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WIC

news

Volume 21, Number 5



Trends
in Child
Feeding

WIC Helping Children Thrive in Texas

We at Texas WIC know that child-feeding practices not only affect the survival of infants and young children, but also their development, performance in school, and productivity. Because we strive daily to improve the health and well-being of our participants, we must stay up-to-date on these issues. This installment of Texas WIC News focuses on child-feeding trends surrounding infants, children, and families.

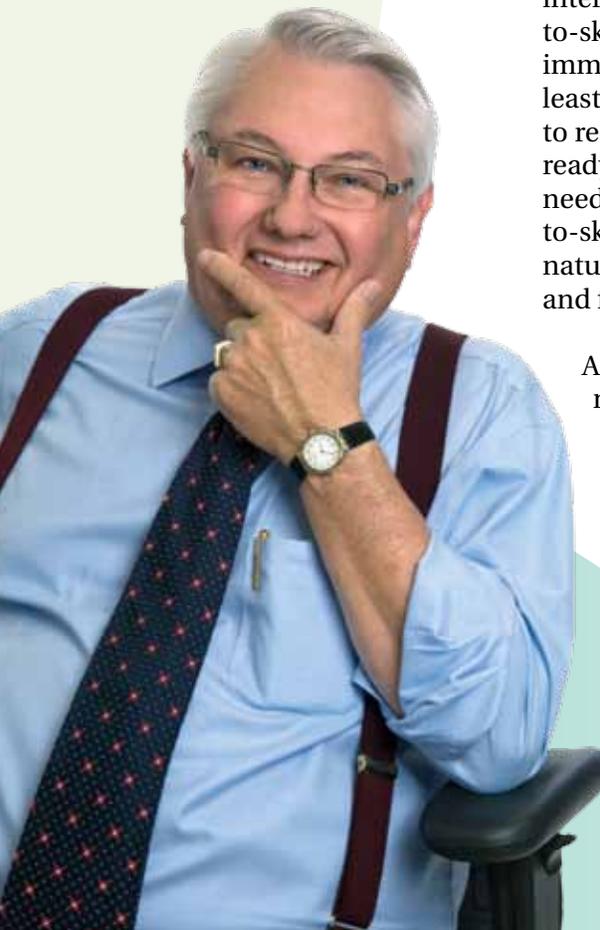
Step four of the World Health Organization (WHO)/UNICEF Ten Steps to Successful Breastfeeding is to help mothers initiate breastfeeding within an hour of birth. This is now interpreted as: place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour, encourage mothers to recognize when their babies are ready to breastfeed, and offer help if needed. Read more about how skin-to-skin contact facilitates a baby's natural instinct to crawl to the breast and feed on page 16.

As infants and children mature, new foods and experiences

begin to shape their attitudes and preferences. On page 6, learn how one influencer of eating habits, the restaurant industry, is moving towards offering healthier options for children. For a look into the latest research on how other settings affect the way preschoolers eat, read "Environmental Influences on Preschool Feeding" on page 14.

No matter what age, we want to make sure that all family members, not just the children, are leading healthy lives. Parents and caregivers with healthy lifestyles tend to have children with healthy habits. On page 12, read about how Cynthia Green, a nutritionist at Local Agency 43, used her obesity prevention mini grant to teach participants how they can grow and enjoy nutritious foods with their families year round.

Take pride in knowing that you are giving children in Texas the chance to thrive and reach their full potential. The incredible services you are providing will improve their quality of life for generations to come.



From the Texas WIC Director
— Mike Montgomery

in this issue



- 2 WIC Helping Children Thrive in Texas
- 4 Working Your Way Through a Formula Contract Change
- 6 Kid's Nutrition at Top of Restaurant Menu Trends
- 8 What's New with TexasWIC.org?
- 10 What's New in Nutrition Education
- Pull Out Section** ▶ WIC Wellness Works
- 11 Christie Kennedy Retires
- 12 Local Agency Spotlight – LA 43: WIC Community Garden Grows More Than Just Fresh Foods
- 14 RD Corner – Environmental Influences on Preschool Feeding
- 16 BF Chronicles – The Importance of Skin-to-Skin
- 18 Test Your Child-Feeding I.Q.

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Mike Montgomery
Texas WIC Director

Linda Brumble
Manager
Nutrition Education / Clinic Services Unit

Patti Fitch
Manager
Clinic Services Branch

Shirley Ellis
Manager
Nutrition Education Branch

Mandy Seay
Publication Coordinator

Clare Wolf
Managing Editor / Designer

Betty Castle, Joseph de Leon, Renee Mims
Contributing Editors

Chris Coxwell
Photographer

Betty Castle, Irma Rendon,
Lorise Grimbball,
Karina Prado,
Kanokwalee Pusitanun
Contributing Designers

Health and Human Services
Printing Services
Printing

Leticia Silva
Subscriptions



Department of State Health Services
Nutrition Services Section
P.O. Box 149347, Austin, TX 78714-9347
<http://www.dshs.state.tx.us/wichd/default.shtm>.

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

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Working Your Way Through a Formula Contract Change

by Sandra Brown, M.S., R.D.
Food/Formula Specialist

All state WIC programs are required to contain the cost of providing infant formula. This is done by allowing manufacturers to submit bids for a contract to supply a rebate on containers purchased by program participants. The winning manufacturer becomes the sole supplier of formula used by participants that are not exclusively breastfed and do not require medically necessary formula or medical foods. The contract is awarded to the manufacturer who agrees to provide a standard quantity of formula for the lowest cost to the WIC program. Contracts generally last for 3 to 5 years before another bid occurs. A change in the contract formula affects staff, participants, healthcare providers, and vendors to different degrees and in different ways. WIC staff play an essential and important role in eas-

ing this transition. This article will provide tips for making this transition easier for all involved.

For Staff

The Texas WIC program awarded new infant formula contracts in March 2012. States and state alliances with more than 100,000 infant participants are required by federal mandate to award separate contracts for milk- and soy-based infant formula. This was designed to encourage competition between manufacturers. For the first time in Texas history, two contracts were awarded to separate manufacturers. Milk-based infant formula will continue to be supplied by Abbott Nutrition, makers of Similac brand formula. Soy-based infant formula will now be supplied by Gerber Products, makers of Good Start Soy formula. The state agency will develop materials to assist local staff. These materials will provide information on the new contract formula choices and how they compare with the current options. The new formula contracts will begin with the October 2012 benefit month.

All participants will receive the old soy formulas on September 30 or earlier and the new soy formula brand on October 1, 2012. For example, if a participant goes to a WIC clinic on September 15 and is issued a contract soy formula, they will receive Similac Soy Isomil for the benefit month of September and then Good Start Soy for October and November. There will be no gradual transition as vendors will have to change their stock quickly in preparation for the Good Start Soy purchases that will start on October 1.

For Texas, this will be different from the last change in formulas that occurred in 2007. While moving through this transition, WIC staff may find it helpful to ask participants to complete their soy formula purchases earlier in September since stores will need to change their stocking patterns to prepare for the October changes.

