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WIC

news

Volume 19, Number 1



**New
Beginnings**

Special Supplemental Nutrition Program for Women, Infants, and Children

A Perfect Time for Reflection

*W*elcome to a new year with Texas WIC! The beginning of a new year is a perfect time for reflection, both reflecting back on what was accomplished and also reflecting forward to new beginnings and the possibilities for the coming year. We experienced several amazing accomplishments in 2009 including reaching the one million mark for the number of participants served in a month. The Electronic Benefit Transfer (EBT) system became a reality this past year with all participants in the state now receiving benefits on their EBT cards. And on October 1, we began offering a WIC food package that better reflects the changing dietary issues faced by our participants.

Breastfeeding promotion is another area of great accomplishment and pride for our program. In August 2009 the program achieved the Healthy People 2010 goal of 75 percent initiation rate. This milestone for the all-local-agency initiation rate is up from 64 percent in August 2004.

Like the start of a new year, pregnancy is a time of new beginnings. This issue of *Texas WIC News* is devoted to pregnancy and the beginning of a new life. For many of our participants, their first experience with WIC begins with their pregnancy.

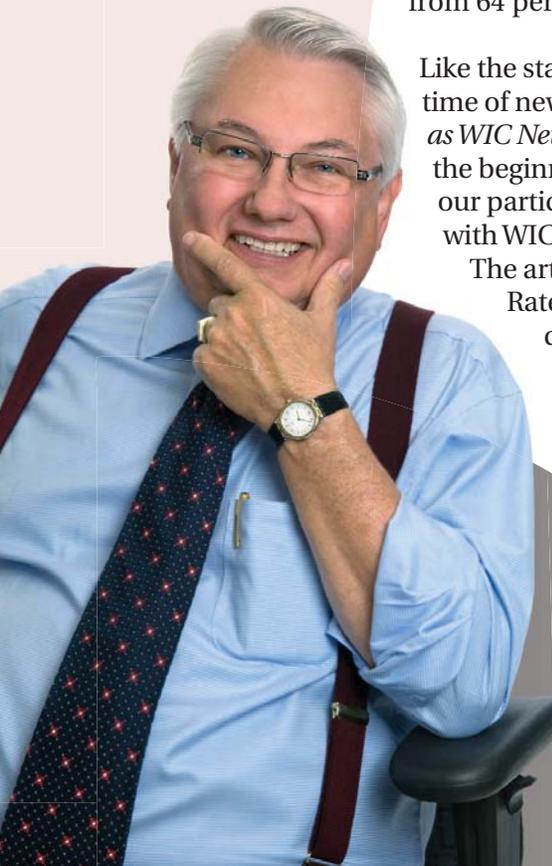
The article, "Prenatal Care and Anemia Rates Among Women" on page 6 discusses the importance of getting pregnant women enrolled in WIC early in their first tri-

mester. From April 2008 to April 2009, state-wide approximately 36 percent of pregnant women on Texas WIC began receiving WIC benefits within their first trimester. This is an area that we need to work on improving in the coming year.

Another important aspect of the WIC prenatal visit is the opportunity to provide breastfeeding education and to establish contact with a breastfeeding peer counselor. This one-on-one initial contact and the provision of helpful information increase the chance of a successful breastfeeding experience. The article "Pregnancy is the Perfect Time to Talk about Breastfeeding" on page 4 provides tips and a list of resources to use when working with pregnant women. Our goal with our pregnant women is to make sure they receive the care and education needed to help increase the likelihood of a healthy outcome for both mother and infant.

I appreciate the role of both state and local staff in achieving the numerous accomplishments in the past year and I am anticipating more great achievements for the coming year. I encourage you to make plans to attend the 2010 Nutrition Breastfeeding Conference being held in Austin on April 6-8. The conference theme of *A Decade of Accomplishments/A Decade of Possibilities* provides the opportunity to not only celebrate our accomplishments but also to look forward to the possibilities of the coming decade.

You have my gratitude for your outstanding work and accomplishments!



From the Texas WIC Director

— Mike Montgomery



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Pregnancy Is the Perfect Time to Talk About Breastfeeding

by Cristina García, R.D., L.D.
Breastfeeding Promotion Nutritionist

As the end of my pregnancy nears, I find myself running through checklists to ensure I'm ready to bring home my new baby. Car seat – check. Bassinet and nursery – check. Clothes, socks, warm blankets – check. My doctor has even given me some checklists to ensure I'm ready for the delivery — packed bag, preregistration at the hospital, birthing plan. Everything seems to be ready in anticipation of the big arrival.

