

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



The “W” in WIC: Women’s Wellness

Lori Fortin, RD, LD, Riley County



This session from the 2016 NWA Nutrition and Breastfeeding Conference included many topics revolving around women and their health. Educating women about how to prepare for future pregnancies was a focus. Less than half of delivered WIC moms attend their postpartum visit with their doctor, therefore acquiring contraception is often delayed or does not happen, sometimes leading to a short inter-pregnancy interval. Postpartum weight retention is an issue with many of our moms that does not get resolved prior to the next pregnancy, which leads to a vicious cycle of unhealthy weight. About 70% of our moms were not taking folate prior to getting pregnant. This topic should be discussed and stressed to those who plan to have more children in the future. Many families still struggle with not having health insurance. This will become more of an issue as the penalties for not having it will increase yearly. Referrals to a Kancare Specialist or Certified Application Counselor who can help guide them through the Market Place should be made with all applicable clients.

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Feeding the Late-Preterm Infant

Sara Dilley, RN, WIC & MCH Program Coordinator, Smith County Health Department

I really enjoyed hearing Marianne Neifert’s session, “Feeding the Late-Preterm Infant”. She brought to light the realism that babies born at 34-36 weeks are not full term babies and because of this they encounter unique breastfeeding issues. In fact they breastfeed the poorest in comparison to full term and earlier pre-term infants. One of the challenges she addressed was their inability to empty the breast well and the effects it had on breastfeeding. The advice given to pump, then feed the baby at the breast and pump again so that the breast is emptied and supply is not affected made so much sense and I will be giving this advice to the moms I counsel. Overall, I enjoyed this session because it brought attention to a subject that clearly needed the light shown on. I appreciated how very knowledgeable she was and all of her information was evidence based. I look forward to attending the next NWA conference and I feel grateful to be allowed the opportunity to attend the 2016 NWA conference in Denver, Colorado.



Infant Formula Information

Martha Hagen, MS, RD, LD, IBCLC

The best way to avoid the jungle of infant formulas is to provide exclusive breastmilk. Be sure to educate families about breastfeeding and support their breastfeeding efforts. WIC staff are supported to attend trainings about breastfeeding by accessing additional training funds. See this policy - http://www.kansaswic.org/manual/ADM_11.02.00_Financial_Support_for_LA_On-Going_Training.pdf For the first half of 2016 the WIC breastfeeding initiation rate was the highest ever – 77.3%. That rate drops dramatically with only 64.2% of moms still breastfeeding at two weeks postpartum. Moms are unable to reach their breastfeeding goals and the top reason is - “I didn’t think I had enough milk.” We are failing moms by not providing adequate anticipatory guidance about the first few weeks of breastfeeding (let’s face it folks – babies want to eat all the time the first few weeks and moms are not expecting that), not providing adequate baby behavior information, and not enough support. When parents switch to formula they are confused with good reason – let’s do our best to support breastfeeding. Then we do not have to educate about formulas and try to find one that agrees with a baby.

Formula manufacturers continue to refine formulas, trying to make a product closer to breastmilk. Formulas are also altered to make them more appealing to parents. Find more information about formulas for healthy, full term infants on the Kansas WIC Website Training page under Additional Training Resources. *Infant Formula Information – It’s a Jungle Out There* and *Infant Formula Triage Tool*

http://www.kansaswic.org/local_agencies/training.html

Equipment Inventory Tips

Ashley Warren, Program Analyst

Since the Equipment Inventory has now been used for a couple of months, here are a few tips to help out based on some common questions that we have received. Please make sure to read the “[Instructions for using Equipment Inventory in KWIC](#)”, as well as the policies, as you will find this information in these documents as well.

[ADM 02.03.05 Local Agency General Purchases](#)

[ADM 02.03.06 Equipment Inventory](#)

[ADM 02.03.07 Disposal, Transfer and Deletion of Equipment](#)

[ADM 03.01.00 Record Retention](#)

Find Screen:

The Find screen does not automatically refresh based on any changes you have made in your inventory.

To see the changes you have made, you will need to hit the Find button again for the screen to populate with the changes (i.e. new item added, item changed from currently in use to not in use, etc.).