Staff should also keep close watch over returned soy formula inventory. It will be important to move soy formula out to other participants receiving benefits as quickly as possible. Staff will not want to keep a large quantity of Similac Soy Isomil as September draws near because it will be difficult to move after October 1.

Participants Should Be Told

Staff can explain that standard soy formulas

made by different manufacturers contain similar ingredients. Mild symptoms that their infants may experience when changing to a new formula include occasional spitting up, loose stools, or less frequent bowel movements. Most infants will move easily through this period of adjustment with no problems. Transition handouts with instructions to mix old and new formulas together, are available on the Texas WIC website at WIC Foods, State of Texas, Department of State Health Services <http://www.dshs.state.tx.us/wichd/nut/foods-nut.shtm> under the heading “Changing to New Formula.”

For Healthcare Providers

In the past, letters were sent to healthcare providers informing them of the contract formula change. Unfortunately, many of these letters were returned to the state office, despite attempts to obtain an up-to-date mailing list. This time, because the change is limited to soy formula, a large mail out will not occur. The Texas WIC.org and Department of State Health Services websites will be utilized to provide information to healthcare providers. Publications for physicians will also be targeted to provide notice. An informational handout will be created for local agency staff to use if they desire to visit some key healthcare provider offices in their communities. The medical request form has been revised.

Vendors Will Be Told

New this year is the one-day transition from old formula to new formula. For the first time, all formula benefits will be provided via an electronic benefits transfer card (EBT) statewide during a formula contract transition. This means that the new formula will need to be available statewide on October 1, 2012. The old formula will be issued and purchased through midnight September 30, 2012. This is likely to result in inventory challenges for vendors.

In Summary

Tips for Staff

- Run reports to determine numbers of clients currently using soy formula.
- Become informed about the new soy contract formula options.
- Review “frequently asked questions” handouts to be prepared for participant questions.
- Encourage participants to be patient during the transition. It will be especially helpful if

they purchase enough formula for a few days or a week and not for a full month at once.

- Keep healthcare providers in the loop. If you can, check to see that they are aware of the change. If not, direct them to the www.TexasWIC.org website and fax or take them a copy of the change letter and handouts that you received.
- Reduce returned formula inventory of all forms of Similac Soy Isomil.

Tips for Participants

- Obtain transition handouts from the local WIC office. These handouts can be provided to participants who receive soy contract formula and pregnant women who request information about the soy formula WIC provides.
- Try to complete formula purchases before the last day of the September benefit month. Vendors will likely need to shift stock to prepare for the changing purchasing patterns that will begin on October 1.
- Become informed about the potential digestive changes that might occur with a change in formula.
- See your healthcare provider if serious symptoms occur such as vomiting, diarrhea, rash, breathing difficulties, bloody stools, etc.

Tips for Healthcare Providers

- Obtain new contract formula information online at www.TexasWIC.org
- Watch for notices in professional newsletters.
- Contact a WIC clinic in your area and talk with nutrition staff.

Tips for Vendors

- Expect to stock current contract soy formula through September 30, 2012.
- Expect purchases of the changed formula to begin at 12:00 a.m. on October 1, 2012.
- Build inventory of the new formulas toward the end of September in order to meet the new demand.
- Work with your local WIC clinics to determine possible numbers of clients affected.

Conclusion

In a few months you will hardly know that a change has occurred. Newly enrolled participants will not know that there was another choice before and older infants will have weathered the transition well. Change is an exciting part of working with WIC.

Kid's Nutrition at Top of Restaurant Menu Trends

by Paula Kanter, R.D.
Clinic Nutrition Specialist

Results from the National Restaurant Association (NRA) and the Kids LiveWell program indicate that the restaurant industry has taken a more proactive role in providing healthier options for children.

Menu Trends in 2012

Every year the NRA, the leading business association for the restaurant industry, surveys professional chefs to learn the hottest menu items in an effort to predict menu trends for the next year. In Fall 2011 approximately 1,700 chefs completed the "What's Hot in 2012" survey asking about 223 food and beverage items, cuisines, culinary themes, and preparation methods. They were asked to rate each restaurant menu item as either a "hot trend," "yesterday's news," or "perennial favorite."

The survey results revealed that children's nutrition and local sourcing would be among the "hottest" trends on restaurant menus. Also, local and sustainable foods and artisan foods were "hot." Additionally, gluten-free foods and food allergy awareness scored high. "What's Hot in 2012" ranked "gluten-free/food allergy conscious" as the No. 7 restaurant trend, up one spot from No. 8 in 2011 and two spots from No. 9 in 2010.

Other trends by category showed the following results.

Under the "Kids' Meals" category, the top five trends:

1. Healthful kids' meals
2. Whole-grain items in kids' meals
3. Fruit and vegetable side-dish items for children
4. "Mini meals" (smaller versions of adult menu items)
5. Oven-baked items in kid's meals (e.g., baked chicken fingers, oven baked fries)

Under the "Culinary Themes" category, the top five trends:

1. Hyper-local sourcing (restaurant gardens)
2. Sustainability
3. Children's nutrition
4. Gluten-free and food allergy conscious
5. Farm/estate-branded ingredients (products

from smaller production, individual, or artisanal farms)

The top five trends under the "Produce" category:

1. Locally grown produce
2. Organic produce
3. Superfruits (acai, goji berry, mangosteen)
4. Exotic fruits (rambutan, dragon fruit, paw paw, guava)
5. Heirloom apples (old varieties that have nearly disappeared from the marketplace such as Sheepnose, American Mother, and Lady Sweet)

Top 20 Trends for 2012		HOT TREND	Yesterday's News	Perennial Favorite
1	Locally sourced meats and seafood	83%	5%	12%
2	Locally grown produce	81%	4%	15%
3	Healthful kids' meals	78%	7%	16%
4	Hyper-local sourcing (e.g., restaurant gardens)	77%	7%	11%
5	Sustainability	76%	12%	16%
6	Children's nutrition	75%	8%	19%
7	Gluten-free/food allergy conscious	75%	6%	15%
8	Locally-produced wine and beer	73%	10%	17%
9	Sustainable seafood	73%	10%	16%
10	Whole grain items in kid's meals	72%	16%	12%
11	Newly fabricated cuts of meat	83%	5%	12%
12	Farm/estate-branded ingredients	72%	20%	14%
13	Food trucks/street food	70%	16%	14%
14	Micro-distilled/artisan spirits	70%	17%	14%
15	Artisan/house-made ice cream	68%	12%	20%
16	Health/nutrition	68%	7%	25%
17	Non-traditional fish (e.g. branzino, Arctic char, barramundi)	68%	21%	10%
18	Fruit/vegetable children's side items	68%	12%	20%
19	"Mini meals" (e.g. smaller versions of adult menu items)	68%	15%	17%
20	Culinary Cocktails	67%	24%	8%

Kids LiveWellSM Program

In July 2011, the NRA launched Kids LiveWell in collaboration with Healthy Dining (whose team of registered dietitians works with restaurants to identify and validate the qualifying menu choices). Kids LiveWell is a voluntary program for restaurants to offer healthful foods for children. The initiative focuses on increasing consumption of fruit and vegetables, lean protein, whole grains, and low-fat dairy, while limiting unhealthy fats, sugars, and sodium.

