

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



Preventing the Progression of Type 2 Diabetes in Women With Gestational Diabetes

excerpts from an [article](#) in Journal of Women’s Health, Vol 27, no.5

Women with Gestational Diabetes (GDM) are more likely to have recurrent GDM in subsequent pregnancies and to develop Type 2 diabetes later in life.

Overall, postpartum diabetes screening appears to be less than optimal, suggesting missed opportunities to diagnose, monitor and provide appropriate medical care or interventions to treat Type 2 diabetes or that may prevent women from progressing to Type 2 diabetes. Barriers to postpartum diabetes screening may be related to clinicians not providing appropriate referrals for the diabetes screening test; lack of health insurance and high out of pocket costs; women not understanding the reason for postpartum testing, or not wanting to get tested in the postpartum period after being tested for GDM during pregnancy.

For women with a GDM history, the postpartum period is an opportunity to mitigate the risk of developing Type 2 diabetes by engaging in healthy dietary and physical activity behaviors and returning to prepregnancy weight. Women are encouraged to return to their prepregnancy weight because weight gained during pregnancy and maintained postpartum can increase body mass index and GDM risk in subsequent pregnancies.

WIC staff have a unique opportunity to prevent future development of Type 2 diabetes among women whose pregnancies are affected by GDM. By referring postpartum women who had GDM for appropriate postpartum diabetes screening and postpartum care and providing education and opportunities for changes in lifestyle, we might significantly improve the health of women and prevent future adverse pregnancy outcomes.

Kansas WIC Breastfeeding Data Guide

Did you know this even existed?! This guide helps you through various reports regarding breastfeeding. Check it out [here](#).

Of special note is page 6 of the guide, which shows an easy way to determine your exclusivity rates!

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WIC Staff Attend Kansas Breastfeeding Coalition Conference

KBC Conference: Chrononutrition

Submitted by Nancy Marihugh, RN, Administrator at Jewell County Health Department after attending the KBC conference through SA Support of Ongoing Training Funds.

The Kansas Breastfeeding Conference held in Wichita on October 24-25, 2019 was the first breastfeeding conference I have attended. All the presentations were very informative and interesting to me. I was a breastfeeding mother a generation ago and I wasn't encouraged to breastfeed or informed about the benefits of breastfeeding. A lot has changed!

The topic that jumped out the most for me was Chrononutrition in the "Breastfeeding without Nursing: Exclusive Pumping" presentation by Marsha Walker, RN, IBCLC. Breastmilk is formulated to communicate the time of day to infants with day milk having higher cortisol levels, activity-promoting amino acids and higher levels of immune factors; and nighttime milk having increased melatonin and tryptophan. Mothers should be informed that there are differences in her breastmilk at the different times of day and they may want to label it with the time of day when it was expressed. Breastmilk should be circadian-matched so that infants are alert and wanting to feed during the day, and are more sleepy at night to help with relaxing digestion and supporting cell restoration. Circadian-matched milk may improve infant health by fostering more time spent in active feeding during the day, growth rate, sleep consolidation and neurocognitive development. In addition, infants who are at high-risk for infection or are currently sick might benefit from milk collected during the day when immune factors are at their highest.

KBC Conference: Trio of Trouble

Submitted by Cynthia Becker, RN, Jewell County Health Department after attending the KBC through SA Support of Ongoing Training Funds.

I received so much information that was packed in two days. I found all subjects to be very interesting and informative. One of the many topics that stood out to me was shared by Marsha Walker, RN, IBCLC on Breastfeeding's Trio of Trouble, which are Hypoglycemia, Hyperbilirubinemia and Weight Loss.

There are several different ways to reduce hypoglycemia. Some of them are to use skin-to-skin directly after birth, initiate breastfeeding within one hour after birth, delaying the first bath to at least 12 hours post birth, if not later, avoid infant crying, avoid early separation, and more frequent feedings. She also shared her free PDF for the handouts to give to new mothers on Guidelines for Breastfeeding Your Newborn, My Hospital Discharge Checklist, Postpartum Discharge Education Checklist and Breastfeeding Problems Can Happen. I felt that they were all very informative and that our local hospitals might benefit from them and the Breastfeeding Problems Can Happen handout would be a good review for the new breastfeeding mothers and staff in our WIC clinic.

