

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



Table Salt or Sea Salt?

Julie Ornelas, RDN, LD, Nutrition Education Specialist

Most of us consume too much sodium, but iodine deficiency is becoming more common. Why is this happening?

Sea salt is promoted to be a healthier choice. Chefs and cooking show hosts commonly recommend using sea salt. But substituting sea salt for table salt comes at a health cost.

The fortification of iodine in salt is voluntary. Manufacturers of most sea salt and kosher salt do not iodize their salt. Table salt is sold with iodine and without iodine.

During pregnancy and early infancy iodine deficiency can cause irreversible effects. Iodine deficiency can also cause goiter. Before iodized salt, iodine deficiency and goiter were common. So in the 1920s many manufacturers began iodizing table salt as a way to provide adequate iodine in the diet. About 90% of Americans began using iodized table salt and the incidence of goiter became uncommon.

Recent data show that more Americans have low iodine levels. We are using less salt at the table and most manufacturers of processed foods do not use iodized salt. Using sea salt or kosher salt instead of iodized table salt is one more reason why we may not get enough iodine.

Older children and adults need 150 micrograms of iodine daily. Pregnant women need 220 micrograms and breastfeeding women need 290. A half-teaspoon of iodized salt has about 150 micrograms of iodine. It is recommended that pregnant and breastfeeding women take a prenatal vitamin that contains iodine.



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Zonya Foco's Health Tips Clips

Looking for something entertaining, yet educational, for your WIC clients?

Zonya Foco, RDN, speaker, author and cooking show host has created online [health tips clips](#) that you can use as a short educational piece or stream in your waiting room. Check it out!



Are Those Baby Food Pouches OK?

Julie Ornelas, RDN, LD, Nutrition Education Specialist

Well, it depends. (Don't you love it when people say that?)

Some concerns voiced by pediatricians and developmental specialists are that frequent use of these pouches may interfere with proper development of oral motor skills like chewing, swallowing and on the extreme end, speech and language skills.

Another concern is using pouches to pacify a fussy child, which may teach children that this is something I get when I am fussy, not necessarily when I am hungry. This can interfere with children learning to tune in to their bodies to decide if they are hungry or not.

For infants learning to eat food from a spoon, the pouches are not recommended. Sucking pureed fruits or vegetables teaches the infant nothing about opening their mouth for a spoon, moving the food around in their mouth and then swallowing it. The pouches are similar to a bottle.

Many of the pouches are a mixture of different fruits and vegetables, masked by a sweeter food like apples or pears. Parents may think this is a good thing because their child will consume more fruits and vegetables. This does not help children learn, however, the distinct flavor of each fruit or vegetable.

So, I shouldn't ever give my child a baby food pouch, right?

There are some instances where using a baby food pouch might be ok. If traveling in a car during snack time, giving a baby food pouch to an older infant or toddler might be a solution. If it were available, whole fruit or vegetables would be best. But the pouches can be left in a backpack or car longer than fresh foods. And a baby food pouch is a better choice than a cookie or chips.

Bottom line, don't use pouches with infants learning to eat foods from a spoon. For older infants and toddlers, limit their use.

WIC State Agency Live Webinar on Choline

Lisa Medrow, RDN, LD, Training Coordinator and Julie Ornelas, RDN, LD, Nutrition Education Specialist

On June 19, 2019, the state agency (SA) offered a free, live webinar to Kansas WIC staff titled, "Choline: Nutrient of Concern for Moms and More." If you missed the webinar, please send a request to view the recording to lisa.medrow@ks.gov. You can also visit: http://www.kansaswic.org/local_agencies/webinars_for_staff.htm to view the "Choline: Nutrient of Concern" webinar slides handout and a list of professional resources.

The webinar was presented by Sandy Procter, Ph.D., RD, Extension Specialist with the KSU Dept of Food, Nutrition, Dietetics & Health.