“Kids LiveWell underscores that restaurants can be part of the solution to ensuring a healthier generation and providing consumer choice in dining options,” said Dawn Sweeney, President and CEO of the National Restaurant Association.

To join the program, restaurants pay a nominal fee for the nutrition validation and agree to offer and promote a selection of items that meet qualifying criteria based on leading health organizations’ recommendations, including the 2010 USDA Dietary Guidelines.

A team of registered dietitians with Healthy Dining work with restaurants to identify and validate the qualifying menu choices that meet the Kids LiveWell criteria. The criteria can

be found on the website at <http://www.restaurant.org/food-healthyliving/kidslivewell/index.cfm>.

Any restaurant can join, including casual and fine dining restaurants as well as fast food restaurants. Participating restaurants benefit by receiving:

- Placement on Healthy Dining website at http://www.healthydiningfinder.com/kids_livewell/index and on the NRA’s free Kids LiveWell app.
- Promotion of the Kids LiveWell program by the National Restaurant Association and Healthy Dining
- Marketing materials to highlight and promote their healthful options including an icon to indicate Kids LiveWell options

WIC staff can help parents make healthier choices when dining out by informing them about the Kids LiveWell program. Parents can find participating restaurants and information about healthy dining out at HealthyDiningFinder.com. Parents can also follow the program on Twitter @KidsLiveWell and Facebook to stay informed of new participating restaurants and other health and wellness news.

Kids LiveWell logo is a service mark of the National Restaurant Association



According to Joy Dubost, Ph.D, R.D., director of Nutrition & Healthy Living for the National Restaurant Association, “The top menu trends we’re seeing in our *What’s Hot in 2012* survey reflect the macro-trends we have seen grow over the last several years. Nutrition — especially when it comes to children — is becoming a major focus for the nation’s nearly one million restaurants, in tune with consumers’ increasing interest in healthful eating.”

Dubost also stated, “Local sourcing of everything — from meat and fish to produce — is another big trend for 2012. Local farms and food producers have become an important source of ingredients for chefs and restaurateurs wishing to support the members of their business community and highlight seasonal ingredients on menus.”

Chefs were asked how to best achieve the USDA’s latest dietary guidelines of increasing fruits and vegetables in Americans’ diets. A little over half (55 percent) said to offer a wider variety of vegetable/fruit side dishes on menus, 19 percent said to use more produce in existing recipes (e.g. double the amount of peas in risotto dish), and 16 percent

said to follow MyPlate’s visual guideline of making fruits and vegetables half the plate.

When asked whether the restaurant/foodservice establishment where you work has a garden, almost one-third said that it does, one in five said they don’t have space for a garden, and nearly half said they don’t have a garden and rely on suppliers for all their produce needs.

More than six out of 10 (61 percent) of the chefs said they would consider launching a food truck as an entrepreneurial business venture.

And technology? About one-quarter of the chefs (26 percent) ranked smartphone apps for consumers (e.g. ordering, menus) as the hottest trend in restaurants, and another quarter (25 percent) said tablet computers (e.g. iPads) for menus and wine lists would be the top technology trend. Sixteen percent said mobile/wireless/pay-at-the-table payment options and the same percentage said social media would be the top trend.

Wasabi peas and foam/froth/air (as a preparation method) ranked highest as “yesterday’s news.”

Source: National Restaurant Association

http://www.restaurant.org/nra_news_blog/2011/12/whats-hot-in-2012-chef-survey-shows-local-sourcing-kids-nutrition-as-top-menu-trends.cfm

What's New with TexasWIC.org?

by Erica Harris, M.S., R.D., L.D.
Nutrition Education Consultant



The TexasWIC.org website began in 2005 as a site for Texas WIC participants to complete online nutrition classes, but over the years it has grown to be much more. Approximately 40,000 people visit the website each month, and the numbers keep climbing. The website is poised to become a place to direct not only WIC participants but also WIC partners for reliable and up-to-date information about the program. This article highlights recent trends and outlines upcoming improvements.

New Online Lessons

Texas WIC provides quality nutrition education to participants, and for the last seven years the TexasWIC.org website has enabled participants to complete classes in the convenience of their homes. In March 2012, over 35,000 participants completed online lessons, with about 13 percent of these done in Spanish. While face-to-face learning in the classroom provides social support and other valuable benefits to clients, online lessons have reduced traffic in clinics and provided an option for client-centered learning that works well for many busy WIC parents. Texas WIC has responded to the popularity of web lessons by continuing to release new ones. Newer lessons address infant and child-feeding topics, childhood obesity, and anemia. The website now offers 18 lessons for parents of children and infants, pregnant women, and breastfeeding mothers. In addition to lessons, the site also includes recipes, nutrition and breastfeeding resources, and information for healthcare providers.

Top 10 Most Popular Lessons on TexasWIC.org

Lesson Title	Number of Lesson Completions per Month*
Tips for Feeding 2 to 5 Year Olds	3,827
Baby's First Foods	3,542
Tips for Feeding 1 to 2 Year Olds	3,479
Feeding Infants from Birth to 6 Months	2,847
Preventing Anemia with Iron Rich Foods	2,529
Help Your Child Have a Healthy Weight	2,346
Your Guide to WIC Foods	2,060
Smart Snacks	2,085
Active Play	2,021
Cooking with Fruits & Vegetables	1,557

*Data from March 2012

Trends

Overall traffic to the website has increased steadily over time, and the way people access the site is also changing. The number of overall visitors increased over 30 percent in one year from approximately 30,000 visitors in April 2011 to 41,000 in March 2012. People from all over the state access the site with the biggest concentrations in Houston, San Antonio, Dallas, Austin, and El Paso. The majority of users access

TexasWIC.org via a Windows personal computer, but this has steadily declined over the last year as mobile access increased. The number of people accessing the site via mobile device increased from approximately 11 percent in April 2011 to approximately 25 percent in March 2012. Most mobile users access TexasWIC.org via Android devices whereas a smaller percentage uses the iPhone.

Percentage of Users Accessing TexasWIC.org on Various Platforms

Month	Windows	Macintosh	Android	iPhone	iPad
April 2011	83	5.1	7.6	2.1	0.6
May 2011	82.5	4.8	8.1	2.1	0.6
June 2011	72.4	5.3	14.5	3.7	1.5
July 2011	79.5	4.9	9.7	2.5	0.7
August 2011	78.5	5.3	10.7	2.4	0.8
Sept 2011	77.9	5	11.7	2.3	0.9
October 2011	76.2	5.2	12	2.6	1.2
November 2011	74.1	5.3	13.5	3.1	1.3
December 2011	72.4	5.3	14.5	3.7	1.5
January 2012	70.6	5.3	15.5	4.1	2.1
February 2012	70.6	5.3	15.8	4	2.1
March 2012	68.9	5.3	17	4.2	2.5

Top 10 Cities Accessing TexasWIC.org

City	Number of Visits per Month*
Houston	8,645
San Antonio	5,458
Dallas	4,426
Austin	3,259
El Paso	2,857
McAllen	2,030
Corpus Christi	943
Fort Worth	913
Lubbock	664
Laredo	655

*Data from March 2012



Upcoming Improvements

Texas WIC recognizes the importance of having a website that puts our best foot forward — both for WIC participants and the general public — and is revamping TexasWIC.org to do just that. Texas WIC has been busy laying the groundwork for the upgrade — both in terms of improvements to technology infrastructure and user design — and hopefully the result is worth the wait. The website will have a fresh look and be easier to navigate. It will also be more manageable for the state office to keep updated, which will hopefully result in more online classes and better online nutrition and breastfeeding resources. WIC partners, healthcare providers, and vendors will also be able to find information and resources more quickly and efficiently.