So what is missing from these checklists? Deciding on an infant feeding plan is an important topic all families should include on their checklists.

Speaking to pregnant moms about how they intend to feed their babies will help prepare them by informing them of what to expect, addressing their fears or concerns about breastfeeding, and guiding them as they transition to the WIC benefits they will be eligible to receive after delivery. WIC staff plays a pivotal role in helping moms navigate through these issues and can help empower moms to make informed decisions.

Pregnancy is a wonderful time that can sometimes feel like a whirlwind. Starting breastfeed-

ing education and support early means moms will have more time to think about what will work best for them. It also gives you, as part of their health care team, an opportunity to identify and explore any concerns that expectant mothers may have about breastfeeding.

The best thing you can offer a pregnant mom who is considering breastfeeding is your time. Because she may feel rushed through her prenatal appointments or too embarrassed to ask questions, WIC staff can maximize their impact on a mom's decision by offering educational opportunities (via individual counseling, group classes, or web lessons) and demonstrating breastfeeding encouragement and support.

The state agency has created several breastfeeding education and support resources for local WIC staff to utilize. The following is a checklist and description of these resources:

- ☑ ***The Hospital Experience: What to Expect and How to Make it Memorable*** – This brochure provides anticipatory guidance to pregnant moms about what to expect in the hospital and how to advocate for themselves and their babies. The brochure includes a removable *Infant Feeding Plan* which moms complete and give to hospital staff to express their infant feeding goals and desires.
- ☑ ***WIC Food Packages for Moms & Infants*** – This brochure, required for all pregnant WIC participants, discusses both the importance of exclusive breastfeeding for at least the first month postpartum and the food package options available to WIC moms.
- ☑ ***Prenatal Breastfeeding Education bag*** – This bag contains various materials including: *To Baby with Love/The Comfortable Latch* combination DVD, breastfeeding resource book, breastfeeding tips card, family support brochures for dads and grandparents, and a breastfeeding promotion burp cloth.
- ☑ ***Nutrition Education lesson: WIC Food Packages & the Importance of Exclusive Breastfeeding*** in the first month (BF-000-35) – This class is designed to educate pregnant participants about food package choices available to new moms and infants.

It is also designed to educate them on the importance of exclusive breastfeeding in the first month. This is available as a group class or web lesson.

- ☑ ***WIC Food Packages for Moms & Infants: WIC Staff Teaching Tools*** (available in desk reference and poster sizes) – The tools can be used during individual counseling, discussion groups, and with small groups to show food packages side-by-side for comparison purposes. The exclusively breastfeeding food package teaching tool also shows visuals of breast pumps and breastfeeding counselor assistance as additional incentives.
- ☑ ***Food Packages for Moms and Babies: Cash Value Comparison Chart*** – This teaching aid serves as a comparison chart for the Exclusively Breastfeeding, the Mostly Breastfeeding, and the Formula (Some Breastfeeding) food packages to help staff explain the cash value benefits of each of the breastfeeding food packages. It also offers a discussion table with suggested food package options to help those moms who do not have a clear idea of which food package works for them.

These tools, as well as a little extra time, can have a major impact on how a mom chooses to feed her infant. When used in conjunction with motivational techniques, they can help move women through the stages of change and inspire those who did not plan to breastfeed to give it a try.

As a pregnant mom, I look at all of my checklists and am relieved to know that the single-most important decision about how I plan to nourish my baby has already been made, my questions have been answered, and I know exactly where to find the support I will need to uphold that decision.



Editor's note: *In September 2009, Cristina (right) and her husband Daniel welcomed a beautiful baby boy, Noah, into the world.*





Prenatal Care and Anemia Rates Among Pregnant Women

by Lisa Rankine, R.D.
Clinic Services
Program Coordinator

One of the goals of Healthy People 2010 is to improve the health of mothers, infants, children and families. The Healthy People 2010 Plan notes that the health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the population and as a predictor of the health of the next generation.