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WIC State Agency Live Webinar on Choline (continued)

The importance of folic acid for the developing fetus soon after conception is well known. Choline is also needed at this critical stage of pregnancy for decreased risk of neural tube defects and other congenital abnormalities. Choline is also important for brain and memory development in the fetus.

There is not a lot of information about choline in mainstream news or in professional publications for the medical and nutrition community. This may soon change. Sandy shared that in 2017 the American Medical Association recommended that choline be added or the amount of choline be increased in prenatal vitamin/mineral supplements. Many doctors do not yet realize this and are not discussing it with patients.

Eggs are an important source of choline and included in WIC food packages, spread the word!

In conjunction with the webinar, three client handouts on choline have been added to the [Nutrition Education section](#) of the WIC website. *Choline for a Healthy Pregnancy* and *Choline for a Smart Start* were added to the Maternal Nutrition tab and *Choline for All* was added to the General Nutrition tab.

Maternal Mental Health



There is overwhelming evidence of the importance of healthy maternal mental status for individuals and families. However, there is less clarity and much debate about how to best identify and support mothers and the family unit impacted by the most common maternal mental health disorder — depression. The Association of Public Health Nutritionists created a tool that provides public health nutritionists with basic information on maternal depression and guidance for practical first-steps to address maternal mental health (MMH). The title is *Supporting*

Mental Health in Public Health Nutrition Practice and you can find it through this link:

<https://asphn.org/?s=Maternal+Mental+Health>

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Re-imagining WIC by Dr. David Paige

Submitted by Jane Freyenberger, Riley County, after attending NWA

This speaker, who is a physician and professor of maternal child health and nutrition at Johns Hopkin's, created the prototype for the WIC program several decades ago. In his keynote address, he discussed his vision for the future of WIC. He provided a list of what he sees as the most worthwhile categories within which our current and future client retention and recruitment efforts should fall. These are listed below. It is always my intention to put into practice some things I learn if I attend a conference, so below I'll also share a bit about our efforts in Riley County.

- Streamlining services
- Eliminating duplication
- Co-locating services
- Targeting nutrition education
- Maximizing social media
- Enhancing communication
- Reducing participant burden
- Linking relevant data with other programs doing the same kind of work

Many sessions at the conference were aimed at recruitment and retention efforts. Numerous agencies discussed what they had done with grants they had received, and opportunities were given for attendees to network and discuss their efforts in these areas to learn from each other. Two of the ideas that I heard emphasized at several sessions were maximizing social media and co-locating services at various sites, including inner city women's health clinics and food pantries. A challenge voiced throughout, however, was the difficulty of measuring the success of these efforts – which ones work best and are worth continuing.

In our clinic at Riley County, I am asking my outreach team to consider these above categories as they target our efforts. Below are some of the things we are doing,

Social Media - We are not allowed to have our own Facebook page, but are starting to increase our postings on the Health Department Facebook page, using materials NWA has made available and other appropriate things we find.

Targeting Nutrition Education – We were recently given the opportunity to present at World Friendship, a weekly meeting of about 80 international women and their American friends that meets at a local church. In addition to talking about our program, we focused on teaching some simple grocery shopping tips – reading food labels, especially for fiber. This was a big hit, and we hope to find more ways to teach nutrition as part of our outreach—to become known as nutrition experts in the community.

Enhancing Communication – Head Start in our community is now part of what is termed the Early Learning Community, and any initiatives to isolate or call out the Head Start students, such as co-locating to facilitate parent's use of the program, is not encouraged. Thus, we are working with leadership of the Early Learning Community to find other ways to reach out to these parents. They have invited us to set up a table at the registration sites in mid-May to encourage and facilitate WIC participation.



Telelactation Consultation for Breastfeeding Women

By Christy Rogers, Cloud County, after attending the National WIC Association Conference in Baltimore



You've got to love technology and how it may help the large percentage of women who have issues with breastfeeding soon after delivery. At the recent NWA conference in Baltimore, there was an innovative presentation on telelactation in rural Mississippi.