Texas WIC strives to help make exceptional kids, and the new and improved TexasWIC.org website will help the program deliver on that promise. A state of the art website will enable WIC to better engage participants and partners in promoting healthy behaviors in our increasingly tech-savvy world.

What's New in Nutrition Education

by Meghan Coffey
Nutrition Education Consultant



The opportunity for nutrition education (NE) contacts has increased as Texas WIC made the transition to the one-year certification period for children. In order to provide participants with a variety of NE options that will meet their needs and interests, the Nutrition Education Branch has been working hard to create and update NE materials.

CCNE

Last year the theme was, “Out with the old in with the new.” In keeping up with last year’s momentum, many lessons have been revised or replaced. New lesson improvements include updated information, fun activities, and interactive discussion questions. We have also created a new “Top Ten” lesson series. The “Top Ten” style lessons are developed to allow more flexibility for participants to choose and discuss topics that are important to them. This new style of lesson includes a Supplemental Information Guide intended to help prepare facilitators. To access new lessons, visit the CCNE webpage at <http://www.dshs.state.tx.us/wichd/nut/lesson-nut.shtm>.

New CCNE lessons include:

- MN-000-53, CCNE: Pregnancy Top Ten Discussion
- IF-000-23, CCNE: Infant Nutrition Top Ten Discussion
- CF-000-31, CCNE: Child Nutrition Top Ten Discussion
- CF-000-29, CCNE: Give Your Child Ten Tasteful Gifts That Will Last A Lifetime
- CF-000-30, CCNE: Family Meals — More Than Just Eating Together
- CF-000-32, CCNE: Breakfast Builds Better Bodies
- DH-000-07, CCNE: Healthy Children Healthy Smiles
- PN-000-10, CCNE: Diet and Women’s Health — Feeling Great Postpartum and Beyond
- PN-000-11, CCNE: What Can I Do Besides Eat?
- IF-000-24, CCNE: Fun and Feeding for a Healthy Weight

Self-paced and bulletin board lessons

A new twist on old favorites. This year the state agency (SA) reissued guidelines to assist local agencies in their usage of self-paced and bulletin board lessons. Newly developed self-paced and bulletin board lessons are aimed to increase participant interaction. The SA is designing new bulletin board lessons with modular components that allow for easy printing and assembly.

Check out these new and improved self-paced and bulletin board lessons:

- PB-000-07: Help Your Child Have a Healthy Weight
- PB-000-08: Healthy Teeth, Healthy Smile
- SP-000-35: Picky Eaters — Making Peace with Food
- SP-000-36: Be Active, Feel Great

Handouts

Lessons are not the only nutrition education materials that the SA has been updating. Handouts help to reinforce NE topics discussed in classes or individual counseling sessions.

Redesigned and updated handouts available on the WIC catalog include:

- Help Your Child Have a Healthy Weight
- Help! My Child Is a Picky Eater

Web lessons on Texaswic.org are still growing in popularity

The newest additions include:

- WL-000-18: Tips for Feeding 1 to 2 Year Olds
- WL-000-21: Tips for Feeding 2 to 5 Year Olds
- WL-000-19: Help Your Child Have a Healthy Weight
- LS-000-20: Preventing Anemia with Iron Rich Foods

We have many new topics in development so please take time to read memos announcing the availability of new NE materials. There has been, and will continue to be, a lot of progress, and WIC is excited to provide new NE materials.

by Erin Thornberry and Meghan Coffey
Nutrition Education Consultants



Vitamin and Mineral Supplements

Do You Really Need Them?

Studies show that about 40 percent of the U.S. population takes a multivitamin or multimineral supplement. However, many people do not use supplements safely or even know if taking a daily supplement is necessary. Most people can get all the vitamins and minerals they need from a well-balanced diet and it's a good precautionary measure to consult your doctor before taking any supplements.

What are vitamins and minerals and why do I need them?

Vitamins and minerals are micronutrients that our body requires in relatively small amounts to function and maintain health. Vitamins are organic substances made by plants or animals. Examples are vitamins A, B, C, D, E, and K. Minerals are inorganic elements found in the earth. Mineral examples are calcium, iron, potassium, and magnesium.

Can I replace my food intake with vitamin and mineral supplements?

Supplements are meant to complement a balanced diet rather than provide all the nutrients your

body needs, or act as a meal substitute. Some people feel that taking supplements is a way to compensate for having an unhealthy diet and lifestyle. Moreover, supplement companies spend a great deal of money on advertising to the general public. These advertising efforts are often effective selling tools that can include false claims promoting the health benefits of their product. Talk with your doctor before taking supplements, especially if you are taking other medications or if you are pregnant or nursing. The best nutrition approach for promoting wellness and lowering the risk of chronic disease is to include a wide variety of foods like vegetables, fruits, low-fat dairy, lean meats, and whole grains in your daily diet. Additional nutrients from vitamin and mineral supplements can help some people meet their daily requirements based on the Dietary Reference Intakes (DRIs). The Dietary Guidelines for Americans and MyPlate provide great tips for eating well.

Who needs vitamin and mineral supplements?

If you are generally healthy and include a variety of fresh fruits, vegetables, lean meats, whole grains, and low-fat or fat-free dairy in your daily diet,

(Continued on page WWW – Insert D)

WIC WELLNESS WORKS

The Bold and The Beautiful

The Bold and the Beautiful was a WIC Wellness Works project from City of Dallas Housing and Community Services, WIC program (LA 07, site #9). Using the Power of Influence (POI) principles of likeability, consensus, reciprocity, authority, consistency, and scarcity as their guide, site 9 team pledged to work together to support, encourage, and celebrate successes towards healthier lifestyles. Recognizing that even small changes, when practiced, become new habits.

LA 07 has embraced a new way of doing business that adds value to each family visiting a clinic. Using POI techniques, they now speak and listen with their hearts. In doing so, they discovered what is most important to WIC participants and how to promote behavior changes that influence a healthier lifestyle. After noticing these remarkable changes,

site 9 realized they could incorporate these same ideas into their WIC Wellness Works program and positively influence their own lifestyle behaviors. The Bold and the Beautiful Challenge was a WIC Wellness Works pilot project within LA 07. Karen Svetz, Neighborhood Nutrition Education Coordinator, stated, “We chose this WIC Wellness Works challenge to have fun, motivate, and encourage one another, and most importantly work together as a team to move toward healthier lifestyles.” Each staff selected one personal change to make and recorded their progress on a weekly clinic chart. Physical activity, weight loss, portion control, increasing fruit and vegetable intake, managing stress, and other unique goals were all tracked and success was celebrated.

