

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



Help your clients to be better “goal-setters”

Lisa Medrow, RDN, LD, WIC Training Coordinator

Do you have trouble getting good “goals” out of your clients? Setting goals is just part of our language here in the nutrition world, but may sound very foreign to our clients. Let me guess, when you ask something like, “What goal would you like to set for Johnny?” or even, “What would you like to work on with Johnny over the next few months?” you end up with Mom’s “goals” being very broad or not nutrition-related, like potty-training, sharing more, eating healthy, continue growing, sleeping through the night, right?! Yes, we want to use Mom’s words as much as possible, but let’s help her come up with goals that are more specific and nutrition-related.

Summarize Visit

Use your goal-setting time as a way to summarize your visit.

Example:

“Earlier we talked about maybe giving Johnny more fresh fruits and less juice (only 4 oz. a day). We also talked about fun snack ideas that include vegetables to help him eat more veggies. Because of his low hemoglobin, we looked at high-iron foods and you thought that Johnny liked many of those foods. Which of these things do you think you might try over the next few months, and then we can talk next time about how it went?”

Educate

Help Mom identify ways to meet goal, while continuing to educate her so that she is successful.

Example #1: Less juice

If Mom chose to “give less juice”:

“Great! Kids really do get too much juice and then often they aren’t hungry for other foods. This will be a great change. How do you think you will do this to make it an easy change for you both?” After hearing from Mom, validate her responses (if any) and then add some other suggestions, *“You might start with pouring about this much (show with fingers ~2 oz.) juice and filling the rest with water. Is there a certain time of day that he really likes to drink juice that would be hard for you to change? Great—keep that as the one time a day he drinks juice. You could make some fun fruits as snacks instead and ask him to help you (Apple slices with cheese, trail mix of raisins and dry cereal, or fruit salad with sliced grapes, orange pieces, and sliced banana). What do you think might work best for him?”* (Then fill in her responses in the “Ways to meet goal” section.)



Inside This Issue

Hallmarks of a Good Latch	3
Nighttime sleep duration & behaviors of toddlers	4
Notes from the NSP	5
WIC Funding	7
Check This Out	8
In the News	9



Help your clients to be better “goal-setters” (continued)

Example #2: Veggie snacks

If Mom chose to “eat more veggies”:

“Great! It’s hard for a lot of kids to eat enough veggies, so how do you think you might help Johnny to eat more veggies?”

“What did you think of making those fun veggie snacks we talked about earlier? That might help. You also could ask Johnny to help you in the kitchen—kids love washing veggies. Even having him pick out some veggies at the grocery store could help get him excited about eating the veggies he picked out. It’s okay for kids to dip veggies, too! You can make a light dip by mixing a little ranch dressing with plain yogurt. It’s important that he sees you eating veggies, too, so you might make an extra effort to eat the same veggies with him at snacks and mealtimes. Do you think any of these might work?”

Example #3: More iron

If Mom chose “more iron”:

“Great! If you can help Johnny to get more iron, this can really help increase his hemoglobin which may help him feel better and even help him to learn better. What do you think he might eat more of from this list? (show Iron handout)”

“Great! Those are great choices. Planning your meals so that you can include some of these foods every week would be a great start. One of the best ways for Johnny to get more iron is by taking a vitamin and mineral supplement with iron. You can also help increase the absorption of iron by matching a vitamin C food with non-animal sources of iron, like whole grain or beans—so cereal with strawberries, oatmeal with peaches, orange with a sandwich, chili with beans and tomatoes, those are all good examples. What do you think would be the two best ways you can help Johnny get more iron?”

Empower

You can give Mom the confidence she needs to succeed with her goals and ways to meet goals without ever calling them “goals!” Be sure to repeat the goals/ways to meet goals in this empowering wrap-up time (again, without saying the word “goal!”).

“These are really great. I can’t wait to see how these worked for you and Johnny—maybe you’ll find a new trick that helped and then I can pass it along to someone else. Helping Johnny to get more iron by giving him a supplement every day and planning meals around the high iron food list shows what a good Mom you are. You’re going to do great at this!”

Instead of goal-setting being an awkward time for you and the client, maybe it will become your favorite conversation to summarize, educate, and empower Moms!

Do you have certain things you say during goal-setting or other goal-setting strategies that you would like to share? I’d like to hear them and share in an upcoming newsletter article! Please email them to me at lisa.medrow@ks.gov.

