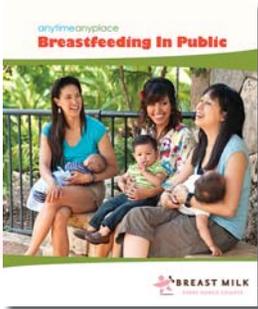
Some babies may not show any outward signs, but may try soothing themselves by rubbing their gums or biting for comfort while at the breast. Encourage moms of teething babies to continue nursing. Instruct the mother to bring the baby’s head into the breast at the moment the biting occurs; this will cause the baby to open his mouth and unlatch himself. Then, the mom can calmly tell the baby, “No biting.”

For babies who are showing signs of developmental readiness for solid food, suggest a gradual introduction into the baby's diet. Solid foods should initially be considered a supplement, not the main source of nutrition. Encourage moms to continue their normal breastfeeding routine, providing solids in between nursing sessions. If a mom is interested in offering solids around the scheduled nursing session, suggest that she breastfeed before offering solid foods.

For more information and quick tips, check out the new pamphlet, *Breastfeeding Beyond Six Months*.



Breastfeeding in Public – While the first weeks spent at home with a new baby are incredibly special, the time secluded from the outside world may cause cabin fever. Some moms may find themselves torn between a quick outing with their babies and the idea of breastfeeding in public. Assure these moms that breastfeeding in public can be done discretely and is their legal right. Providing moms with the pocket-sized *License to Breastfeed* cards will help boost their confidence and help them educate others about this Texas law. With a little planning, moms can venture out with ease knowing they can provide the very best nutrition to their babies by breastfeeding anytime, anyplace.



For more information and quick tips, check out the revised pamphlet, *Anytime, Anyplace: Breastfeeding in Public*.

Providing encouragement, education, and support to breastfeeding moms can be the help moms need to overcome any challenge. Often it is the compassion and creativity of the suggestions provided by WIC staff that support a lasting duration of the breastfeeding relationship. As we celebrate WBM this year, we honor every effort that makes “Every Ounce Count: by Supporting Moms Beyond the First Weeks.”

Materials available for World Breastfeeding Month 2010 –

This year's World Breastfeeding Month theme springboards off of the 2009 *Every Ounce Counts* campaign, so materials from both years will be available.

- The *Every Ounce Counts* poster, *License to Breastfeed in Public* pocket-sized card, and the *Breastfeeding-Friendly Establishment* decal and business flyer are available to order via the online WIC catalog.
- The *Breastmilk Storage Guidelines* magnet has been revised to coordinate with our other campaign materials. It is also available to order via the online WIC catalog.
- The *Sing to Me* lullaby CDs will be available for ordering.

New materials spotlight our most valuable participants – babies! These materials include:

- A poster featuring babies wearing t-shirts with the *Breastmilk: Every Ounce Counts* logo, which can be framed and hung up anywhere in the clinic, contributing to a warm, welcoming environment.
- Cut-out hanging displays, featuring photos of babies, will also be available for one-time ordering. These cut-outs can be hung from the ceiling or can be used on a bulletin board.
- Stickers with the *Every Ounce Counts* logo and website.

The WBM theme, *Every Ounce Counts: Supporting Moms Beyond the First Weeks*, will not be printed on any materials, but rather, will serve as a guide for WBM celebrations and clinic activities.

Please visit the DSHS website at <http://www.dshs.state.tx.us> for further World Breastfeeding Month information and activity ideas. To place your order from the Texas WIC catalog, visit <http://www.dshs.state.tx.us/wichd/WICCatalog/contents.shtm>.

For information on ordering World Breastfeeding Month materials, please contact Cristina Garcia at cristina.garcia@dshs.state.tx.us or (512) 341-4583.





Breastfeeding Food Package:

Baby's First Month

by Leona Duong, R.D., L.D.
Clinical Nutrition Specialist

peer counselor can explain the benefits of choosing the exclusively or mostly breastfeeding food package.

Marketing the Exclusively and Mostly Breastfeeding Food Package

WIC food packages for both moms and infants are designed to promote and support successful long-term breastfeeding. This is accomplished by encouraging moms to exclusively breastfeed for at least the first month postpartum to establish a good milk supply. This critical time is essential in “setting” their milk supply, which in turn makes it easier for moms to return to work by sustaining a good

breastmilk supply for supplementing with expressed breastmilk during the work day.

Since the exclusively breastfeeding package is the largest food package for moms and infants, it provides the best dollar value. More food is given to the mom as well as the infant because this package does not provide formula which interferes with building a good milk supply. The participant will also receive free breastfeeding counselor support as well as a loaner breast pump, as needed.

After the first month of an infant's life, mothers can continue to exclusively breastfeed for optimal health or they can choose to combine breastfeeding with formula feeding by selecting the mostly breastfeeding package. Staff should adjust the formula amount to issue only the amount that is needed by each infant. Moms should be encouraged to limit formula use when they are separated from their babies or their own breastmilk is not available. Remind moms that giving some breastmilk is better than none since every ounce counts in the promotion of infant and maternal health.

After exhausting all possibility of convincing mom that breastfeeding is the optimal route to keeping her infant healthy, the last resort

Nothing compares to the joy of bringing a new baby into this world. Moms of newborns want to do everything possible to protect this newfound joy and ensure that their baby has a healthy and productive future. The first step in achieving this goal starts at birth with breastfeeding. Breastfed babies have fewer infections and illnesses, a lower risk of sudden infant death syndrome and better brain development. They continue to receive protection from such conditions as diabetes and obesity even after breastfeeding has stopped.

WIC's Role in Promoting a Healthy and Happy Baby

WIC staff serves as educator and advocate for promoting breastfeeding and ensuring a healthier future for our newest participants. This starts before birth by encouraging all pregnant women to see their breastfeeding peer counselor for comfort and support. The breastfeeding peer counselor is a vital player in communicating to pregnant participants that colostrum, a mother's first milk, is the perfect food for every newborn. It is essential that staff stress the value of exclusively breastfeeding for at least the first month, since any formula supplementation can cause a mom's milk supply to be set at a lower volume than what is needed by their infant. In addition, the breastfeeding

would be to discuss the formula package. The formula package provides the least foods for moms. Staff should stress to participants that even if they are receiving the maximum amount of formula allowed by this package, it may not be all of the formula that the infant needs. In choosing this package, the participant should be prepared to purchase additional formula on her own to provide her infant with the essential nutrients needed for growth and health and enough to keep her baby full.

Staff should point out to moms that by choosing the exclusively or mostly breastfeeding food package they would be eligible to receive the expanded food benefits for one full year. However, if the participant chooses to formula-feed, they would only be able to receive food benefits for themselves until their baby reaches 6 months of age. The mom of a formula-fed baby also receives less food than the mom of the exclusively breastfed baby. Choosing the exclusively breastfeeding package results in a sufficient cost savings for moms, as shown in the chart below.