“We are 'Bold' because no client is a stranger to us and we face each workday with a positive attitude. We are 'Beautiful' because everyone is a work of beauty. We speak and act from our hearts to bring out our boldness and beauty,” Karen said.

Although successful, the pilot did have challenges. Many staff members feared stepping on the scale or worried they would not have enough self-discipline to control portion sizes for foods they loved. The amount of smiles and praise for taking the first steps were helpful and fears



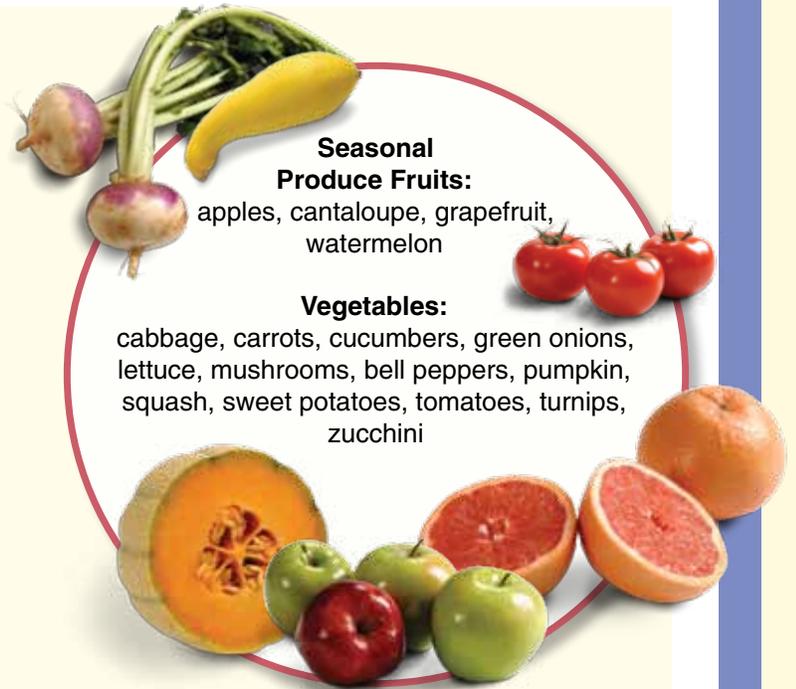
Project 7, Site 9 celebrating each other. Front row, left to right: Merla Pinada and Sandra Miera. Back row, left to right: Eric Charles, Jonny Touaboy, Adette Cole, Nelly Jaramillo, Tara Holley, Mary Sestilo, Cacey Lorentzson, Sandra Garcia, Sheroca Richard, Georgia Clark, and Rosie DeLaRosa.

diminished as weight was lost and self-control was gained. It required a lot of praise, encouragement, and respect for each other but they did it.

When originally asked what success would mean with this pilot, Karen stated, "Success would mean that any clinic can do it." Not only did LA 07 site 9 accomplish this goal but out of the 11 participants, six lost weight, two maintained weight, two team players reduced portion sizes, 10 added more physical activity to their day, and everyone increased fruit and vegetable intake.

Great Job, LA 07 site 9! You truly are Bold and Beautiful!

CONTRIBUTED BY KAREN SVETZ
NUTRITION EDUCATION COORDINATOR



recipe

Creamy Spinach Dip

http://www.eatingwell.com/recipes/creamy_spinach_dip.html

Ingredients

1 small shallot, peeled
1 5-ounce can water chestnuts, rinsed
½ cup reduced-fat cream cheese
½ cup low-fat cottage cheese
¼ cup nonfat plain yogurt
1 tablespoon lemon juice
½ teaspoon salt
Freshly ground pepper, to taste
6 ounces baby spinach
2 tablespoons chopped fresh chives

Directions

Pulse shallot and water chestnuts in a food processor until coarsely chopped.
Add cream cheese, cottage cheese, yogurt, lemon juice, salt and pepper and pulse until just combined.
Add spinach and chives and pulse until incorporated.

Tips & Notes

Make Ahead: Cover and refrigerate for up to 3 days. Stir before serving.
Nutrition Bonus: Vitamin A (15% daily value).



Nutritional Per Serving (¼ cup): 54 calories; 3g fat (2g sat, 1g mono); 10mg cholesterol; 4g carbohydrates; 4g protein; 1g fiber; 222mg sodium; 102mg potassium.

Vitamin and Mineral Supplements

(Continued from WWW – Insert A)

you may not need supplements. But a vitamin or mineral supplement can provide significant benefits if:

- You are not able to get the recommended Daily Value of vitamins and minerals from your diet.
- You are eating less than 1600 calories per day.
- You may become pregnant or are of child-bearing age.
- You are age 50 or older and not eating as much as you should.
- You are a vegan or vegetarian.
- You have a medical condition that limits your body's ability to digest and absorb nutrients like you used to.

How do I select supplements and should I believe their claims?

If a health claim sounds too good to be true, you might want to research more. The U.S. Food and Drug Administration (FDA) regulates vitamin and mineral supplements as food. This means that the manufacturers do not have the right to claim that their supplements will treat, cure, diagnose, mitigate, or prevent a disease. But, unlike a drug product, supplement manufacturers are not required to prove the product safety or effectiveness to the FDA. In addition, the FDA and USDA do not provide advice for the use of vitamin and mineral supplements. Consider the following tips before trying dietary supplements.

1. Before trying a new product always talk to your doctor.
2. Determine the potential benefits.
3. Review any safety risks the product may have.
4. Determine the proper dose to take.
5. Look for products with a quality seal: USP, NSF, TruLabel, and ConsumerLabs to make sure they are not contaminated.

Generally, an over-the-counter multivitamin will be appropriate for most adults. Remember, more expensive supplements do not necessarily mean they are of higher quality or are more effective than the others and the term natural doesn't always mean safe. Choose a trustworthy brand. Your family doctor or registered dietitian can help you decide whether you need a vitamin and mineral supplement based on your daily food intake and your stage of life.

CONTRIBUTED BY TSZ CHING VANESSA CHOW

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Mind Games

For a mental exercise, try to solve the word scramble below. Hint: a phrase or title from this Texas WIC News issue.

SERDTN NI DHICL GEIEFDN

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, Erin Thornberry, at Erin.Thornberry@dshs.state.tx.us or 1-512-341-4580.

Christie Kennedy Retires

by Lindsey Randall
Breastfeeding Promotion Nutritionist

In April 2012, one of WIC's most admirable and respected leaders, Christie Kennedy, retired after dedicating much of her life to the nutritional services program.

Christie's service with WIC began in 1976 when she learned about a new nutrition program that the El Paso County Health Department was planning to implement. She inquired about the opportunity and became WIC director, managing one of the fastest growing caseloads. In 1991, Christie became the assistant WIC director for Local Agency 48, the Harris County WIC program, where she later became the WIC director. As the Harris County WIC director, Christie oversaw the operations and services provided to approximately 64,000 participants and employed over 200 staff members.

