

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



USDA Study Finds Improved Feeding Practices Among Infants Participating in WIC

Breastfeeding rates increased sharply over the past 20 years among women participating in the U.S. Department of Agriculture’s (USDA) Special Supplemental Nutrition Program for Women, Infants and Children (WIC), based on the findings of a new USDA study.

The Infant Year Report from USDA’s WIC Infant and Toddler Feeding Practices Study 2 updates findings last collected in 1995. The new study found that 83 percent of mothers breast fed their babies, compared to 56 percent of mothers in the first USDA WIC Infant Feeding Practices Study.

More than 95 percent of study mothers who started breastfeeding reported that WIC played a role in their decision to breastfeed. Nearly 60 percent of caregivers also turned to WIC for information on feeding their infant, second only to their doctor or other health professional.

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The Infant Year Report also describes a dramatic reduction in the number of infants being introduced to solid foods too early in life. The current study found that only 20 percent of caregivers introduced their infants to foods before 4 months of age, as compared to about 60 percent of caregivers 20 years ago. The American Academy of Pediatrics (AAP) recommends infants receive only breast milk for about the first six months of life, and that they continue to be breastfed until at least 12 months, with the introduction of nutrient-rich foods starting at about six months of age.

The WIC Infant and Toddler Feeding Practices Study 2 is a nationally representative study of women and infants enrolled in WIC. Mothers participating in the study responded to periodic surveys, from a prenatal interview through their child’s fifth birthday. The results will form the basis for a series of reports. The first focused on prenatal nutrition and was released in 2015. This current report reflects survey responses covering the infant’s first year.



How Does Your Clinic Measure Up?

Patrice Thomsen, WIC Program Consultant

Here are some common observations from Management Evaluations. Read them and see how your clinic measures up.

Topic: Returned Formula

Reference: [FCI 02.05.00 Documentation and Use of Returned Formula](#) and [Tracking Sheet for Receipt & Disposition of Returned Formula](#)

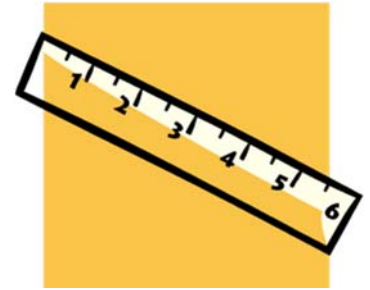
Observation 1: Clinic staff work to immediately reissue returned formula in place of checks with the goal of having no returned formula in stock.

Correct Procedure: We appreciate staff members' zealous attention, but this practice is a misunderstanding that seems to result from state staff encouraging the reissuance of returned formula stock without reminding staff that there should be a certain amount retained for use during emergencies. Policy states "A supply of this returned formula should be retained for emergency situations such as after natural disasters, when the family has fled their residence and the LA cannot immediately issue replacement checks. Be sure to mark through the bar code for any formula distributed so it cannot be returned to a vendor for cash." Staff might also need to use returned formula in place of checks if there is a computer or printer problem. How much formula should be retained for emergency use? That is up to local agency discretion. Finally, "emergency use" still means the person is a certified WIC client and due formula benefits, not as an emergency food bank.

Observation 2: Clinics have large amounts of returned formula on hand, including expired formula and very special formula types that they do not realistically expect to use before it expires.

Correct Procedure: This is almost the opposite of the previous observation. One staff person should be assigned to regularly monitor the returned formula to prevent an unreasonably large amount on the shelf and to prevent letting formula expire. Here are some tips for that person.

1. Train all staff to check the expiration date. Formula with a later date should be put behind formula that will expire sooner. Then staff knows the front cans should be used first. **(It is not required to write the expiration date in marker on the can, but it makes it easier to monitor.)**
2. When the amount in returned stock gets unreasonably high, remind staff to use it.
3. It is not really needed to retain special formulas for emergency use. Remind staff when there are special formulas needing to be used well before their expiration.
4. Contact the State Agency for assistance if you have a special formula that likely will not be used. Please don't wait until it is close to expiration, e.g. at least four months prior to expiration.
5. You can also contact the State Agency if there was a slip and there is formula close to expiring. State staff might instruct you to offer it to a food bank, help you find another





How Does Your Clinic Measure Up? (Continued)

- clinic, or if actually expired, destroy the formula and note such on the tracking sheet.
6. Traveling clinics, if needing to reduce stock, should take a supply to the satellite clinic and issue as described below in Observation 6.

Observation 3: Clinics do not use the [Tracking Sheet for Receipt & Disposition of Returned Formula](#) for documentation of returned formula and subsequent use of the formula.

Correct Procedure: Train any staff that accepts returned formula or use the returned formula to use the tracking sheet. Have the sheet located in a place convenient for recording.

Observation 4: Clinics use the Tracking Sheet but record the caregiver name, rather than the infant or child's name in the Client column.

Correct Procedure: Please use the name of the client actually using the formula (infant or child).

Observation 5: Clinic staff appropriately use the Tracking Sheet but the only documentation in KWIC is the automatic note from when the Reissue Formula screen is used. There is no note in KWIC if returned formula was issued in place of checks.