Property numbers are not in numerical order and at this time, there is no function to sort these numbers. If you wish to find a specific number, enter the property number you wish to find in the Property Number field at the top in the search criteria section and hit the Find button.

If you are having trouble finding a piece of equipment that you know is in your inventory, make sure to uncheck the “currently in use” check box on the Find screen. The item might be marked as “no” for currently in use and if this check box is marked, it will not show on the Find screen.



Equipment Inventory Tips (Continued)

- If you are having trouble finding a piece of equipment that you know is in your inventory but is no longer in use, make sure to uncheck the “currently in use” check box on the Find screen. The item might be marked as “no” for currently in use and if this check box is marked, it will not show on the Find screen.

Adding Equipment:

- Only staff with KWIC Admin clearance can add new items into the Equipment Inventory.
- All items **must** have a KDHE property number **before** they are added into the inventory. This is a required field in KWIC.
- We have made changes to the Local Agency Inventory Worksheet so that the same information you submit to receive your sticker is what is needed when you add the piece of equipment into your inventory. Make sure you fill this form out completely.

Disposing of Equipment:

- After you have submitted the Local Agency Inventory Worksheet to your SA lead and have received approval to dispose of the item, you may go into the item’s detail record and mark it as disposed of. Do not mark it as disposed prior to receiving approval.
- Once the item is marked as disposed, it will not be deleted until the record retention timeframe has passed. Only the SA can delete inventory records in KWIC.

The Story of Wet Nursing in the United States

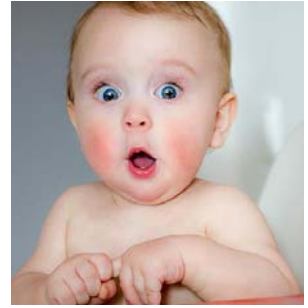
Jana Patton, RD, LD, CBE, Shawnee County Health Department

In September, I had the opportunity to attend the 2016 National WIC Association’s Nutrition Education & Breastfeeding Conference. This was my first National WIC conference and I truly enjoyed meeting people from other states, as well as attending sessions. I appreciate being allowed to attend.

One of the sessions I really enjoyed was titled, “Rich vs. Poor, Native Born vs. Immigrant, Mother vs. Mother- “The Story of Wet Nursing in the United States”. A wet nurse is a woman who breastfeeds a child that isn’t hers. In the U.S., it was the pediatrician’s biggest job to find a wet nurse if the mother didn’t want to breastfeed. The wealthy were about the only families that could afford a wet nurse. If they couldn’t afford a wet nurse, cow’s milk was given or a proprietary formula mixed with water or cow’s milk. In 1900, 13% of infants given cow’s milk died before 1 year of age due to complications. Giving cow’s milk caused diarrhea in the infants as their bodies were not ready for it. It was also unsanitary. It took 72 hours to transport on trains and was not refrigerated. Chalk was added to the milk to make it look clean and white. Plaster was added to make it look whole fat since some of the initial fat was removed with debris during the transportation process. This made breastfeeding important for survival. In the U.S., a wet nurse was brought into the home to nurse a family’s baby. She had to abandon her own child and almost 100% of them died. They were paid, but were very restricted. The opinion of wet nursing was slightly different in different parts of the United States. Many people had racial stereotypes as well. Northern and Eastern European women were preferred choices. Black women were not. But in the South, slaves were often used.

Breastfeeding R Us

Heather Peterson RD, LD, WIC Coordinator, Reno County



I was excited to attend the National WIC Association's Nutrition Education and Breastfeeding Promotion Conference in Denver. Thank you to the State Agency for providing funds to allow me to attend. All of the sessions were very interesting. I especially enjoyed the panel discussion titled "Breastfeeding R Us". The panel members were multi-cultural and reminded me of the importance of cultural sensitivity. It made me ponder whether Reno WIC could partner with other local healthcare organizations to sponsor a cultural sensitivity training or if this topic would be something the Kansas Breastfeeding Coalition would be interested in tackling? Each panelist strongly recommended that WIC reach out to leaders in the ethnic community and ask questions.