Christie's numerous accomplishments include:

- Overseeing the conversion from IBM punch cards to printed vouchers, then the conversion from Vouchers to EBT.
- Implementing the Breastfeeding Peer Counselor Program.
- Participating in the Dietetic Internship Program.
- Piloting the first WIC Certifying Specialist program.
- Serving as an active member of the Texas Association of Local WIC Directors.
- Responding to damages while providing WIC services during the recovery period following Hurricane Ike in 2008.

As an accomplished leader, Christie is characterized as one who seeks a goal, reaches that goal, and then is off to seek another goal. And yet despite Christie's achievements, she remains modest and humble about her experiences at WIC.

Karen Gibson, UT Health Science Center of Houston WIC director, acknowledged Christie

as a "director's director — the kind that can provide practical responses based on personal experience." Christie's staff went on to say that working with Christie helped them learn the importance of maintaining a strong sense of community. Her effectiveness as a leader and open-door policy enabled her to relate well with employees. She has always been receptive to others, even when she is under a great deal of pressure.

As a friend, Christie is honest, intelligent, dedicated, fun-loving, and compassionate. No matter the topic, Christie is good for sharing a laugh and having a good time!

In her retirement announcement she described WIC as a unique "beast" and thanked everyone for the invaluable support given to her throughout her time with the WIC program. She went on to assure us that there is "life after WIC" and she plans to make the most of it by pursuing personal interests like camping, hiking, gardening, composting, rain-water harvesting, quilting and, most importantly, playing with her grandchildren.

Christie Kennedy's expertise, dedication to breastfeeding and nutrition education, as well as her willingness to improve WIC services will be carried on by the Harris County WIC program.

We wish Christie nothing but the best and remind her to keep in touch!



Christie Kennedy



LA 43:

WIC Community Garden Grows More Than Just Fresh Foods

by Debbie Lehman, Ph.D., R.D., L.D.
Nutrition Education Consultant

Cynthia Green, RD, LD, IBCLC, WIC Nutritionist for 10 years at LA 43 in Gonzales, had a dream to transform a weedy, unusable patch of land behind her clinic to an outdoor garden classroom. Green made her vision a reality with the assistance of an Obesity Prevention Mini Grant, Master Gardeners (MG) and community volunteers, along with her own blood, sweat, and tears.

Several local agencies have created community gardens, and many other agencies are curious about how they can go about doing a similar project. Gardening is not only a fun way to teach adults and children about nutrition, but also an interactive way to promote healthy eating and physical activity.

We interviewed Green to learn what it took to create her “labor of love.” Here is what she had to say.

What inspired you to start a community garden?

I love gardening, and it's a great way to complement nutrition education in a different setting. I hope giving people the opportunity to do hands-on learning will teach them not only how to eat better and more tasteful foods, but also teach them a means of self-sustainability.

Did you receive examples of community garden projects from other LAs?

Yes. I toured the Williamson County garden (LA

42) which was really inspiring to see what they have done. I also spent time talking to other WIC staff who worked with gardens at Austin Travis County Health and Human Services (LA 1) and LA 42. They helped me plan my education component as well as gave me ideas and tips.

What do you call your garden?

The title of our grant project is “Grow Your Own Foods,” but I often refer to it as the WIC Education Garden. The MG volunteers have a different name for it — “Cynthia’s Dream,” which I think is just absolutely heart-warming!

Can you tell us about the process of creating the garden?

Before I applied for the grant, I approached the Gonzales MGs and spoke to them to see if I would be able to enlist their help. The next step was to pitch the idea to my director, Emma Garza, and then our parent agency’s CEO, Henry Salas (Gonzales Community Health Center) for permission to apply and obtain space to use. I was granted permission and given an unused area on health center property that was a drainage ditch at the edge of a cement slab (30’ x 70’ space).

Next I met with the local Agriculture Extension agent to get his approval for the MGs to take on the project. Because it is an education-related program, 10 volunteers stated they were happy to assist. I met with the volunteer MGs in September 2011, and the planning phase began. We made a draft of what needed to be

done, how to do it, who to talk to, and a timeline to get the work done before the spring growing season.

The physical work began in December 2011, when we installed base lines for our drip irrigation system, 70 yards of fill dirt, and the retaining walls to hold it in. For some of the really laborious work, we used our local Intermediate Sanctions Facility, in which prisoners are required to complete community service.

Once the dirt was in place, we began putting together our different beds. To demonstrate versatility and cost-savings, we used many different materials. We built beds out of tin, landscape timbers, recycled telephone poles, rock, and donated bricks. We also built a row crop area to demonstrate growing directly in the ground and planted in numerous recycled containers (cattle feed tubs, old tires, tin cans, large planters). I spoke with local hardware stores and obtained contractor pricing for materials.

We planted our first plant, cilantro, in a tub late-January. As we got other beds completed, we followed recommendations for planting times in our county. We held our first class February 17, sending clients home with sugar snap peas we planted in 1-gallon cans as well as seed potatoes and onions. We also incorporate some of the foods we harvest into our cooking classes.

What suggestions would you give to others starting a community garden?

Find your partners before you start. If you don't have volunteers, the project will cost a lot more in labor. There are numerous groups who look for volunteer hours. There is no way I could have pulled off such a successful project without the help of MG volunteers. Also, be prepared to do a lot of physical work yourself. Getting out of the office in the name of education has been a blessing and stress-relief for me!

What are the biggest challenges you faced when creating the garden?

Time. However, because my director, Emma Garza, has shown so much patience with the time I am out of the office and in the garden getting it prepared for teaching, we have made it work. My co-workers have had to help out on Fridays, while I work in the garden. Working together is an instrumental factor.

Do you need prior experience with gardening to make this work?

My lifetime of gardening experience is a huge asset and has been a major force driving me to make the project successful, but I constantly learn from the MG volunteers, and sometimes they even learn from me. Even without much knowledge of gardening, so much information is available, and gaining the necessary knowledge is not difficult. If you are willing to learn and have the desire to take on a garden and care for it on a regular basis the reward is great.

How often do you hold gardening classes?

Because of the care required, we hold classes once every week. The clients are typically here for 30 minutes, but some clients enjoy staying as volunteers. The moms really take pride in what they have accomplished!

What main topics do you cover in your gardening classes?

We talk about basic nutrition and the importance of eating vegetables at most every meal. Sometimes we talk about how to prepare a specific food that we grow, and we distribute recipes to go along with the harvest. We also try to find out what kind of living situation each client has and give them ideas of what they can do where they live.

What kind of staff is necessary to maintain the garden?

I spend about 10 to 15 minutes every two to three days watering the few items that require hand-watering. The rest is set up on timers and a drip irrigation system to help with time management and water conservation. I spend two hours on Fridays teaching the class (prep time, teaching time, and small amounts of maintenance). A gardener volunteer spends 1-2 hours on Fridays as well.

What has the community/participant response been towards the garden?

This has been one of the best parts of the project: the community LOVES it! We transformed an eyesore into a beautiful garden. People drive up all the time just to look at it. The clients who go out into the garden have made statements like, "It's really cool to come into a garden for nutrition education." We also have had great news coverage of the project that has helped get the word out.