A significant piece of the above goal is to increase the proportion of pregnant women who receive early and adequate prenatal care. Prenatal care includes three major components: risk assessment, treatment for medical conditions or risk reduction, and education. Each of these contribute to reductions in factors that mitigate potential risks and help women to address behavioral factors such as smoking and alcohol use that contribute to poor birth outcomes. Because of the importance of prenatal care, pregnant women coming to WIC to be certified should be immediately referred for prenatal care if they are not under the care of a physician/health care provider. It is important to provide current, up to date referral information at each clinic.

A population that needs special attention is our pregnant teenagers. They are less likely to receive early prenatal care and more likely to drop out of school and to live in poverty than older pregnant women, according to the U.S. Department of Health and Human Services. WIC serves about 19.6 percent of Texas' teen mothers between the ages of 14 and 19 years old.

WIC staff should continually emphasize the need for early prenatal care and make referrals to assist participants in obtaining this care. The national average of women beginning prenatal care in the first trimester in 2006 was 69.0 percent. Texas WIC had a slightly higher rate during that same time period, showing that 69.7 percent of women reported entry into prenatal care in the first trimester.

Screening for Low Iron Levels

One of the major risk conditions that WIC screens for in pregnant women is anemia. Anemia during pregnancy may affect the growth and overall health of the fetus. In April 2009, Texas WIC reported that 19 percent of pregnant applicants screened were identified with low iron levels. The chart below shows the percentage of pregnant Texas WIC women who began prenatal care in the first trimester and those who received the risk code for anemia broken down by race-ethnicity. As you can see, the majority of pregnant women of all racial/ethnic categories in WIC receive prenatal care in the first trimester. Black women are at a greater risk for having lower iron levels than other racial-ethnic groups. They are

also most likely to begin prenatal care in the first trimester.

If you would like specific information concerning your Local Agency pregnancy data, contact Lisa Rankine at (512) 341-4582 or lisa.rankine@dshs.state.tx.us. This information can help target your education to the issues that your data indicates are most prevalent for your specific population.

Resources

Healthy People 2010. 2nd ed. November 2000. U.S. Department of Health and Human Services. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office.

Martin, JA, BE Hamilton, PD Sutton, SJ Ventura, et al. 2009. National Center for Health Statistics. Births: Final data for 2006. National vital statistics reports; vol. 57 no. 7. Hyattsville, MD.

WIC administrative data on all pregnant women certified in April 2006 (n=4,634).

National Center for Health Statistics. Health, US, 2008 With Special Feature on the Health of Young Adults, Hyattsville, MD:2009.

Pregnant Women Screened in Texas WIC in 2009

	Began prenatal care in the first trimester	Received the risk code for anemia at certification
White	71.4%	15.8%
Black	72.7%	34.6%
Hispanic	71.1%	17.0%
Other	68.6%	16.9%
Total Average	71.0%	21.1%

Maternal Factors Associated with Preterm Birth and Low Birth Weight Infants



by Anna Garcia
Program Specialist

Currently, Texas WIC serves over one million participants a month, and about 25 percent of those are infants. At Texas WIC our goal is to continue to improve on the services we provide to our WIC clients and to continue to have a positive impact on women, infants, and children. Infants can be especially challenging because of the many health issues specific to them. Infants born preterm or having low birth weight are at greater risk for short and long-term complications and have a greater mortality rate than infants born full term and at a healthy weight.

Preterm infants are those babies who are less than 37 weeks gestational age. By gestational age, we refer to the age of the fetus counting back to the first day of the mother's last menstrual cycle. This is different from conceptional, fertilization, or developmental age, which is the true age of the fetus or the actual date of conception. Gestational age is typically two weeks longer than the latter and is the term more commonly used to refer to the age of the fetus.

What causes preterm birth? Labor is a complex process involving many factors and the exact cause of a preterm birth can be difficult to determine. However, research shows that relationships do exist among various factors. Studies show that if the mother is of low socioeconomic and educational status, single, and less than 18 years old or more than 35 years old,

her risk of delivering a preterm infant is higher. This is true, too, for women with closely spaced pregnancies — less than 6 months between the end of one pregnancy and the start of another—and for women with a previous preterm birth.