These handouts are attached to the mass email announcing the posting of the February 2020 newsletter.



My WIC Story

Monica Palomeque-Murillo, BFPC, Wyandotte County

I came to the WIC program when I found out I was pregnant. I didn't know what it was, just knew I had to call and make an appointment. I was scheduled for a Breastfeeding class and came with my baby's dad. After class, the dietitian asked me how I felt about breastfeeding. The truth was that I got a bit overwhelmed from the video and thought it was going to be complicated. My baby's daddy fell in love with breastfeeding and he responded for me, he said "She is going to breastfeed!" When the baby was born, I did have problems with latch and pumped for a month. I got some great tips when I came to my WIC appointment. My baby was able to latch when he turned one month. I was able to exclusively breastfeed for one year with the support of my WIC office.

I was unemployed at this time and wished I could work for the WIC program. I always wanted to help my community. But, I only had a high school education and didn't feel confident they would hire me. I enrolled at El Centro and completed a computer course that helped me prepare to start my job search. A position came open for the WIC program and I applied. They hired me, and I've been working for the program for 16 years now as a Breastfeeding Peer Counselor.

I've had two other children while working here, and I have been able to exclusively breastfeed and pump at work. My supervisors have always been very supportive with me about my breaks and my breastfeeding experience. Now I can help our moms with their breastfeeding experience and be here to support them.

Did You Know

"The biggest risk factor for getting cavities in your adult teeth is having cavities in your baby teeth!"

Learn more from Kathy Hunt by viewing these webinars:

Oral Health Messaging Part 1: Pregnancy & Breastfeeding

[http://www.kansaswic.org/video/Oral Health Messaging Part One Pregnant and Breastfeeding](http://www.kansaswic.org/video/Oral%20Health%20Messaging%20Part%20One%20Pregnant%20and%20Breastfeeding)

Oral Health Messaging Part 2: Infants & Toddlers

[www.kansaswic.org/video/
Oral Health Messaging Part Two Infants and Toddlers](http://www.kansaswic.org/video/Oral%20Health%20Messaging%20Part%20Two%20Infants%20and%20Toddlers)

Register for future Kansas WIC webinars [here](#).



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Decrease in Infant Mortality Due to Birth Defects

January 16, 2020 (HealthDay News)

From 2003 to 2017, there was a decrease in infant mortality attributable to birth defects (IMBD) overall, although considerable differences were seen in the decreases by maternal and infant characteristics, according to research published in the January 17 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Lynn M. Almli, Ph.D., from the CDC in Atlanta, and colleagues used U.S. linked birth/infant death data from 2003 to 2017 to assess trends in IMBD.

The researchers found that during 2003 to 2017, IMBD rates declined 10 percent overall, but the declines varied by maternal and infant characteristics. IMBD rates decreased 4, 11, and 12 percent for infants of Hispanic, non-Hispanic black, and non-Hispanic white mothers, respectively, during 2003 to 2017. IMBD rates were highest and lowest among infants of black and white mothers in 2017, respectively (13.3 and 9.9 per 10,000 live births, respectively). IMBD rates for infants who were born extremely preterm, full term, and late term/postterm decreased 20 to 29 percent during 2003 to 2017; for moderate and late preterm infants, rates increased 17 percent.

"Birth defects occur in approximately 3 percent of births yet are a leading cause of infant mortality," the authors write. "The results from this analysis can inform future research into areas where efforts to reduce IMBD rates are needed such as among infants born to black and Hispanic mothers and those born moderate/late preterm (32 to 36 weeks)."

United States Breastfeeding Committee (USBC)

Racial Equity Webinars



The United States Breastfeeding Committee launched a series of webinars as part of its efforts to "create and model a culture of inclusion, diversity & equity" (USBC Strategic Framework Goal 4). With funding support from the W.K. Kellogg Foundation, this series will focus on building the capacity of the breastfeeding field to apply both an "equity lens" to inform and guide our strategies and activities, but also an "equity mirror" to examine our internal structures, culture, and policies.