Although the study group was small (203 participants), telelactation with an IBCLC was utilized in underserved areas of the state. Breastfeeding women participating in WIC were able to access an IBCLC 24/7 through a service provided by Pacify. The app on the mother's phone provides face-to-face

communication with moms and an IBCLC. While the group was too small to provide accurate statistical data, the advantages were very clear.

Mothers could receive on demand services at no cost with an IBCLC. This certainly doesn't take the place of WIC clinic assistance from staff and BFPC's. This can, though, help give clinic staff in areas that don't have an IBCLC the opportunity to refer to an IBCLC. The WIC mother may be experiencing breastfeeding difficulties that are beyond the scope of practice of the staff. Or staff may be unavailable to assist the mother in a timely manner, which we all know is a "make or break" issue for breastfeeding mothers.

New Counseling Techniques for Breastfeeding Peer Counseling

By Sheena Dallman, after attending the National WIC Association Conference in Baltimore

As a Breastfeeding Peer Counselor, one of my favorite sessions at the National WIC Association Annual Education and Training Conference was titled "WIC Breastfeeding Support. Learn Together. Grow Together." Barriers moms face, critical moments, how to frame messages, and connecting with moms were some of the topics covered. These are great topics to review and hear different ideas about. A key point made was that moms still want to have face-to-face contact and support even with all of the other ways to communicate. This helped reinforce that the work we do at our support group does matter and make a difference.

The idea of how every mom's journey is different and letting moms know that learning to breastfeed is like learning any new skill, and sometimes it can be hard, are two key points that I plan to keep in mind as I help moms with their journey. Asking them how they want their journey to look and what I can do to help them is something I plan to now do during counseling. I also enjoyed learning about the [USDA's website](#) supporting breastfeeding and the letter moms can write to their future-self stating their goals with breastfeeding. I am excited to use this as I counsel moms and can't wait to receive feedback as to whether the letter and goal setting helped them in their journey.



WHO Guidelines for Children Under 5 on Physical Activity, Sedentary Behavior and Sleep

Julie Ornelas, RDN, LD, Nutrition Education Specialist



There have been guidelines for school age children and adults for physical activity since 2010, but not for children under 5. WHO has now issued guidelines on physical activity, sedentary behavior and sleep for children under 5 years of age.

The trend of increased obesity and inadequate physical activity is well known. Many research studies have shown that both of these factors decrease life span.

A child's habits are formed early and if these are healthy habits it is more likely that a child will reach and maintain a healthy weight and be more physically active. Adequate sleep has also been shown to be important for health and maintaining a healthy weight. So what are these guidelines?

In a 24-hour day

Infants less than 1 year should:

- Be physically active at least 30 minutes (more is better) a day in a variety of ways. These could include interactive floor-based play or tummy time. The 30 minutes (more is better) can be spread throughout the day when the infant is awake.
- Not be restrained for more than 1 hour at a time. Restrained means being in a stroller, high chair or car seat. When sedentary, engaging in reading with a caregiver is encouraged. No screen time.
- Have total hours of sleep, including naps: 14—17 hours (0-3 months); 12-16 hours (4-11 months)

Children 1—2 years of age should:

- Spend at least 180 minutes (more is better), spread throughout the day, in a variety of types of physical activities at any intensity.
- Not be restrained for more than 1 hour at a time (stroller, high chair, car seat) or sit for extended periods of time. When sedentary, engaging in reading with a caregiver is encouraged. No screen time for 1 year olds; no more than 1 hour sedentary screen time for 2 year olds.
- Have 11—14 hours good quality sleep, including naps. Have regular sleep and wake-up times.

Children 3—4 years of age should:

- Spend at least 180 minutes (more is better), spread throughout the day, in a variety of types of physical activities, which includes at least 60 minutes of moderate to vigorous intensity.
- Not be restrained for more than 1 hour at a time (stroller, car seat) or sit for extended periods of time. When sedentary, engaging in reading with a caregiver is encouraged. No more than 1 hour sedentary screen time.
- Have 10—13 hours good quality sleep, including naps. Have regular sleep and wake-up times.