Hallmarks of a Good Latch

Erika Hodgens, Breast Feeding Peer Counselor, Cloud County WIC



I am very thankful to have had the opportunity to attend the Certified Lactation Counselor training put on by The Healthy Children Project's Center for Breastfeeding. The weeklong training was VERY comprehensive and many relevant topics were presented including the physiology of lactation, myths about milk supply, influences on milk supply, how to assess a latch, and effective counseling skills. I liken being a BFPC to the experience of becoming a mom and breastfeeding- it can be overwhelming at first, empowering as you go with it and experience some success, discouraging as things do not go as you had hoped, and ultimately incredibly humbling as you realize you have so much to learn and how much your knowledge and encouragement can make a difference to another mom.

One of the biggest benefits I gained from the week was learning the hallmarks of a good latch. Before I went, I knew by experience what a good latch felt like and what a bad latch felt like too. I also could identify when a baby was nursing on the nipple versus getting a good mouthful of breast. Now I feel like I can watch a mom nurse her baby and tell for sure that baby is at an optimal position to transfer milk efficiently. During the course, we were taught how to use a Latch Assessment Tool to assess baby during pre-feeding, latch on, feeding and post feeding. Pre-feeding involves skin-to-skin contact with mom, state of baby and feeding cues. Latch on is assessed for baby's position turned toward mom, baby's nose opposite mom's nipple, a gap response, head tilt and bottom lip and tongue reaching the breast first. During feeding, baby's nose and chin should touch mom's breast, the baby's mouth should be open at a 140 degree angle, top and bottom lips should be sealed to the breast, the baby's cheek line should be rounded, the suck/swallow rhythm should be irregular, swallow should be heard, the latch should be asymmetric (or off center with areola showing at the top- above the baby's top lip) and the jaw motion should be "rocking" back and forth. Mom should feel gentle tugging but NO PAIN. Post feeding hallmarks to look for are baby to end feeding by releasing the nipple and baby having a soft and relaxed body tone. Mom's nipple should look very similar to pre-feeding. That is A LOT to look for!

I plan to use this information to educate my pregnant moms on the magic of skin to skin during breastfeeding and how to identify the best state to feed their baby. For my breastfeeding moms, I hope to offer them latch assessment- for reassurance as they are beginning breastfeeding and to offer suggestions to correct any problems with pain for mom or milk transfer for baby. I truly think this knowledge will take my peer counseling to a new level and ultimately increase the rate of breastfeeding initiation and duration in my community!



Nighttime Sleep Duration and Sleep Behaviors among Toddlers from Low-Income Families

Shortened sleep duration is associated with poor health and obesity among young children. Little is known about relationships among nighttime sleep duration, sleep behaviors, and obesogenic behaviors and obesity among toddlers. A study published in the *Childhood Obesity Journal* attempts to characterize sleep behaviors/duration and examines relationships with obesogenic behaviors/obesity among toddlers from low-income families.



Researchers recruited mothers of toddlers (age 12–32 months) from urban/suburban sites serving low-income families. The mothers provided demographic information and completed the Brief Infant Sleep Questionnaire. A 6-item Toddler Sleep Behavior Scale was derived from the information with higher scores reflecting the more recommended behaviors. Toddler weight and length were measured during the study. Obesity was defined as ≥ 95 th percentile weight-for-length. Measures of obesogenic behaviors: physical activity and diet quality were also assessed. The study used a variety of models to examine associations between nighttime sleep behaviors and duration with obesogenic behaviors and obesity.

The study included 240 toddlers (mean age = 20.2 months), 55% male, 69% black, 59% urban. The toddlers spent an average of 55.4 minutes per day in moderate to vigorous physical activity. The mean Healthy Eating Index score was 55.4. 13% were obese. The mean sleep duration was 9.1 hours, with 35% demonstrating 5–6 of the recommended sleep behaviors. The study found that moderate to vigorous physical activity was positively related to sleep duration; obese toddlers had a shorter nighttime sleep duration than healthy weight toddlers. The researchers concluded that toddlers with a shorter nighttime sleep duration are at higher risk for obesity and inactivity. Interventions to promote healthy sleep behaviors among toddlers from low-income families may improve nighttime sleep duration and reduce obesogenic behaviors and obesity.

Hager Erin R., Calamaro Christina J., Bentley Lauren M., Hurley Kristen M., Wang Yan, and Black Maureen M.. *Childhood Obesity*. October 2016, 12(5): 392-400. <https://doi.org/10.1089/chi.2015.0252>

Notes from the Nutrition Services Plans

Are you looking for a creative conversation starter about breastfeeding promotion at a fair? Here is “share” from Haskell County’s Nutrition Services Plan. (Thank you to Kristi Kelling.)