A few other nuggets of interest:

1. The hospital has a mother for 1-2 days; we have them for the next 364.
2. Asking "why do you think your baby needs formula?" can open a great dialogue regarding cultural norms.
3. Marketing breast feeding to millennial moms as "Nothing is more organic than the milk you are making for your baby".
4. Specify the importance of "your milk for your baby" message.
5. When working with grandmothers that state "you received formula, and you turned out ok", remind them that "when we know better, we do better". This doesn't shame them for formula feeding.

Again, I would like to thank the State Agency for the opportunity to attend this informative conference.

Tidbits from the 2016 NWA Nutrition Education and Breastfeeding Conference

Eryn VanVleet, RN, Patti Leach, RN, Rhea Daise, WIC Coordinator, Sherman County Health Department

Attending this year's WIC Nutrition and Breastfeeding Conference was truly an amazing experience. The most intriguing things that I learned came from the breakout session on Nutrition and the Microbiome. Interesting facts came from how different delivery methods (vaginal vs. C-section) affected the microbiota of an infant and how we have more microbiota than we have human cells. The presenter then talked about how colonization factors influenced our microbiota. Some of the factors included maternal weight prior to conception, maternal weight gain during pregnancy and antibiotic exposure during pregnancy. Another interesting factor was that maternal obesity is a strong predictive factor to childhood obesity because their maternal microbiota are transferred to the infant via many different ways such as skin or vaginal flora. Colonization factors for the infant included antibiotic exposure, weight at birth, gestational age, high fat breastmilk intake, delivery and feeding practices and whether you were born in the city or rural area. (Eryn)

The WIC Nutrition and Breastfeeding Conference was a great informative conference. One of the sessions I found most interesting was "Heart Button Counseling." The Chickasaw Nation WIC program developed and presented a very interesting approach with great results to encourage behavior change. I learned about going from logic base education to heart button counseling. The heart button is about "hope." We



Tidbits (continued)

heard testimonies from the staff and clients on using this approach and saw on the videos their reaction and results for behavior change. It's important to start by tapping into the client's emotions and aim for core conservation. I learned that for a behavior to change, there needs to be authentic and core emotions involved. The Heart Button web site is almost ready and there will be 30 activities and training videos to access. I enjoyed this presentation and videos and plan on accessing the web site when available. (Patti)

The 2016 NWA Nutrition Education & Breastfeeding Promotion Conference was wonderful and I was glad I was able to attend. It was packed with tons of useful information that I was able to bring back to my local agency. One of the breakout sessions I attended was "Up in Smoke: Understanding How Marijuana Can Impact Breastfeeding Babies." The speaker was Laurel Wilson. Laurel stated that women are not stopping the use of marijuana when breastfeeding or pregnant. Marijuana is seen as an herb and it is the number one thing used throughout the whole pregnancy. Marijuana has 30% of THC today versus in the 70's when it only had 1%. Laurel also stated there is not enough or thorough studies to show the complications on mom or baby with the continued use of marijuana. Marijuana decreases milk supply and affects sucking and digestion. Laurel stressed we need to teach stress reduction so that maybe the use of marijuana goes down. (Rhea)

Check This Out!

Pat Dunavan, MS, RD, LD.

Oregon State University Extension Service has developed a variety of excellent nutrition education materials in both English and Spanish. The nutrition education handouts address healthy eating, gardening, recipes, using individual fruits and vegetables and more. Check it out at: <http://extension.oregonstate.edu/nep/osu-edmaterials#FV>



Lead poisoning has been in the headlines with the issues with the water supply in Flint, Michigan. Here is a link to accurate information you can share with WIC clients about their diet and limiting exposure to lead sources. You can find the link at: <http://www.eatright.org/resource/health/wellness/preventing-illness/how-to-fight-lead-exposure-with-nutrition>.

There is also a new WIChealth.org lesson on how eating healthy foods can help mitigate the effects of lead exposure.

Looking for a new pregnancy tip sheet? Check out this one from USDA at: <https://wicworks.fns.usda.gov/wicworks/Topics/PregnancyFactSheet.pdf>. It is available in both English and Spanish.

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