Breastfeeding Trends

With the continued encouragement and sup-

port of all clinic staff, we have seen a steady increase in the number of women choosing to breastfeed. Statewide breastfeeding initiation rates increased from 75 percent in August 2009 to 76 percent in January 2010, and the rates continue to rise. The 2009 Infant Feeding Practices Survey revealed that WIC moms are also breastfeeding longer. The increase in WIC breastfeeding rates is a direct reflection of the encouragement moms are receiving from clinic staff who point out all the benefits breastfeeding provides.

Resource:

- http://www.dshs.state.tx.us/wichd/WICCatalog/PDF_Links/13-06-13120-Hospital_Experience_FINAL.pdf
 - http://www.dshs.state.tx.us/wichd/WICCatalog/PDF_Links/13-06-13124-New%20Foods%20Mom-n-infant.pdf
 - <http://www.dshs.state.tx.us/wichd/nut/Pdf/BF00035.pdf>
 - [http://www.dshs.state.tx.us/wichd/WICCatalog/PDF_Links/13-06-13265%20Food%20Package%20cash%20value%20\(accessible\).pdf](http://www.dshs.state.tx.us/wichd/WICCatalog/PDF_Links/13-06-13265%20Food%20Package%20cash%20value%20(accessible).pdf)
 - <http://www.medicalnewstoday.com/articles/78485>
- DSHS, BNS, Texas EBT, Certification and Client History Tables



Food Packages for Moms and Babies

Cash Value Comparison Chart

1 Exclusively Breastfeeding Package <small>(Mom gets food until Baby is 12 months old)</small>	2 Mostly Breastfeeding Package <small>(Mom gets food until Baby is 12 months old)</small>	3 Formula Package <small>(Mom gets food until Baby is 6 months old)</small>
Foods for you (Mom): \$62.00* worth of food each month until your baby is 1 year old	Foods for you (Mom): \$47.00* worth of food each month until your baby is 1 year old	Foods for you (Mom): \$38.00* worth of food each month until your baby is 6 months old \$0 worth of food after your baby is 6 months old
Foods for your baby: \$68.00* worth of baby food each month from 6 months to 12 months of age	Foods for your baby: \$22.00* worth of baby food each month from 6 months to 12 months of age	Foods for your baby: \$22.00* worth of baby food each month from 6 months to 12 months of age
Amount of formula available with this package (per month)* Powder: 0 - 1 month old 0 cans 1 - 3 months old up to 4 cans 4 - 5 months old up to 5 cans 6 - 11 months old up to 4 cans Concentrate: 0 - 1 month old 0 cans 1 - 3 months old up to 14 cans 4 - 5 months old up to 17 cans 6 - 11 months old up to 12 cans Plus Baby gets Mom's breastmilk, which is priceless!	Amount of formula available with this package (per month)* Powder: 0 - 3 months old up to 9 cans 4 - 5 months old up to 10 cans 6 - 11 months old up to 7 cans Concentrate: 0 - 3 months old up to 31 cans 4 - 5 months old up to 34 cans 6 - 11 months old up to 24 cans This is a limited amount of formula, so be sure to breastfeed whenever you are with your baby.	Amount of formula available with this package (per month)* Powder: 0 - 3 months old up to 9 cans 4 - 5 months old up to 10 cans 6 - 11 months old up to 7 cans Concentrate: 0 - 3 months old up to 31 cans 4 - 5 months old up to 34 cans 6 - 11 months old up to 24 cans This is a limited amount of formula, so be sure to breastfeed whenever you are with your baby.
\$130.00* Total cash value for mom and baby in second six months.	\$69.00* Total cash value for mom and baby in second six months.	\$22.00* Total cash value for baby only in second six months.
*All dollar amounts and formula amounts are approximate and may vary.		
Average cost of standard milk-based or soy-based formula: 1 can powder (makes 95 ounces)\$14.50 1 can concentrate (makes 26 ounces)\$4.50		





A look at FACTS versus Feelings

by The University of Texas at Austin
Nutrition Education Group

Dealing with facts is often easier than dealing with emotions, especially when it comes to making decisions. Facts are simple, straightforward and uncomplicated. We can show on graphs how increasing exercise can decrease blood pressure, or that 98 percent of doctors recommend drinking low-fat milk. And yet, when making day-to-day decisions, people often rely on emotions. For example, we might be tempted by the smell of fresh-baked cookies or the need for something convenient and quick to reduce stress.

Client-centered nutrition education aims to take clients beyond the facts to address some of the emotions that guide the choices they make. This approach is especially appropriate in breastfeeding classes. Breastfeeding moms can benefit from the social support and the chance to explore the emotions associated with breastfeeding. Emotion-based nutrition education is a technique that can be used to support and promote breastfeeding among WIC clients.

Using Emotion Based Messages to Create Lessons

Developing an emotion-based message can be a great starting point or inspiration for creating a new lesson. If you are interested in creating an emotion-based discussion lesson, it may be useful to visit www.touchingheartstouchingminds.com for more ideas. At this website, Pam McCarthy & Associates share a four-step process to help instructors initiate and guide discussions that are emotion-based. The four steps consist of: open, dig, connect and act. Below is an explanation of those steps and a few examples of open-ended questions about breastfeeding that follow this format.

Open – In this step participants should start to feel comfortable about sharing their emotions and feelings and talking with each other.

Examples:

- ▶ *Most people think of breastfeeding as a personal decision, one the mother makes with her family. How have others reacted to your decision to breastfeed your baby?*
- ▶ *What have you heard from other mothers, especially about breastfeeding for a full year?*

Dig – Uses a set of questions to gain more insight into the participants' true feelings around a certain issue. The goal here is to help them arrive at the real problem and help them solve it, and not just transfer knowledge.

Examples:

- ▶ *What will you consider as you decide how long to breastfeed your baby?*
- ▶ *What kind of support—or lack of support—have you received from others?*
- ▶ *What are the challenges you face in breastfeeding your baby?*
- ▶ *What do you like about it?*

Connect – Uses another set of questions to help participants connect with the group-identified health-related behaviors. The group, through conversation with people who share similar successes, challenges and experiences, provides improvements and solutions to the identified issues.

Examples:

- ▶ *How will breastfeeding impact your baby's future?*
- ▶ *Breastfeeding mothers are sometimes surprised that they receive physical and emotional benefits, along with their babies. What emotion-based benefits do breastfeeding mothers receive?*
- ▶ *What physical benefits do breastfeeding mothers receive?*

Act – Thoughts and desires are brought into action. Participants should be allowed to identify specific action steps they can take to help achieve their healthy behavior goals. Participants should try to provide answers to questions like, “What can be done today to make children healthier?”

Examples:

- ▶ *Does anyone want to share their breastfeeding hopes and plans with the group?*
- ▶ *What can you do to make sure your breastfeeding plans and hopes happen as expected?*

If you haven't already checked out www.touchingheartstouchingminds.com it's worth a look. More general information on developing client-centered lessons can also be found in the Client-Centered Nutrition Education Toolkit, which was provided to local agency staff at the April 2010 Nutrition and Breastfeeding Conference.

Overall, when designing client-centered nutrition, it's important to go beyond the facts and remember to address emotions too. Doing so can help WIC staff be more effective in motivating and supporting breastfeeding moms.

Reference:

Pam McCarthy and Associates, Inc.
<http://www.touchingheartstouchingminds.com/index.php>. (Accessed 5/18/2010.)