Other maternal causes linked to an increased risk for preterm birth include stress, hard work, long work hours, poor nutrition, low body mass index (BMI), race, and genetics. Pregnancy factors associated with preterm birth include multiple pregnancies (twins, triplets, etc.), infections (a leading cause of preterm birth), vaginal bleeding during pregnancy, abnormal amounts of amniotic fluid, weak or short cervix, uterine malformations, medical conditions like high blood pressure, diabetes, pre-eclampsia, and heart disease, and mental status of depression and anxiety. Poor dental health has also been shown to be linked to preterm birth. And most notably, the use of tobacco, alcohol, and drugs has repeatedly been linked to increase chances of preterm delivery.

Low birth weight (LBW) infants are those babies born weighing less than 2500 grams or 5.5 pounds. Other definitions of low birth weight include the very low birth weight (VLBW) and the extremely low birth weight (ELBW). The VLBW represents infants weighing less than 1500 grams or 3.3 pounds and the ELBW includes infants weighing less than 1000 grams or 2.2 pounds.



What causes low birth weight in infants? As one would expect, preterm delivery is almost always associated with low birth weight. Additionally, many of the preterm indicators addressed above are also indicators for low birth weight — especially the use of tobacco, alcohol, and drugs. Many other contributing factors include poor nutrition, severe anemia, thrombophilia (tendency for thrombosis), prolonged pregnancy, chromosomal abnormalities, and damaged or reduced placental tissue. The primary reason for low birth weight is that the development of the placenta is insufficient to meet the demands of the fetus, resulting in malnutrition of the developing fetus.

It is essential for women of childbearing age to understand the important role that good nutrition plays in the delivery of a full term infant and in the adequate weight gain of the infant throughout gestational age. When mom eats well, both mom and baby benefit. Maintaining good nutrition also means that mom is less likely to develop infections and other medical conditions such as gestational diabetes and high blood pressure. There is no substitute for good nutrition.

In addition to eating a well-balanced diet, pregnant women must understand about portion control — weight gain for a pregnant woman of normal weight should be in the range of 22 to 26 pounds. They should think

about the quantity, in addition to the quality, of the items being consumed. Regardless of the pre-pregnancy weight status (underweight, normal weight, or overweight), the pregnant woman should always consult with a medical professional at the earliest possible stage of the pregnancy about the right choices with regard to diet, prenatal vitamins, other supplements, and exercise. Making the right choices is key to increasing the odds for better infant health outcomes at delivery. This could mean the difference between a term infant and a preterm infant or a normal weight baby and one of low birth weight. Not all factors associated with preterm birth and LBW infants can be controlled, but diet can.

Sources:

World Health Organization, Feto-maternal nutrition and low birth weight, 2009. Posted for download at http://www.who.int/nutrition/topic/feto_maternal/en/print.html

MedlinePlus, Number of U.S. Preterm, Low Birth Weight Babies Down, 2009. Posted for download at www.nlm.nih.gov/medlineplus/print/news/fullstory_86745.html

ChildStat.gov, America's Children: Key National Indicators of Well-Being, 2009. Posted for download at <http://www.childstats.gov/AMERICASCHILDREN/health1.asp>

<http://www.wikipedia.org>

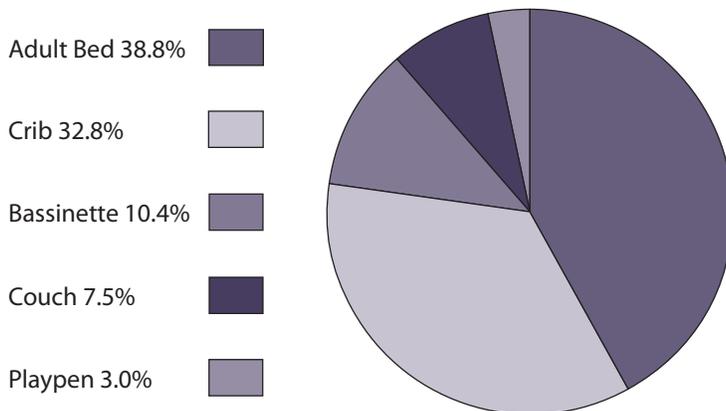
Sudden Infant Death Syndrome (SIDS)

by Lisa Rankine, R.D.
Clinic Services Program Coordinator

Patti Fitch, R.D.
Clinic Services Branch Manager

Sudden Infant Death Syndrome (SIDS) applies to an infant whose death is sudden and unexpected. There are approximately 4,500 infant deaths across the nation attributed to SIDS. In Texas, it is the leading cause of death between 29 and 365 days of life and 57.8 percent of the deaths occur in infants between age 2 and 4 months. Because we don't know what causes SIDS, safe sleep practices should be used to reduce the risk of SIDS in every infant under the age of 1 year.