Environmental Influences on Preschool Feeding

by Mandy Seay, R.D., L.D.
Nutrition Education Consultant

Early exposure to nutritious foods is not only important for the development and growth of young children, but for shaping life-long food attitudes and eating patterns. Children's food preferences are influenced by various factors, but perhaps the most noteworthy is environment. Unfortunately, many of the environments occupied by children promote consumption of low-nutrient, high-calorie foods.

According to the Centers for Disease Control and Prevention (CDC), one in three children are obese or overweight before their 5th birthday. Preschoolers who are obese are more likely to be obese adults and develop diabetes, hyperlipidemia, hypertension, sleep apnea, and asthma. It is concerning that Texas, a state with one of the greatest low-income childhood obesity rates, struggles to keep children enrolled in WIC until their 5th

birthday. New research validates previous approaches and sheds light on new interventions that may help WIC assist participants in creating healthier environments for their children.

Preschool Environment

Children cultivate their personal, social, and creative skills in preschool. Active exploration and interaction with peers and adults help form an impressionable mind. Because meals and snacks are typical daily interactive and social events in preschools, opinions regarding food are also formed here.

Past research examining the effect of increasing the intakes of vegetables by preschoolers has traditionally been performed through research-directed laboratory studies. In a recently published study, researchers, for the first time, tested the effectiveness of repeated exposure of new

vegetables in a preschool setting. In this particular study, children varied day-to-day in their consumption of vegetables but at least half did try the vegetable of the day at least one third of the time. While increased intake was not an outcome in this study, more significant and previously validated predictors of vegetable consumption were observed: peer acceptance and influence.

This data confirms that children may need to try new foods multiple times before accepting them. Additionally, parents and teachers may want to consider methodically seating "good eaters" with other children at meals to raise the bar.

Home Environment

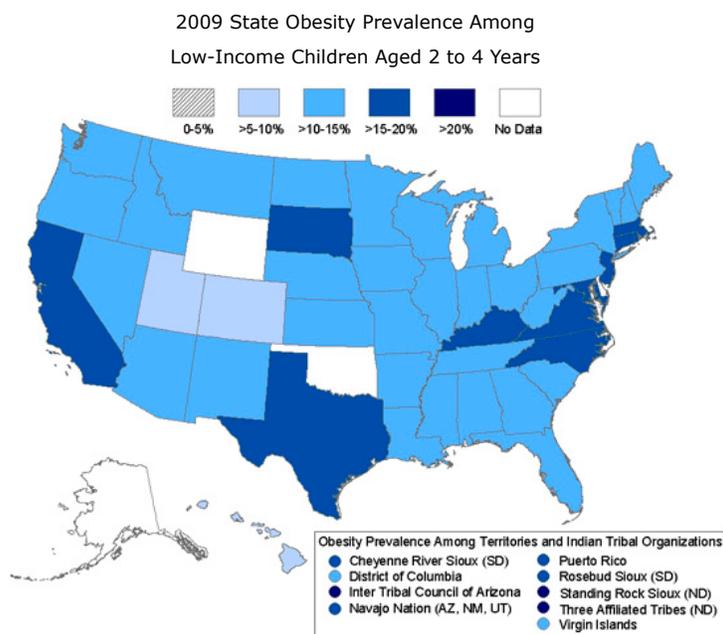
Many healthy eating interventions are targeted at the home environment since parental control and modeling may be one of the greatest influences on children's behavior and outlook. In a study in which 280 homes of preschool children were visited, data regarding physical activity and dietary patterns were collected by direct observation and interviews with parents.

Physical activity time was positively associated with:

- Mothers who walked or engaged in organized sports.
- Larger backyard size and more items of outdoor play equipment.

Interestingly, dog ownership was not associated with outdoor playtime for preschoolers.

Fruit and vegetable intake was



* <http://www.cdc.gov/obesity/childhood/data.html>

higher in preschoolers whose parents:

- Were less accepting of wasted food
- Did not encourage their child to “clean their plate”
- Did not frequently use food as rewards or incentives
- Did not allow their child to eat in front of the TV
- Limited intake of fruit juice, high fat/sugar snacks, and second helpings

Homes that had fruits and vegetables readily available were associated with increased consumption by children. Conversely, children in homes that had larger quantities of fruit juice and breakfast bars consumed less fruits and vegetables.

Full fat dairy products available in the home were not only associated with a higher dairy fat intake, but also with more frequent snacking during the day.

Children more likely to drink sugar sweetened beverages had parents who:

- Ate fewer meals with the family
- Consumed evening meals in front of the television
- Used food as a reward

Preschoolers whose parents restricted fruit juice and sweetened drinks had a lower intake of these beverages.

Parental control regarding less healthy foods such as sweetened beverages and nutrient poor snacks was also examined:

- Coercive behaviors appear to lead to a preschooler's preference for these foods (using pressure, intimidation, or threats regarding food)
- Restrictive or limiting behavior was associated with lower intake of these foods (giving limited amounts of certain foods)

Counseling interventions aimed at the types and amounts of foods stocked in the home may be an effective first step in helping parents improve prevention methods, dietary patterns and weight, not only for their children but for the whole family.

Child Care

Approximately 66 percent of children under the age of 6 are cared for by a child-care center, Head Start program, or in-home sitter. Preschool children spend an average of 25 hours a week being cared for by someone other than a parent. Child-care settings are great environments for promoting healthy eating and physical activity; however, some research indicates children who spend more than 10 hours a week in an informal child-care setting (child care provided by a relative, neighbor, friend or other unregistered caregiver) are more likely to be obese than those attending formal child care (centers with a registered caregiver).

In one study, 297 caregivers in Kansas were surveyed:

- Only 47 percent provided nutrition education to children by playing games or reading books.
- More than half stated that they are not provided with annual nutrition training.
- 68 percent regularly sit down and talk with children about healthy foods during meals.
- One in five noted that children are required to finish everything on their plate before leaving the table.
- 17 percent reported eating or drinking unhealthy foods in front of children.

Evidence suggests that the following interventions have demonstrated a positive impact:

- Modifying foodservice practices
- Providing classroom-based nutrition education
- Engaging parents through educational newsletters or activities

While much of the research in this setting is limited and dated, current evidence may encourage parents to learn more about their child-care environment, specifically caregiver responsibilities at meal times, nutrition education provided to children, physical activity, and types of foods served.

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The Importance of Skin-To-Skin

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

After birth, the best place for a healthy newborn to be is with Mom. Mom has everything her baby needs — warmth, familiarity, comfort, and the perfect nutrition. This simple, natural contact between mom and baby has health benefits for both and increases breastfeeding success.

The First Hour

The World Health Organization recognizes the importance of skin-to-skin contact, especially right after birth, and has incorporated it into step four of the Ten Steps to Successful Breastfeeding. *Help all mothers initiate breastfeeding within one hour of birth. Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.*

There are nine stages that occur in the first hour or two after birth when a baby is immediately placed skin-to-skin with his mother (see chart below). The stages are natural for the baby, and if the baby is allowed to go through the stages undisturbed, the likelihood of breastfeeding success is greatly enhanced.