Times are a changing:

Standardized WCS Training to Become the Norm



and measuring, health assessment and counseling. The modules provide candidates the opportunity to build skills in rapport building, effective communication, ethics and professionalism. The training includes a number of helpful features and learning devices such as case studies, hands-on activities, self checks and module reviews. These should help the candidate follow along with the training and assess their progress.

by The University of Texas at Austin
WIC Certification Specialist (WCS) Group

Local agencies are now able to train staff to become WIC Certification Specialists (WCS) using the newly developed WCS Certification and Training Program. This competency-based standardized program was built on current local agency WCS training programs, VENA and nationwide best practices.

“We are so excited about this new program because it allows local agencies to have WCS training programs without being forced to develop their own material,” said Patti Fitch, R.D., Clinical Service Branch manager at Texas WIC.

By offering competency-based standardized training, agencies are assured that their WCS staff are competent in role specific clinical and interpersonal communication skills. Staff who complete the training receive a certificate, which will be recognized statewide, increasing their job mobility. Standardized WCS training is intended to improve the quality and scope of WIC services and enhance WIC participants’ experiences. As a result of using this training, local agencies will have better qualified staff, be able to better serve WIC participants, increase the clinic’s efficiency and increase the agency’s ability to serve high, medium and low risk participants.

The WCS Training Program consists of 12 self-paced modules in an easy-to-follow format. The modules cover program delivery, weighing

A clinic preceptor guides the candidate throughout the training and observes the skills for each WCS competency. Preceptors are there to address candidates’ questions, provide clarifications and support the candidates. Successful completion of the training, exams and observations leads to WCS certification.

Two rounds of “real world” testing have been used to improve the training program. Field testing was conducted initially with two WIC agencies, LA 32 (Brazos Valley Community Action Agency, Inc.) and LA 90 (Los Barrios Unidos Community Clinic) and then with five more agencies, LA 100 (City of Amarillo), LA 13 (City of Laredo Health Department), LA 20 (Regency Health Network, Inc.), LA 59 (Barrio Comprehensive Family Health Care Center, Inc.) and LA 42 (Williamson County and Cities Health District). Using the preceptors’ and the candidates’ comments and feedback, the training program has been revised and improved to make the training experiences as beneficial and enjoyable as possible.

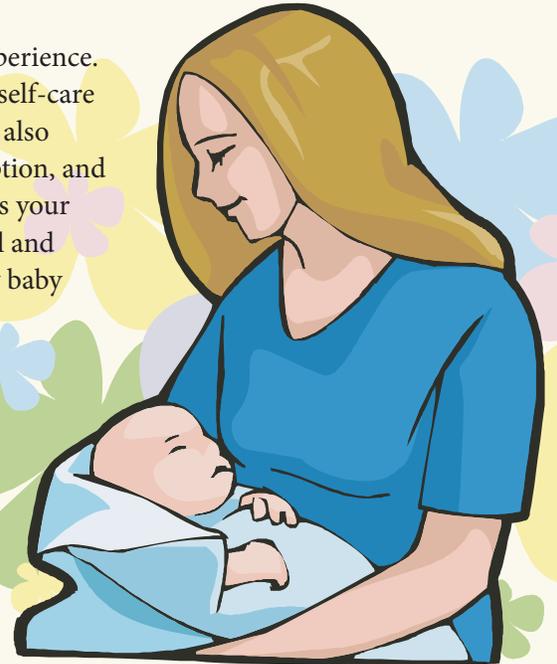
The first WCS preceptor training occurred at the April Nutrition and Breastfeeding Conference. Preceptors learned about their role in WCS training, how to administer the training in an already busy clinic environment, how to overcome potential obstacles and how to access helpful resources. Contact Tonia Swartz, R.D., L.D., WIC Clinical Nutrition Specialist at Texas WIC, for information about the WCS program and training opportunity at (512) 341-4586 or tonia.swartz@dshs.state.tx.us.

Breastfeeding: The Relaxation Response

Motherhood, while wonderful and rewarding, can be a very stressful experience. Being a new mother can be particularly challenging as the line between self-care and caring for a newborn blurs. Though welcoming a baby is exciting, it also signals sleep deprivation, a steep learning curve, hormonal shifts, disruption, and reduced personal time. While it is easy to forget about yourself and focus your energy on your new baby, this is a key time to focus on your own mental and physical health. The better you feel, the more you have to offer your new baby and family.

Breastfeeding can stimulate the body's relaxation response and reduce tension. When nursing, the body produces the hormone prolactin, which has a calming effect on the body. Additionally, cuddle time during breastfeeding can provide a relaxing experience for both mother and child. Consider the following advice in order to make breastfeeding a positive experience:

- **Practice self-care:** Make good sleep habits a top priority; eat a well-balanced diet and get plenty of liquids. Find time for the things you enjoy (hobbies, time with friends); exercise; and spend time with people who energize you. Don't hesitate to take time for yourself when help arrives at home. Not only will this help you relax, it will also give the baby time to bond with others.
- **Think positively:** When stressed, it's very easy to have negative thoughts such as, "I'll never have enough milk to feed my baby" or "I just can't do this" or "This takes too long – I feel like all I ever do is nurse." Negative thoughts are really worry thoughts. Learn to recognize them as soon as they pop into your head and try to turn those worries around by actively seeking positive solutions: "I bet if I rest more this week my milk production will increase" or "I know I can do this. I just need to ask for some advice and things will improve."
- **Let go:** New mothers often feel that in order to protect and provide for their babies, they need to be in control of everything. Even the most efficient mothers can't control every circumstance that might interfere with breastfeeding. Recognize those things that are out of your control (the doorbell distracting baby during a feeding, an illness that affects milk supply) and try to let go of them.



(continued on WIC Wellness Works - 4)



Living Proof that Change is Possible!

Martha Meneses at the Bear Creek Clinic in Harris County (LA 48-20) is so proud of her colleague, Diana Vargas, that she couldn't wait to brag about her to the WIC Wellness Works program. "We have been working together for six years. During the first four years we saw her starve herself and as she went from one new quick weight loss diet to another. She lost the weight, only to gain it all back again, and probably even a little bit more."

"In February 2008 we started WIC Wellness Works at our clinic. We all have seen the change in her habits – eating healthy and walking most days of the week," said Meneses.

Vargas explained that she was constantly dieting because she was caught in a negative cycle. "I would buy all of the 'lite' things and eat them until I lost the weight I wanted to lose. Then once I lost the weight, I would go back to eating as I had before." As soon as she gained back the weight she'd lost, she would start dieting again.

While planning a trip to her home in Nicaragua, Vargas realized she did not want to go back to weighing what she did at the time (142 pounds). She decided to eat better and walk more. Her clinic, which had just started the WWW program, began to encourage each other to exercise and eat more healthfully. Vargas walked with her dog for an hour every day, ate smaller

portions, increased her fruit and vegetable intake, and drank more water.

An article in the September/October 2008 Texas WIC News about LA 32s walking program helped motivate the staff at the Bear Creek Clinic. With LA 32 as their model, they requested and received permission from their agency director to start their own walking program. The clinic staff is allowed to take two 10 minute walks per day (one in the morning and one in the afternoon) during work time.