The next Racial Equity webinar session has been scheduled for Monday, March 2, from 12:30-2 p.m. Kiddada Green of Black Mothers' Breastfeeding Association will give a presentation titled "[Envisioning a Breastfeeding-Friendly System 2.0](#)." The presentation will explore the key elements of a breastfeeding-friendly system that tackles breastfeeding inequities at both a public and private/institutional level. [Register for the webinar series](#) or search for USBC webinars, Racial Equity Webinar.

Other upcoming webinar dates: March 24, May 26, July 28 and September 22 from 12:30 - 2 p.m. or 1 - 2:30 p.m.



More Evidence for Decreasing Sugary Drink Consumption

Julie Norman, RDN, LD Nutrition Education Specialist



This is nothing new. Sugary drinks are not good for us. We know there are many reasons why.

But let's turn it around and note the potential positive results from cutting back. How about we might live longer!? Wow! Or we might be able to halt weight gain or lose weight—very nice! I take full responsibility for putting a positive spin on this.

Described below are three more studies to put in your *reasons for cutting back on sugary drinks* tool belt.

A study in the journal *Circulation* found frequent consumption of sugary drinks was associated with higher risk for early death due to cardiovascular disease and cancer.

Women who drank sodas, juice and sports drinks more than twice a day had a 63% higher risk of premature death compared with women who drank less than one a month. *Or, let's turn that around. Women who drink less than one soda, juice or sports drink a month, have a 37% less chance of premature death.*

This study can be found in the [April 30, 2019 issue of Circulation](#).

Another study included 11,218 women living in Mexico. Over a two year period sugar sweetened soda consumption was compared with weight and waist circumference changes.

The results: Compared with no change, *a decrease in sugar-sweetened soda consumption by more than 1 serving per week was associated with less weight gain (-0.4 kg)*. Conversely, relative to no change, an increase in sugar-sweetened soda by more than 1 serving per week was associated with a 0.3-kilogram increase in weight. An increase of one serving per day of sugar-sweetened soda was associated with a 1.0 kg increase in weight. The results for waist circumference were similar.

Conclusions: Moderate changes in consumption of sugar-sweetened soda over a 2-year period were associated with corresponding changes in weight and waist circumference among Mexican women.

(Am J Public Health. 2017;107:1801–1808. doi:10.2105/AJPH.2017.304008)

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More Evidence for Decreasing Sugary Drink Consumption (cont.)



Results of a study in JAMA Intern Med, September, 2019, found evidence supporting the reduction of sugar-sweetened and artificially sweetened soda.

This study included 451,743 adults from 10 European countries, with a mean (SD) age of 50.8 (9.8) years and 71.1% were women. During a mean (range) follow-up of 16.4 years, 41,693 deaths occurred.

Higher all-cause mortality was found among participants who consumed 2 or more glasses per day (vs consumers of <1 glass per month) of total soft drinks, including sugar-sweetened soda drinks and artificially sweetened soda.

There were more deaths from circulatory diseases in those who consumed more artificially sweetened soda (≥ 2 glasses per day vs < 1 glass per month); and between sugar-sweetened soda consumption and deaths from digestive diseases (≥ 1 glass per day vs < 1 glass per month;).

This study found that consumption of total sugar-sweetened, and artificially sweetened soda was positively associated with all-cause deaths in this large European cohort. *The positive spin made by the authors of this study: these results are supportive of public health campaigns aimed at limiting the consumption of soda.*

Can't Find a Client in KMAP?

Often names have misspellings or have added or omitted hyphens. If you can't find a name in KMAP, here's an easy tip from Saline County: **"Ask the client for the social security number and look it up that way!"** (Be sure not to write it down, but just enter it as the client verbally tells you the number.) Thanks, Saline County!

Coming in March and May Nutrition & WIC Update Newsletter

Local agencies submit a Nutrition Services Plan annually. In the section where agencies evaluate their progress on their previous year's plan, agencies can also share other accomplishments they worked on during the year in addition to their Strategic Action Plans.

In the March and May issues of this newsletter some of these accomplishments will be shared. This might provide inspiration for your 2021 Nutrition Services Plan. (We just finished, is it that time again?? Well, almost.)