We had a WIC Breastfeeding promotional booth at the Haskell County fair in July, 2017. The title was “Nature Knows Breastfeeding is Best” and featured a Fisher Price barn sat on a bed of hay that had several plastic animals that were mothers and babies standing in a nursing position.



An idea from Harvey County Health Department is helping families apply for Medicaid and working to expedite the process. Amber Jackson, their MCH Home Visitor helps families complete the application and reviews it to make sure all information is completed and correct. She then scans and emails the application to a KanCare Outstationed Eligibility Worker . Families can indicate on the application that they want Amber facilitate and check up on the application and answer questions on their behalf. This process has helped clients receive these benefits more quickly. Thanks Harvey County and Amber!!!

Looking for ideas to celebrate World Breastfeeding Week? Read about what Cloud County did! With the aid of a local grant, we were able to host a breastfeeding event in August. We showed the film “Babies” on the outdoor screen at the new Broadway plaza four times that day and in the evening sponsored an event for pregnant and breastfeeding WIC participants. They were able to view the documentary, visit, and select nursing bras, cover-ups, and leggings.

There are always new partners to seek! (From Sherman County). This year we have added a “PALS coach”. PALS stands for Play and Learning Strategies. The coach attends our WIC clinics for recruitment and we are able to refer new mommies and PG also. A PALS session is showing them how to interact and play with their babies.



Notes from the Nutrition Services Plans (continued)

Reno WIC continues to collaborate with the newly formed local perinatal coalition, Bump to Baby. This coalition is responsible for presenting the prenatal classes, utilizing the March of Dimes *Becoming a Mom* curriculum, as well as community baby showers. WIC is well represented at both events: the WIC Coordinator presents the Healthy Nutrition session for the prenatal classes, and showcases WIC services, breastfeeding support, and smoking cessation information at the community baby showers.

At the Seward County Health Department, they are working more closely this year with our Maternal and Infant (M&I) Program so they can all work together on the Becoming A Mom (BAM) agenda. We have always worked with our M&I group but starting this year we have attended BAM training so we will be letting all moms attending BAM classes know about WIC services, as well as teaching some nutrition portions and breastfeeding portions of the training.

They are also been very involved in the Frontier Breastfeeding Coalition and working with all the agencies involved in the Coalition in SW Kansas. They attend the meetings quarterly - at least one person from our clinic - and also work on giving the same information to all of our clients and patients.

Seward County Community College continues to be one of their major collaborators in the community. WIC works with the Nursing students in the Spring and Fall semesters and they teach classes to our clients - approximately 18 classes a year. The Nursing students also observe in the clinic the day of the class and we have had great success with this program. This is their 12th year working with the nursing students in WIC.

The WIC Immunization program is another program of which WIC is very proud. This year the vaccination rate for all of our kids in WIC has been approximately 95%. This program has been with us for about 9 years and we show a great success rate of vaccinations in our program.

"When I came into the New Employee Breastfeeding Training I honestly thought, why do I need breastfeeding training? I mean, I'm only a clerk, right? But now I'm very glad I came and I actually feel like I can make a difference with new moms and share some of my knowledge. Thank you!"

-Wichita 2017 New Employee Breastfeeding Training participant



WIC Funding

Rachelle Schmid, Public Service Executive



Have you ever noticed that WIC's funding is different than the Aid to Local funding? Why is that you ask? Well, the Aid to Local funding is distributed through grants, whereas WIC's funding is in the form of a contract. With Aid to Local grants, local agencies apply for a grant or several different grants and then funds are awarded, however, that amount does not change and is paid out various ways depending on the grant. Some of the grants require a match of funds. This is completely different than WIC.

For WIC, a budget is submitted prior to the contracts being sent out. Budgets are to reflect what the local agency believes they will spend in the upcoming FFY, but should be comparable to what is currently being submitted on affidavits. Things that have the potential to increase a budget for the upcoming year could be that for a certain period of time the local agency experience a reduction in staffing due to a staff person being on medical leave or something similar or maybe someone retired. This will definitely increase the upcoming FFY expenses and that is okay, but budgets should not be over inflated. Prior to local agencies receiving their contracts, staff review each budget and compare the budget to the current year's expenses. It's at that time the allocations are reviewed to determine if the local agency can truly spend what has been submitted on the budget in comparison to previous year's allocations. After this process has been completed, local agencies receive their contracts that state what their allocation will be for the starting FFY.