Diana Vargas (left) and co-worker Sonia Medrano (right) participating in the WIC Wellness Works walking program.



They must sign out and they also must walk with a buddy. “It takes 10 minutes to walk around our facility,” says Martha.

Vargas adds, “It is very encouraging to see someone else doing it. They encourage you!”

Currently at 114 pounds, Vargas lost a total 28 pounds and 14.75 inches. She has kept the weight off for two years. Her BMI went from 26.23 to 21.06. “She has been an inspiration to us all, and living proof that change is possible if you stop the yo-yo diets and stick to a healthy routine,” says Meneses. “She looks great. Even clients make comments on how nice she’s looking and they ask her how she achieved it.”

When asked what she has done to lose weight, Vargas tells clients, “I don’t take pills. I don’t drink weight loss drinks. I have learned that no matter what you do, if you don’t complement it with exercise it does not work at all – you must eat healthy and exercise, you have to do both. I tell them you don’t have to kill yourself to lose weight, just walk 40 minutes every day. Also, now that I have lost weight, I don’t have to work as hard to keep the weight off!”

“She is our living proof that it works, it really, really works! We are very proud of her!” says Meneses.

recipe

Melon-Cucumber Smoothie

This nutritious and delicious smoothie is an excellent source of vitamin A, vitamin C, and calcium, which are important nutrients for women during pregnancy and breastfeeding.

Ingredients:

1½ cup watermelon, 1 inch cubes
1½ cup cantaloupe, 1 inch cubes
½ cup chopped cucumber (peeled and seeded, ½ inch dice)
1 cup nonfat vanilla yogurt
2 cups ice cubes
fresh lime

Directions:

Combine all ingredients in a blender and blend until smooth. Pour into glasses and garnish with a squeeze of fresh lime juice.

Recipe Summary:

Serves: 2
Serving Size: 16 ounces
Prep Time: 10 minutes

Nutritional Information (per serving):

Calories: 173
Protein: 7 g
Fat: 0.5 g
Carbohydrates: 35 g
Fiber: 2 g
Cholesterol: 3 mg
Sodium: 109 mg
Calcium: 213 mg
Iron: 1 mg
Folic acid: 34 mcg

(Recipe from kidshealth.org: http://kidshealth.org/parent/recipes/pregnant/melon_smoothie.html)



Breastfeeding: The Relaxation Response

(continued from WIC Wellness Works - 1)



- **Be prepared:** As you learn your breastfeeding preferences, try to have what you need on hand. If you like having your feet up, have an ottoman or bench near a comfortable chair. Have balms, gel packs, or other comforts available to you. Keep books or magazines nearby. Know your baby's preferences too. If your baby is easily distracted when breastfeeding, have a quiet place in your home where you can go. Keep a blanket nearby to drape around baby to limit visual distractions.
- **Don't give up:** There will be days when things are difficult, but by cheering yourself on and relying upon the support of others, you can weather the challenges and continue to successfully breastfeed your child. On those days that you feel like giving up, remind yourself of all that you have already achieved as a parent. Remember times when you thought you weren't going to succeed and then focus on all that you have learned and have been able to offer your baby.
- **Be flexible:** Just as you identify one of baby's preferences, it may change. A time of day that once worked well for nursing may become nap time. The baby may decide that he or she doesn't like a once favorite position for nursing or that he or she wants to nurse for longer or shorter periods of time. Try to be adaptable and flexible as you and your baby explore the best possible circumstances for feedings.
- **Rely on support:** Use every source of support available to you. Read books on breastfeeding. Talk to family, friends, coworkers, and trusted others. Take advantage of the many resources provided by WIC. Finally, don't assume that admitting "you need help" means "you're not doing a good job as a parent." Actually, the opposite is true – by taking advantage of resources, you're practicing smart parenting.
- **Keep perspective:** Although a drop in milk production or delays in let-down can be very frustrating, stressful, and even scary when you think you're baby isn't getting enough nutrition, remember that breastfeeding difficulties are common and can be overcome. Try to find humor in things that might otherwise seem overwhelming. Talk to friends or other nursing moms who have been through the same challenges and get their perspective.

Being a new mother is stressful, and breastfeeding can, at times, add to that stress. But with the right resources and a positive mindset, breastfeeding can actually lessen stress, cue the body's relaxation response, and provide periods of peaceful calm for mother and child.

HEB Food Stores Recognized for Assisting WIC Clients

Williamson County HEB Food Stores were recognized for outstanding efforts in assisting WIC clients with new food rule changes at the March 4, 2010, meeting of the Williamson County and Cities Health District Board of Health.

HEB partner Laura Contreras accepted the Board's recognition. She informed attendees that each HEB associate completed training pertaining to the WIC changes and affirmed that the new food packages were a positive change for WIC clients.

Nearly 8,500 women, infants and children receive benefits in Williamson County. During 2009, \$4,196,752.91 in WIC food benefits redemptions were paid to Williamson County grocers.

Board of Health Chair, Dr. Arlen Zander, and Executive Director, Dr. W.S. Riggins Jr., presented the certificate to Contreras at the meeting which was held at the new Texas A & M Health Science Center in Round Rock.

Edited from a Williamson County and Cities Health District News Release.

New Video Wins Awards

by Renee Mims

Don't Drink for Two, a new DVD which warns against alcohol use during pregnancy, has garnered three recent awards for excellence. It won a National Health Information Bronze Award, A Telly Awards Silver Telly Award and a Worldfest Houston Film Festival Gold Award. The video was also screened at the 3rd Annual Houston Fetal Alcohol Spectrum Disorder (FASD) Conference and on KHOU Channel 11 Houston in early January.

Kudos to Joe Delgado, producer/director/camera/editor; Tom Bleich, location audio/lighting; Renee Mims, screenwriter/menu design; Kanokwalee Pusitanun, menu label design/poster/digipak; Ponna Sambasivan and Lisa Rankine, nutrition content experts; and Bill Spence, visual effects.

Don't Drink for Two combines FASD facts and ways to get help with alcohol abuse or recover from an addiction. *Don't Drink for Two* is a heart-wrenching story told through the eyes of mothers.

For more information about the DVD contact Ponna Sambasivan at 1-512-341-4517 or ponna.sambasivan@dshs.state.tx.us or check out the FASD article in the January/February 2010 *Texas WIC News*.



Erickson Tapped to Serve on National Panel

by Renee Mims

Tracy Erickson, Texas WIC breastfeeding coordinator, recently served as an expert panelist for the Centers for Disease Control and Prevention (CDC) in Atlanta in their efforts to broaden breastfeeding adoption among African-American families.

"I felt extremely honored for being invited to serve on this national panel of experts and very excited to go," Erickson said. "Our job was to come up with a set of recommendations for the CDC and USDA to use to develop a National African-American Breastfeeding Promotion initiative. I contributed information on what worked with the Texas WIC African-American campaign."

The meeting brought together staff from the CDC, Division of Nutrition, Physical Activity, and Obesity (DNPAO), the Southeast Region U.S. Department of Agriculture/Food and Nutrition Service office, and a select group of experts in the area of breastfeeding and racial disparities to discuss the use of policy and environmental approaches in addressing these disparities in the United States.