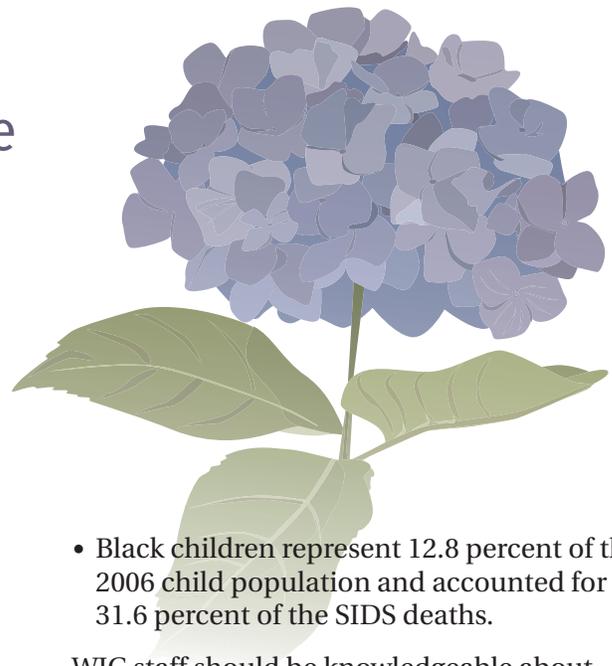
Sleeping Place for SIDS Deaths, 2006 (N=67)



Note: Sleeping place percentages are based on the number of records (67) with stated sleeping place data. 16 out of the 83 SIDS deaths did not have a sleeping place listed.

Additional data from the child fatality reviews of SIDS deaths provides the following insights into infants that have higher risk for SIDS:

- Male infants represented 68.7 percent of those infants who died of SIDS.



- Black children represent 12.8 percent of the 2006 child population and accounted for 31.6 percent of the SIDS deaths.

WIC staff should be knowledgeable about parenting skills to prevent SIDS and have the resources to provide information and referrals.

Recommended for Parents

It is recommended that:

- Pregnant women take care of themselves during pregnancy and receive early pre-natal care from a licensed doctor.
- Parents quit smoking during pregnancy and remain smoke-free after the birth of the child.
- Infants receive regular well-child check-ups by a licensed doctor.
- Parents look for safety information on cribs, bassinets and other related items found in sleep environments, such as toys, bedding and blankets.
- Mothers breastfeed their infants up to one year of age if possible.

Recommended Sleep Position

It is recommended that:

- Babies are placed on their backs to sleep for naps or at night.
- Babies are given time on the tummy while awake and supervised by a responsible older teen or adult.
- Parents tell relatives, friends and babysitters that the baby will be placed on his/her back to sleep.

(continued on page 18)

Support Your Local Exerciser!

Do you sometimes feel you need your own cheerleader to encourage you to start exercising? Do you feel as though you need a parachute to catch you when you start to fall off the exercise wagon? Well, you are not alone in recognizing that a strong social support system can make it easier to reach your exercise goals and maintain that exercise routine. In fact, studies show that social support increases the amount of time spent engaged in a physical activity by approximately 44 percent and the frequency of exercise increases by approximately 20 percent. That is powerful support.

Social support can be defined as the aid, assistance, help, or support received from others. This support includes comfort given to us by our family, friends, co-workers and others. Knowing that we are part of a community of people who love and care for us helps us achieve our goals by offering continued support, motivation, problem solving assistance, and more. Support comes in many varieties so select the options that match your needs and comfort levels.

Buddy Up

One common component of social support is exercising with a buddy or buddies. Grab a co-worker and make a deal to walk together during lunch two to three times a week. Schedule a once-a-week exercise outing with your spouse, your child or a neighbor. Time spent connecting with others through exercise helps manage stress levels and benefits your mental health as well.