Correct Procedure: There should always be documentation in KWIC when benefits are issued or returned. If using the Reissue Formula screen there will be a check history for the issuance, plus an automatic note created that will show formula reissued and number of cans returned, if any.

If staff are going to issue returned formula in place of checks, you must make a KWIC note or there will be no documentation in the client's KWIC record that they received benefits. Something like "2 Cans Similac Advance powder issued from returned stock instead of on checks" is sufficient. Also, there will be times when a caregiver returns formula but no other formula is reissued (e.g. child has turned one year old and did not use the last few cans). Be sure to document this return in a KWIC note, not just on the tracking sheet.

Observation 6: Clinics issue only returned formula and the client is not counted as participating because no checks were issued.

Correct Procedure: Clients are only counted as participating in a particular month if there are checks with a first use date in that month (or are an exclusively breastfed infant whose mother received checks.) Therefore if you are trying to do your job of reducing the returned formula stock by giving formula "off the shelf" but do not issue any checks, the infant won't be counted as participating that month. How to handle?

1. Issue "off the shelf" for an infant who is old enough to get and will be issued a baby food check.
2. Use for a partially breastfed infant who already has checks for the current month and now has stopped breastfeeding so needs more formula for the current month.
3. Tailor the food package so there is a check issued with part of the formula and issue the rest "off the shelf".

Remember to document any of these in a KWIC note and on the tracking sheet.



How Does Your Clinic Measure Up? (Continued)

Observation 7: Clinics issue formula from the return stock before an applicant is certified because of a missed appointment, difficulty meeting processing standards, etc.

Correct Procedure: If this occurs, it is a major issue, even if just done once. Formula purchased by the WIC program and returned to the WIC clinic may only be used for WIC clients after certification. It cannot be used for applicants who are not yet certified, as a food bank, etc. If there are computer issues that make certification through KWIC impossible, agencies are supposed to have the paper back-up forms available to complete a certification. Then returned formula could be used in place of checks.

Observation 8: Clinics use the [Tracking Sheet for Receipt & Disposition of Returned Formula](#) as an inventory for returned formula with a sheet for each formula type.

Correct Procedure: This comment is last because technically using the tracking sheet as an inventory is not against Kansas policy. We think local staff are required to do enough work that we don't want you to have to actually maintain the returned formula as an inventory. The tracking sheet is just intended to be a log, not a formal inventory system. However if this is what helps the clinic ensure they are managing formulas they have in stock, they may continue with their current practice of recording on separate log sheets by specific formula types as an inventory system.

Marijuana Use in Pregnancy

As more states legalize marijuana for its medical use, a national survey completed by the National Institutes of Health shows that almost 4 percent of pregnant women say they have used marijuana in the past month, and that number nearly doubles in pregnant women 18-25 years old. Many pregnant women presume that cannabis has no consequences for developing infants, but a growing body of research suggests otherwise: tetrahydrocannabinol, or THC, can cross the placenta to reach the fetus, potentially harming brain development, cognition and birth weight. One study showed that 6-year-olds born to mothers who had smoked one joint or more daily in the first trimester showed a decreased ability to understand concepts in listening and reading; another showed at age 10, children exposed to THC in utero were more impulsive than other children and less able to focus their attention. The American Academy of Pediatrics and the American College of Obstetrics and Gynecology both advise against prenatal cannabis use.



For more information, you may wish to complete the training module on Marijuana, Pregnancy and Breastfeeding Clinical Guidance in KS-TRAIN mentioned in the February 2017 I-Memo.



Sweetened beverages and SNAP

The USDA has published a detailed report of what the typical household on food stamps is buying at the grocery store. SNAP households spent about 40 cents of every dollar on "basic items" like meat, fruits, vegetables, milk, eggs and bread. Another 40 cents of every dollar was spent on "cereal, prepared foods, dairy foods, rice and beans." The last 20 cents of every dollar was spent on a broad category of junk foods which includes "sweetened beverages, desserts, salty snacks, candy and sugar."

The number one purchase in SNAP households is soft drinks, which accounted for 5% of the dollars spent on food. SNAP households spent 9.3% of their grocery budgets on sweetened beverages which includes soft drinks, juices and energy drinks, among others. This is slightly higher than the 7.1% for households that do not receive food stamps.

Higher Dose of Vitamin D May Benefit Pregnant Women

More vitamin D during pregnancy may reduce inflammation, according to ARS (USDA Agricultural Research Service) and University of California, Davis scientists in *The Journal of Nutrition*. Reducing inflammation during pregnancy is important because inflammation is associated with high blood pressure, pre-eclampsia, premature delivery and low birthweight. Healthy women in their first trimester of pregnancy took either 400 IU vitamin D and a placebo pill or 400 IU vitamin D and an additional 1600 IU vitamin D pill. Vitamin D dose did not affect maternal blood pressure or infant birthweight. However, the higher daily dose correlated with lower circulating tumor necrosis factor- α (TNF- α), an immune substance typically associated with inflammation. They also found the higher level of vitamin D increased the proportion of a specific subset of immune cells with anti-inflammatory properties that may prevent adverse effects of excess inflammation.

Details:

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