"I was recommended by Susan Mayer at the USDA Southwest Region office because of my experience in developing the Texas WIC African-American Breastfeeding Promotion campaign in 2003-2004," Erickson said. "I was able to share what we learned from the pre- and post-campaign research surrounding our campaign."

The results of the meeting have not yet been released.



Breastfeeding Moms Need Your Support Because Every Ounce Counts

by Lindsey Randall
Breastfeeding Promotion Nutritionist

Being a mother is one of the most rewarding, albeit challenging, jobs imaginable. There are no vacations, no retirement or 401k nor other monetary rewards. However, the incentives and the investments of motherhood go beyond words. As WIC professionals, we understand that motherhood is very special job and we are dedicated to helping our participants become successful mothers.

One of WIC's primary focuses is helping women give their babies the healthiest start in life through breastfeeding. In doing so, our local agencies act as a lactation resource to the community by offering breastfeeding education classes and support, as well as providing the help participants need to meet their breastfeeding goals. With all of this support, it is no surprise that the duration of breastfeeding is increasing and more mothers are returning to work with one added responsibility – maintaining breastfeeding.

What can WIC do to help support breastfeeding mothers?

It is important that WIC staff take every op-

portunity available to educate our mothers that the breastfeeding experience does not have to end once they return to work or school. This can be tricky, especially since during a woman's pregnancy the primary focus is on the benefits of breastfeeding and anticipatory guidance. Once a mom comes back to the clinic to add her baby, it is often necessary for staff to verify that breastfeeding is going well so they can correct any issues.

When should staff talk about breastfeeding and returning to work?

It is never too early to start the discussion. Take an extra moment during both pregnant and postpartum nutrition education contacts and incorporate into the conversation that breastfeeding and returning to work is possible. Try extending breastfeeding follow-ups or reminders beyond the first couple of weeks or talk to breastfeeding women at their infant's midpoint checks about the access they have to double electric pumps, guidance on pumping and storing milk, as well as tips on talking to their employer. Inform participants that WIC is here to support their decision to breastfeed and

work. Your support can make the difference and give mothers the assurance they need to continue breastfeeding.

Mother-Friendly Worksites:

Local agencies can also help improve breastfeeding support in the workplace by reaching out to businesses in the community about becoming Mother-Friendly Worksites. It may be a good idea to start with ways that breastfeeding support can improve their business's bottom-line. For example, breastfeeding is positively associated with disease prevention and health promotion. Studies have shown that employers who support breastfeeding employees at the office reduce their health-care costs, lower absenteeism, increase employee retention, improve employee morale, and increase productivity.

Efforts to educate employers, organizations, and agencies about the benefits of breastfeeding in the workplaces as well as WIC's role as a support system can be considered part of the agency's biannual outreach (refer to Policy OR:01.0).

The practical aspect of becoming mother friendly is that a business can customize mother-friendly benefits to meet the company's and employed mothers' needs. As a business that is family-oriented, the WIC program works hard to increase the recognition that women in the workforce can be nursing mothers and effective employees. Therefore, it is essential that we focus on strengthening breastfeeding support in our workplaces as well. Local agencies should lead by example and strive towards becoming Mother-Friendly Worksites. Let's set the standard as a successful business that also actively supports our employees' and our participants' decision to breastfeed longer.

With WIC's collaborative efforts, breastfeeding rates in Texas are steadily increasing and moth-



What you need to become a Mother-Friendly Worksite

Accommodation Essentials	Accommodation Luxuries
Written policy	Upholstered chair or sofa
Private room with a lock on the door	Small refrigerator in the room
Electrical outlet	Sink with running water in the room
Comfortable chair	Towel Dispenser
Small table	Nursing Stool
Waste basket	Employer owns or rents an electric breast pump and employees bring their own kit
Nearby sink with running water	Room decorations: clock, mirror, appealing art for the walls
Nearby refrigerator or storage space for small cooler	Telephone
Employee provides her own breast pump	Lending library of breastfeeding resources
	Radio/CD player

ers are returning to the workforce with the confidence they need to continue breastfeeding.

To complete a Mother-Friendly Worksite application or to view the current listing of Texas Mother-Friendly Worksites, visit <http://www.dshs.state.tx.us/wichd/lactate/mother.shtm>. Technical assistance and sample policies are available by contacting Julie Stagg at 512-458-7111 x 6917 or Julie.Stagg@dshs.state.tx.us.



Layla's Story



by Renee Mims

The excitement of pregnancy quickly morphed into anxiety when Chris and Kindra Thomas' baby girl arrived twelve weeks early.

Because Kindra suffered from pregnancy-related medical complications, Layla was born weighing slightly more than two pounds. The premature infant was transported by an air ambulance from San Angelo to Cook's Children's Hospital in Fort Worth. Once there, Kindra began pumping her breast milk for her tiny newborn baby girl.

The Thomas family credits local agency 56 in San Angelo for helping her successfully continue to feed her baby breastmilk at a crucial time in Layla's life. Specifically, Kindra wanted to thank peer counselors, Petra Orrosquieta, Misty Siler, Martha Taylor and WIC staff all over the state who "are making a difference one life at a time" for their help.

Kindra sent notes to the clinic expressing her gratitude:

"Thank you for allowing us to use the Ameda pump and extending my time to use it. With the help of the pump I know that I'm giving my preemie the best I can offer her—breastmilk. I really appreciate all of the kind help we have received from WIC. All of the staff have been so kind and understanding to our situation. I am so thankful to the WIC staff for all of their support."

Another note sent to the agency stamped with Layla's pink footprints said:

"Thanks to all the WIC staff! You all have such kind, loving, and caring hearts. We appreciate all the phone calls of support! We also thank you for the constant help over the phone. Know that we appreciate your help. Love Layla, Chris and Kindra"

Layla is more than a year old now and is still receiving some of her mother's milk. She is a thriving baby girl thanks to a brave mom and dad, effective hospital care and the support of a helpful staff at Local Agency 56.

an update on Layla

...in her Mom's words (edited)

"...She celebrated her 1st birthday a few times already this month, one party at home and another this weekend. She loved the cupcake and dipped her toes into it.

Layla had her one year check up last Friday. Her weight continues to improve. She is finally on the growth chart: in the 10th percentile for weight and 20th percentile for height — 16 pounds, 11 ounces, and 27 inches.

Layla had her one year check up with WIC as well. The peer counselors have always been our Angels, encouraging us with the breast-feeding pumping. Layla and I had a very different breastfeeding relationship with only using the pump, and it's encouraging to know that other people call it successful. And it is, but I just never saw it that way until recently. LJ and I didn't have the typical relationship but I was able to give my milk to her and re-lactate with the help and encouragement of Petra.

Layla had her one year check up with her dentist. She has teeth like a 9-month-old baby which is typical for a preemie. Her one tooth was looking good and they put some fluoride on it and told us to start brushing after meals. They gave her a really neat toothbrush with an extra long handle that she and I can both hold. Whoever invented that was very smart, thanks.