WIC reimburses local agencies on a monthly basis based on actual expenditures that are submitted on an affidavit each month. At mid-year each local agency is reviewed to determine if they are on track to spend all, spend under, or spend over their allocation and why. At this time, additional funds can be added to a local agencies allocation or if a local agency submits a revised budget that is also reviewed and if deemed necessary, additional funds can be added to their initial allocation.

This year, the State WIC office completed the USDA Financial Management Evaluation. The USDA heavily stressed that the State Agency must do a better job at estimating requested funds compared with actual expenditures. This starts with more realistic budgets. Local Agency budgets and requested funds should reflect realistic program decisions and expenditure estimates. Therefore, approved budgets may be allocated funds at an amount that is less than the amount requested. For several years Local Agencies have budgeted more funds than were expended. For the current FFY, most local agencies received additional funds above their previous year's total expenditures and did not use the funds for the intended purpose. Local agencies expend approximately 90% of the NSA WIC funds.

WIC Funding (continued)

From the chart, you can see that 22 of the 64 FFY2017 WIC contracted agencies came within 5% or less of spending all of their allocation. These 22 agencies did a great job on determining what their budget needs were for FFY2017.

Meanwhile, the remaining 42 contracted agencies were not as successful as the 22 agencies. **The total of unspent funds by all of the LAs in FFY2017 was \$800,000.** This is **4x more** than what local agencies have not spent in the past four years. When funds are tied up (allocated to LAs) they cannot be used in other areas within Kansas or in other state's WIC programs and having this large of an unspent amount is unacceptable! As instructed by the USDA, the SA **cannot** continue to request funds that will not be expended. WIC is a discretionary funded program with limited funds. This means that local agencies must do a better job at submitting budgets that are necessary and reasonable and as accurate as possible.

# of WIC Local Agency Contracts in FFY2017	% of Unspent Funds
22	5% or less
15	6% - 10%
6	11% - 15%
6	16%- 19%
15	20% or higher
64	Total KS WIC Contracts

Check This Out!



Want some new nutrition education materials to work with “picky eaters”? What can you tell parents about family mealtime? How do you teach healthy eating habits? These topics and more are available in two page newsletters from Nibbles for Health. Nibbles for Health was developed for child care center staff and parents of young children enrolled in child care centers. Nibbles for Health has reproducible newsletters that staff can give to parents to address many of the challenges they face every day. The topics are perfect for WIC families and can enhance your nutrition education efforts. To get your copy of the newsletters, go to: <https://www.fns.usda.gov/tn/nibbles-health-nutrition-newsletters-parents-young-children> and download your copies.



In the News

While obesity in pregnancy has long been linked to a higher risk for complications during childbirth, there's now another reason to avoid it: a late start to breast milk production. That's the finding from a new study of more than 200 women with newborns who planned to breast-feed. The researchers found that delays in lactogenesis within three days of delivery occurred more frequently among women who were obese at the time of delivery.

This study found that breast-feeding is even harder for mothers who were obese prior to pregnancy. Newborns of mothers whose breast milk comes in late may lose more weight during those initial days and weeks after birth compared to newborns of mothers whose milk comes in within three days postpartum. These babies also often end up on formula rather than continuing breastfeeding.

The new study was led by Diane Spatz, a professor of nutrition at the University of Pennsylvania School of Nursing. She and her colleagues tracked the onset of breast milk production in 216 women who gave birth to single babies. The study found that breast milk production was delayed to beyond three days post-delivery in about 46 percent of non-obese women. However, that rose to almost 58 percent for new moms who were statistically obese. Statistical obesity begins with a body mass index (BMI) of 30 or above.

"Because nearly 1 in 4 women in the United States begins pregnancy with a body mass index [BMI] equal to or greater than 30, the study underscores the need for targeted interventions and support to help these women achieve their personal breast-feeding goals," Spatz said in a university news release. The new findings should let obese women understand that their milk may "come in later, and encourage them to continue to try breast-feeding longer.

SOURCES: Sophia Jan, M.D., director, general pediatrics, Cohen Children's Medical Center, New Hyde Park, N.Y.; Jennifer Wu, M.D., obstetrician-gynecologist, Lenox Hill Hospital, New York City; University of Pennsylvania School of Nursing, news release, Oct. 28, 2017; *Journal of Human Lactation*, Nov. 1, 2017

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