Once a baby is placed skin-to-skin with his mother and becomes comfortable in his new surroundings he will start searching for food. A baby will begin to make intentional crawling and



Nine Stages of new baby behavior

Stage	Approximate timeline	Behavior/Description
1: The Birth Cry	Immediately after birth	Helps the baby's lungs expand
2: Relaxation	First minutes of life	Happens when the baby relaxes after the birth cry
3: Awakening	3 minutes after birth	The baby will make small head and shoulder movements, some mouth movements, and may open eyes
4: Activity	8 minutes after birth	The baby will show increased mouthing/sucking movements, bring his hand to mouth, baby may keep eyes open and look at breast
5: Rest	Throughout 1 st hour	The baby may rest between periods of activity throughout the first hour or so
6: Crawling	35 minutes after birth	The baby will make intentional crawling pushing movements towards the breast
7: Familiarization	45 minutes after Birth	The baby will lick the nipple and touch/massage the breast, this stage may last for 20 minutes or more
8: Suckling	1 hour after birth	The baby will take the nipple, self attach, and suckle at the breast after an un-medicated birth (this may take more than an hour after medicated birth)
9: Sleep	1.5 – 2 hours after birth	Happens after suckling, the baby will usually sleep about 1½ to 2 hours

(Widstrom 2010)

pushing movements towards the breast about 35 minutes after delivery and will start suckling in about an hour.

Being in skin-to-skin contact is like being in his own personal restaurant with his own personal chef. The meals are made especially for him. Make sure that mom understands that she is the only person that can provide this perfect food for her baby. She is all her baby needs.

The Benefits

In skin-to-skin care, the familiar smell and sound of mom can calm a frantic newborn. A baby held skin-to-skin will cry less, have lower stress hormones, and have less reaction to painful procedures, such as heel pricks. Skin-to-skin improves a baby's blood sugar values and oxygen levels and results in more stable body temperature. Mom's body heat will keep the baby warm. The temperature of her breasts will actually change to keep the baby's temperature stable.

Allowing a baby to remain skin-to-skin and latch on his own with only help from his mother will give mom the confidence she needs to breastfeed successfully once she goes home. Mothers who receive assistance with all feedings in the hospital may lack confidence in their ability to breastfeed at home without help. If the first feeding takes place with little to no assistance, the mother feels as though she and the infant know what they are doing. This can translate into improved confidence, an increase in breastfeeding duration, and improvements in health outcomes for both baby and mom.

Moms that keep the baby in the same room with them in the hospital and learn baby's cues will have an easier time adapting to being a new mom when they go home. Research has also shown that moms actually sleep better if baby stays in the room. If the baby is sent to the nursery during the hospital stay, he is often brought to the mother only when exhibiting late hunger cues which makes latch much more difficult. The infant may receive a bottle or pacifier, which can also negatively affect breastfeeding in the first few days. This mom may struggle more in her first few days home and is more likely to quit breastfeeding.

Action Steps

Teach about the importance of skin-to-skin – Unfortunately, skin-to-skin care is not a common practice in all hospitals. Educating moms about

the importance of it will make them more likely to ask for it when they are in the hospital.

Recommend limiting visitors – The first hours of life are so precious for the new family. It is a time for the parents to bond and learn to care for their new baby. This is not a good time for visitors. Encourage moms to ask family members to visit later or to help in other ways such as doing chores, caring for older children, or making meals for the new mom. This will relieve the stress of mom's everyday household duties and allow her to enjoy her new baby and get some rest.

Promote the Ten Steps – The easiest way to assure skin-to-skin care and improve breastfeeding outcomes is to promote the Ten Steps to Successful Breastfeeding. Baby-Friendly designation through Baby Friendly USA requires 100 percent compliance with the Ten Steps while the Department of State Health Services Texas Ten Step designation requires facilities to address 85 percent of the Ten Steps. While Baby-Friendly designation is the gold standard, both designations result in an increase in women reaching their personal breastfeeding goals and a reduction of gaps in racial and ethnic disparities.

For more information on how you can promote Texas Ten Step designation in your community, please visit <http://texastenstep.org/>.

For more information on Baby-Friendly designation please visit <http://www.babyfriendlyusa.org/>.

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Test Your Child-Feeding I.Q.

by Eaton Wright, BS, NUT
Nutrition Expert

Eaton here to test your Child-Feeding I.Q. When it comes to feeding their families, parents have never had more choices. From fast and convenient food to supersized drinks to sugar-laden snacks, it has never been more difficult to make good choices. With timely and topical nutrition education and nutritious foods, WIC helps parents make better feeding choices.



Quiz:

1. True or False – Blueberry or Bilberry, the difference is on the inside.
2. When it comes to milk, mooooooooooooooooooooooving to low-fat milk is the healthier choice. Low-fat milk includes:
 - a. 2%
 - b. Fat-free (skim)
 - c. Whole
 - d. 1%
 - e. B and D
3. True or False – Refined grains still have bran and germ intact.
4. All of the following are legumes except:
 - a. Alfalfa
 - b. Peanut
 - c. Pinto bean
 - d. Pea



Answers:

1. The answer is True. There are many names for what we generally call a blueberry — bilberry, bleuets, myrtilles, and blaeberry. The most obvious difference between the blueberry and bilberry is ripe blueberries have white or light green flesh, while bilberries are purple throughout. Blueberries are jam packed with vitamin C, dietary fiber, manganese, and antioxidants (especially anthocyanins), which give the fruit its blue hue and are major contributors to antioxidant activity. The bilberry fruit is not to be confused with Bill Berry, former drummer for the band R.E.M.
2. The answer is E. Fat-free and 1% milk. Although 2% milk is lower in fat than whole milk, it is technically not low in fat. And, fat-free and 1% milk have all of the good stuff that we drink milk for... calcium, vitamin D, and protein. So make the mooooooooooooooooooove to low-fat milk.
3. The answer is False. Generally, there are three types of grains: whole, enriched, and refined. Refined grains are milled to strip out both the bran and germ to give them a finer texture. The refining process also removes many nutrients including fiber. Enriched means that some of the nutrients lost during processing are added back in. Some enriched grains are grains that have lost B vitamins added back in, but not the lost fiber. Whole grains are unrefined grains that haven't had their bran and germ removed by milling. Whole grains are better sources of fiber and other important nutrients. The 2010 Dietary Guidelines for Americans recommends that at least half of all the grains you eat are whole grains. It is not always easy to tell what kind of grains a product has, especially bread. If you're not sure something has whole grains, check the product label or the nutrition facts panel. Look for the word "whole" on the package, and make sure whole grains appear among the first items in the ingredient list.
4. Trick question. They're all legumes. A legume is a plant containing pods (the fruit). Legumes cover a wide range of plants from alfalfa, clover, peas, beans, lentils, mesquite, carob, soy, and peanuts. Legumes are typically low in fat, high in folate, potassium, iron, magnesium, and soluble and insoluble fiber. A good source of protein, legumes can be a healthy substitute for meat. You know the old saying, "Beans, beans the magical fruit; the more you eat, the better you feel!"

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





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

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