Layla started physical therapy with WTRC. She had thirty minutes of working out. Her therapist taught me how to put LJ on a therapy ball to build her trunk muscles. They said that is the main reason she isn't crawling, her pelvis and legs are too weak. So they are working with her to build that strength in the trunk and the weakness in her right arm.

She will start speech this week also. The speech therapist said she is more at 6 months language and speech.

Home health care will be discontinued in August. Layla and I will be completely on our own. I think we have been ready for a while now, but for sure now we have the confidence to be independent of a nurse.

Layla is really enjoying music. She claps and wiggles her head. She has some sweet dance moves when she is sitting on the floor with her legs out. Her new favorite toy at Grandma Ann's house is a bowl and a spoon.

Lately Layla is acting a little shy around small crowds. She buries her face into me and holds on tight.

I love the look on her face when Daddy gets home from work, and the way it makes her feet dance. We are so happy and proud of our little Layla."

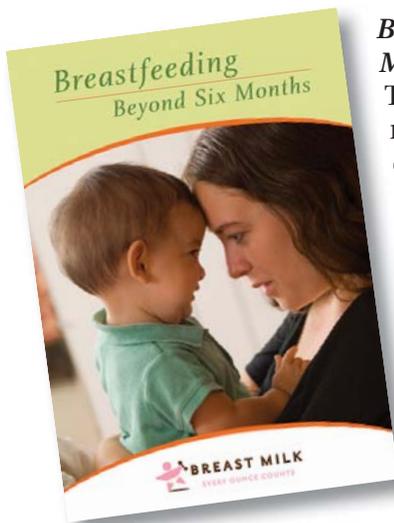


Breastfeeding Materials Update

by Lindsey Randall & Cristina Garcia
Breastfeeding Promotion Nutritionists

Providing local agencies with useful materials is a priority for the Texas WIC breastfeeding team. Recently we updated our library of materials to include manuals, educational pamphlets, and other items addressing breastfeeding topics from pregnancy to nursing the older infant. Many of these items reflect this year's World Breastfeeding Month theme, *Every Ounce Counts: Supporting Moms Beyond the First Weeks*.

New Materials:



Breastfeeding Beyond Six Months

This brochure briefly reviews the benefits of extended nursing while addressing new challenges that the breastfeeding mother and older infant dyad may experience. The question and answer format allows the reader to quickly find recommendations and suggestions for their concerns.

Crib Cards

New crib cards are available for girls and boys. These crib cards are breastfeeding friendly. Inside each card is a graphic that illustrates the size of a newborn's belly on the first and third days of life. It includes an explanation about the importance of colostrum and frequent feeding to establish a good milk supply. Local agencies are encouraged to share these crib cards with hospitals in the community as well as order them for clients. Hospitals can also order them from the WIC Catalog.

The First Step in Supporting Breastfeeding: Become a Texas Ten Step Hospital

This is the new Texas Ten Step (TTS) flier that

targets hospitals in an effort to encourage them to become a TTS Facility. Local agencies can

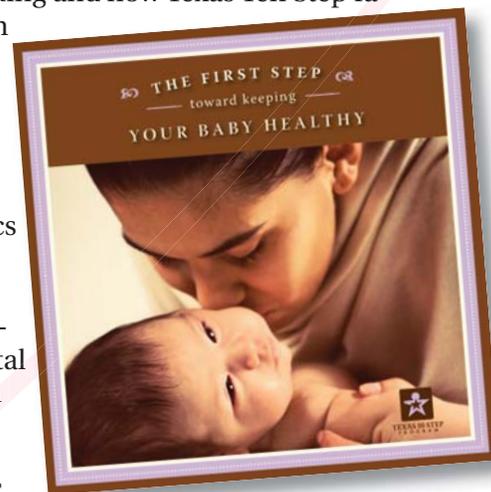


use this flier during outreach efforts to ensure that local hospitals understand the importance of supporting breastfeeding. Plan to share this nifty tool with all of the birth facilities in your community.

The First Step Toward Keeping Your Baby Healthy

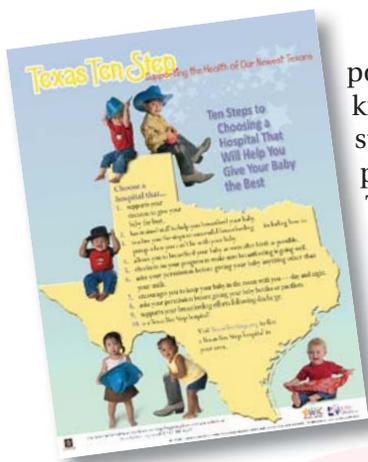
This is a new brochure designed to educate mothers about the importance of exclusive breastfeeding and how Texas Ten Step facilities can

improve their breastfeeding success. WIC clinics can use this brochure during prenatal education to inform mothers about TTS facilities in their area.



Ten Steps to Choosing a Hospital

This cute poster explains the Texas Ten Step Program. Targeting WIC participants, the



poster represents the kind of breastfeeding support that participants can expect from a TTS Facility. Each WIC clinic will automatically receive the poster, which can be hung in the clinic lobby, waiting area, classroom or anywhere else it will draw attention.

Revised Materials:

What Hospitals Need to Know about the Texas WIC Breast Pump Program

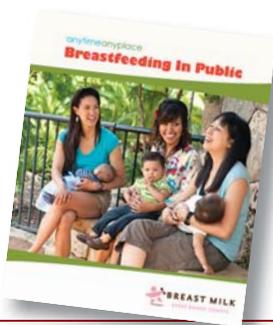
This poster explains breast pump eligibility to hospital staff. It serves as a reference and guides hospitals through the process of helping high risk participants obtain a breast pump from WIC in a timely manner. The poster was recently enlarged from a mini-poster to an 11x17 poster. There is a place on the poster for local agencies to include a contact person and number. Using the poster is a great way to partner with hospitals in your area in an attempt to decrease breastfeeding barriers, such as untimely pump issuance.

Breastfeeding Friendly Clinic

This sign replaces the *This is a Breastfeeding-Friendly Clinic* poster with a new streamlined design that can be hung anywhere and coordinates with other breastfeeding promotional materials. It is 8 1/2" x 11" printed English/Spanish front-to-back and is laminated. The stock number that had been previously used to order the poster will now be used for ordering this sign.

Anytime, Anyplace: Breastfeeding in Public

This brochure offers a confidence booster to moms by sharing tips and suggestions for breastfeeding in public. It explains every aspect of an outing from planning and preparing to educating others on the legal right to breastfeed in public. In addition, the pictures capture moms in various public settings nursing their infants. Offer this



resource to any mom interested in providing the very best nutrition to her baby on-the-go.

It's Feeding Time for My Baby and Pumping in Progress (door hangers)

These door hangers have been redesigned to support moms in their efforts to breastfeed privately in the hospital and to pump their breastmilk. They offer helpful tips to all moms — from making preparations during pregnancy, to recognizing hunger cues, to taking a moment and relaxing while pumping. These door hangers are useful resources for breastfeeding moms.



Very Important Parent Award (certificates)

Everyone appreciates recognition for a job well done! Recognize the VIPs (Very Important Parents) in your local agency by presenting them with these certificates.

Deleted Materials Include:

Weaning from the Breast

This brochure has been consolidated into other material and is no longer available as a stand-alone document. With the intent of encouraging participants to breastfeed longer, the information about weaning is now included in the Breastfeeding Beyond Six Months brochure, which can be used as the support document for the self-paced lesson, Weaning Your Baby from the Breast.

All revised, outdated and deleted materials are also announced to local agencies via project memos. All breastfeeding materials available for ordering are in the Texas WIC Catalog.





The American Academy of Pediatrics Has “New” Recommendations for the Prevention of Allergies in the High Risk Infant

by Roxanne Robison, R.D.
CSHCN Nutrition Consultant

According to the Food Allergy and Anaphylaxis Network, the incidence of food allergy is on the rise. From a five-year study period between 1997 and 2002, the number of children diagnosed with an allergy to peanuts, doubled. Eczema (also known as atopic dermatitis), a skin condition often associated with food allergy, increased two to threefold. Asthma has increased 160 percent. Why these allergic conditions are increasing at an alarming rate, is not clear, but it has prompted the American Academy of Pediatrics (AAP) to review recommendations for ways to possibly prevent or delay the onset of these conditions. In 2008, the AAP took a look at their recommendations from 2000 and made some revisions. This report was published in the journal, *Pediatrics*, in January 2008, and is reviewed in this article.

Identifying the High Risk Infant

When an infant has at least one parent or one sibling who has been diagnosed with an allergy, that infant is considered to be at high risk because they have a 25 percent chance of also developing an allergy. If both parents have allergies, then the infant's chance is even greater. The AAP looked at current research to see if there is any conclusive evidence to recommend —

- Changing the mother's diet during pregnancy and/or lactation.
- Types of formulas which might be better than others.
- The best time to introduce solid foods into the baby's diet.
- The best time to introduce foods considered most likely to cause an allergic reaction, namely, milk, soy, fish, shellfish, peanuts, wheat, tree nuts and eggs in order to help prevent or delay the development of food allergy.

Dietary Restrictions during Pregnancy and Lactation

In 2000, the AAP did not find enough evidence to recommend any dietary restrictions during pregnancy to prevent the later development of allergy in the infant, with the possible exception of peanuts.

A more recent study, published in 2003 in the *New England Journal of Medicine*, did not find any evidence that avoiding peanuts during pregnancy provided any protective affect for the baby developing peanut allergy later in life. Other studies found that eliminating cow's milk or eggs during pregnancy, likewise, had no affect on preventing food allergies in the mothers' children.

In 2000, the recommendations for breastfeeding mothers of high risk infants were to eliminate peanuts, tree nuts and possibly eggs, cow's milk and fish from the

pregnant mother's diet and to take calcium supplements and vitamins while eliminating these foods.

There is no current evidence that eliminating these foods from the breastfeeding mother's diet will prevent allergies to these foods. However, there is evidence that avoiding these foods may help to prevent eczema in some children.

Is there an optimal length of time to breastfeed in order to prevent allergies?

Newer recommendations to exclusively breastfeed for the first four months of the baby's life instead of giving cow's milk formula, replaces old recommendations to exclusively breastfeed for the first six months of life. Exclusive breastfeeding beyond four months of age, without supplementing with cow's milk formula, does not seem to lead to any additional benefit for avoiding allergy, according to the AAP.

What type of formula is recommended, should the breastfeeding mother decide to supplement?

Based on one of the largest studies to date, evidence suggests that when a breastfeeding mother wants or needs to supplement her baby during the first four months of life a hydrolyzed protein formula, such as Nutramigen, is recommended. A hydrolyzed protein formula is one in which the protein molecules have been broken down into smaller particles, which has been shown to decrease the development of eczema, when compared to breastfeeding and supplementing with standard cow's milk based infant formula.

What formula is recommended if the baby is not breastfed?

Recommendations given in 2000 were to use a hydrolyzed formula, such as Nutramigen, or possibly a partially hydrolyzed formula, such as Good Start, when formula-feeding the high risk infant. If an infant had already developed an allergy, then a formula such as Nutramigen was recommended, instead of a formula such as Good Start.

Newer evidence shows that the partially hydrolyzed formula such as Good Start may not be as good at preventing eczema as the extensively hydrolyzed formula.

The AAP maintains their previous position regarding the use of soy infant formula. There remains no evidence that soy formula can prevent allergies and therefore is not recommended as a way to prevent allergies.

Amino acid based formulas, such as Neocate, Elecare or Nutramigen AA, have not been studied in the prevention of allergies and therefore no recommendations can be made for their use in the prevention of allergies.

When and what types of solid foods should be given?

Old recommendations were to delay solid food introduction until six months of age and to delay cow's milk introduction until 12 months, eggs until 24 months and peanuts, nuts and fish until 36 months of age.

In a dramatic change in position in 2008, the AAP stated, "Although solid foods should not be introduced before four to six months of age, there is no current convincing evidence that delaying their introduction beyond this period has a significant protective effect on the development of atopic disease regardless of whether infants are fed cow milk protein formula or human milk. This includes delaying the introduction of foods that are considered to be highly allergenic, such as fish, eggs, and foods containing peanut protein."

In fact, the report states that for infants after four to six months of age, there is not enough evidence to support a protective effect of any dietary intervention for the prevention of allergies.

In summary, the AAP admits that there is limited data to draw firm conclusions about some aspects of infant feeding in order to prevent allergies. This will be an area that will undoubtedly see changes in the future.

Reference: Greer, Frank R., M.D., Scott H. Sicherer, M.D., A. Wesley Burks, M.D. and the Committee on Nutrition and Section on Allergy and Immunology. January 2008. Effects of Early Nutritional Interventions on the Development of Atopic Disease in Infants and Children: The Role of Maternal Dietary Restriction, Breastfeeding, Timing of Introduction of Complementary Foods, and Hydrolyzed Formulas. PEDIATRICS, Vol. 121 No. 1 pp. 183-191 (doi:10.1542/peds.2007-3022)



Cooking with Mr. Mom

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One of the easiest and most wholesome things a new parent can do for their baby is to make homemade food. It's super simple, cheap, quick, fun and can be tailored to fit the baby's stage of development.

*90 minutes
to 30 days of
baby food*

The following five recipes will make enough food to last a month. And... all in less than 90 minutes!

Ingredients:

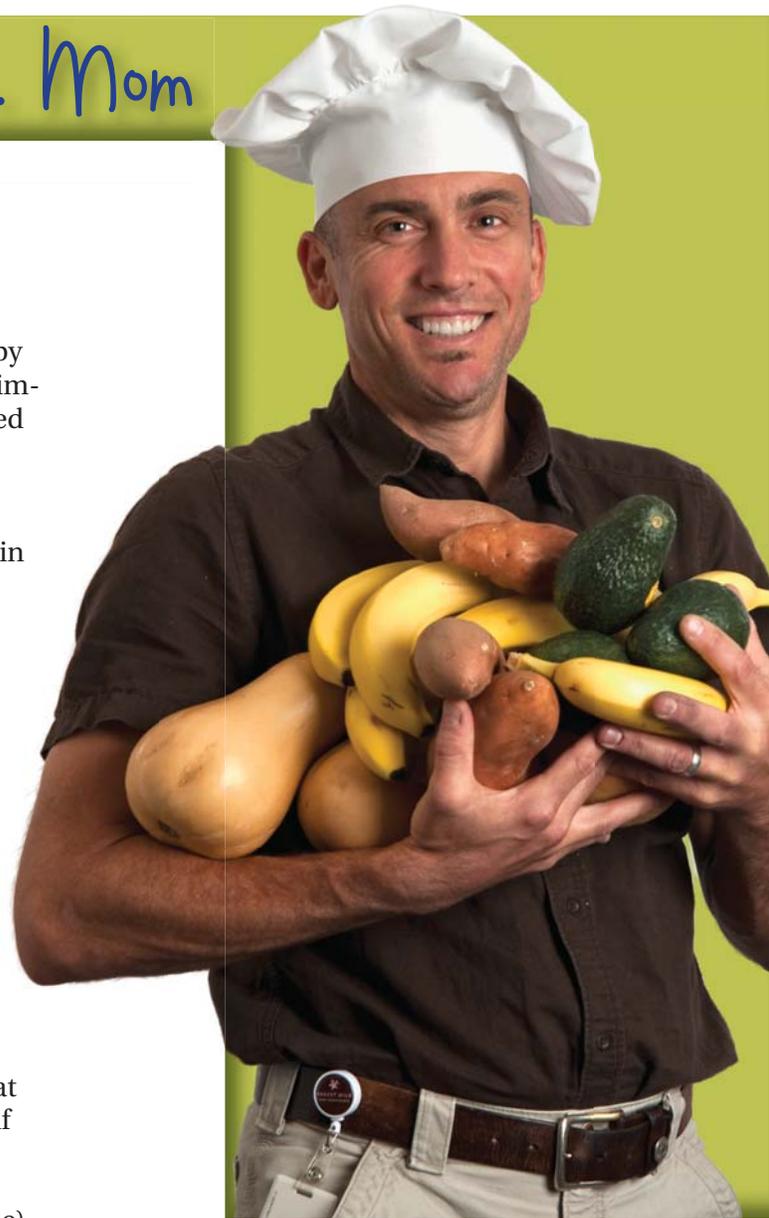
- 1 large butternut squash
- 2-3 medium-large sweet potatoes
- 2-3 large avocados
- 1 banana
- 2 bags of organic blueberries
- 4 chicken breasts
- 20 ounces breastmilk
- 3 tablespoons olive oil
- ¼ cup Italian herbs (oregano, thyme, basil, rosemary and sage) – dried or fresh

Equipment:

- 10 ice cube trays if you make all 5 recipes at once. You can get by with 2 ice cube trays if you make 1 recipe at a time.
- Baking sheet or dish
- Microwave safe bowl and cover (if available)
- Meat thermometer
- Food processor or blender
- Plastic spoon
- Plastic wrap
- Paper towel

Preheat oven to 400 degrees Fahrenheit. Wash and rinse all vegetables thoroughly. Throw the **sweet potatoes** on a baking sheet and place in the oven for 60 minutes.

Next cut the **butternut squash** into quarters, put them in a large, microwave-safe bowl and cover with microwave-safe cover or paper towel (do not use plastic wrap in the microwave) and microwave for 8 to 10 minutes, or until tender.



Nutrition note: **Avocados** are chock-full of nutrition. They are high in monounsaturated fat, dietary fiber, vitamins B6, C, K, folate, pantothenic acid and potassium.

While the squash is steaming in the microwave, roll the avocados to soften them up, then cut into quarters and peel the skin from the fruit. Toss the avocado quarters into a blender along with 4 ounces of breastmilk and blend until creamy. Scoop the contents into two ice trays (three large avocados plus 4 ounces breastmilk should fill two ice trays). Smooth the mix into the tray and cover with plastic wrap. Place in the freezer. One down...

Clean the blender and get ready to prepare blueberries.

Blueberries plus Bananas STAIN DISCLAIMER: Babies are very messy and they will not hesitate to make a mess of you too. Feeding blueberries to a baby is just asking for trouble. You can either buy an all berry-blue wardrobe or mix the blueberries with another food, like bananas, to firm-up the consistency.

Nutrition note: Blueberries are high in antioxidants, a good source of dietary fiber and a very good source of vitamins C, K and manganese. Mash in some banana for even more dietary fiber, vitamins B6 and C and potassium and manganese.

Beep...beep...beep... remove squash from the microwave. Carefully remove the cover and let the squash cool-down.

Now pour two bags of organic blueberries in the blender along with 4 ounces breastmilk and blend to the appropriate consistency. Smooth the mix into the tray and cover with plastic wrap and place in the freezer.

When you're ready to serve the blueberries, pop a couple of cubes in the microwave for 20 to 30 seconds, and mash a third of a banana in with the blueberries.

Clean the blender and get ready to make some delicious butternut squash.

Nutrition note: Butternut squash is a good source of dietary fiber, vitamins A, B6, C, E, thiamin, niacin, folate, calcium and manganese, magnesium, and potassium.

Butternut squash is a big vegetable – save half for tonight's dinner. Once the squash has cooled, use a spoon to scoop the other half into the blender. Pour 4 ounces breastmilk into the blender and blend to the appropriate consistency. Smooth the mix into two ice trays, cover with plastic wrap and place in the freezer.

Defrost 4 **chicken breasts** in the microwave.

Beep...beep...beep... Remove the chicken from the microwave. In a clean bowl, coat the

chicken with olive oil (3 tablespoons) and give five to ten shakes of an Italian herb mix.

Check on the sweet potatoes after 60 minutes. They're done if the flesh is tender and skin separates easily from the vegetable.

Remove the sweet potatoes from the oven and reduce the oven temperature to 300 degrees Fahrenheit.

Nutrition note: Sweet potato is a good source of dietary fiber, vitamins A and B6, potassium and manganese.

Cut into small chunks and drop into the blender. Pour 4 ounces breastmilk into the blender and blend to the appropriate consistency. Scoop the sweet potatoes in two ice trays and cover with plastic wrap and place them in the freezer.

Nutrition note: Chicken (without skin) is low in saturated fat. It is also a very good source of protein, vitamins B6 and niacin, phosphorus and selenium.

Put the chicken on the baking sheet and place in the oven for 30 minutes.

Beep...beep...beep... Remove the chicken from the oven. Use a meat thermometer to test the internal temperature. Chicken should reach 165 degrees Fahrenheit.

Cut chicken into small pieces and place into the blender. Pour 4 ounces breastmilk into the blender and blend to the appropriate consistency. Scoop the chicken in two ice trays (I'm pretty sure that two trays should do it) and cover with plastic wrap. Place the trays in the freezer.

Mix it up

Be sure to offer new foods one at a time, waiting three to five days between trying a new food.

Once single foods, like avocado or chicken, have been accepted try mixing them up for a delicious two-course meal.

Making homemade baby food can be a rewarding and fun activity. Try these recipes for variety, nutrition, big flavor and big fun.





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