Another form of the buddy system is having an exercise partner who doesn't necessarily exercise with you but is someone you check in with, daily or weekly, to compare challenges and successes of your new shared routine. You and your buddy can exchange tips, advice, and emotional support without scheduling an outing together. Some people savor that solitary exercise time so a check-in pal is the best of both worlds.



(continued on WIC Wellness Works - 4)



This is the First Day of the Rest of Your Life: Rachel Ortega's

It started when Rachel Ortega was asked to be a bridesmaid in her sister-in-law's wedding. Rachel, a senior business assistant with the Texas Tech University Health Science WIC Call Center in Midland, found the invitation to be the weight loss motivation she needed. "I refused to be a bridesmaid wearing a tablecloth!" she said.

Even before being asked to be in the wedding, Rachel was on course to make healthy changes in her life. "I was starting to feel uncomfortable. Then, I was at the store one day thinking, 'I need to buy a bigger pant size...' I said to myself, 'No, I'm not going to do this, I'm going to do something about my weight.'"

Rachel decided to visit a doctor offering a weight loss program that a friend had recommended. The doctor provided Rachel with a diet to follow with a list of recommended foods. "The problem was, there were a lot of things on the list I'd never heard of... so I thought, 'How can I follow this if I don't know how to prepare the foods?'"

"I'm from a Hispanic culture. I love my mom's cooking. When you're used to that kind of food,

that's what you cook for your family — that's all you know. So changing the way that I eat and I cook has been a big transition for me."



That, Rachel said, is where the WIC Wellness Works (WWW) program has done wonders for her. "The information I get from WWW is what has helped me to follow the doctor's instructions. The recipes [provided in Texas WIC News] tell how big a serving size is, how many calories there are, and they are so simple! I love that I don't have to figure out what the ingredients are or explain them to my kids!"

Rachel adds, "It's not only the recipes that have helped me. With the 'Take a Hike on the Texas Trails Challenge,' I was walking daily. It was cool to know

I could complete it — I even did it twice!"

Rachel credits her WWW coordinator, Virginia May, with rallying her and the staff in her project to improve their health. "Virginia does so much for us. She'll bring in a recipe and encourage us to make copies, or she'll bring in a star fruit and give us all a taste. She has really helped to get me where I am."



Success Story

With the help of her doctor, the support of her friends, family and colleagues, and the WWW program, Rachel has lost 55 pounds and she's still going strong. Whenever she feels like she might stray from her goals, she reminds herself of where she started. "I live across the street from a beautiful park, but I used to never go walking there because I would think to myself, 'I don't have time today.' After visiting the doctor I made myself walk across the street. I thought, 'This is the first day. I've got to change my life. My plan was to walk around the park four times, but after three rounds I was asking myself, 'How am I going to do this?' I was sweating and breathing hard... but I told myself, 'You've gotten yourself started and that's the hardest thing to do. Even though you hurt, you have to keep going.'"

Rachel now walks at that park six days a week, and instead of feeling pain, she feels invigorated.

"When I think back to that first day," Rachel said, "how much I hurt, how much I struggled — and I think of all the work I've done to get where I am now, I don't want to go back to how I was feeling then. I'm close to my finish line now. If you really put your mind to it and if you really want to do it, you're going to do it."

And on the day of her sister-in-law's wedding, Rachel may just outlast everyone on the dance floor.

recipe

Cashew Chicken Teriyaki

Source: <http://www.mrsdash.com>

Ingredients:

- 1 cup Mrs. Dash® Spicy Teriyaki 10-Minute Marinade, divided
- 1 pound boneless, skinless chicken breasts, thinly sliced
- 1 (12 ounce) package frozen cut green beans
- 1 cup fresh shredded carrots (packaged/washed)
- ½ cup unsalted cashews (halves and pieces)
- 3 cups cooked brown rice (brown rice takes about 45-50 minutes to cook)

Directions:

Marinate chicken in ¾ cup (180mL) Mrs. Dash® Spicy Teriyaki 10-Minute Marinade for at least ten minutes. Remove chicken from marinade, discarding marinade. In a medium skillet on medium-high heat, cook chicken about 3 to 4 minutes or until no longer pink inside. Add green beans, carrots, cashews and remaining ¼ cup (30mL) Mrs. Dash Spicy Teriyaki 10-Minute Marinade and continue cooking until vegetables are crisp tender—about 5 minutes. Serve over cooked rice.

Recipe Summary:

Serves: 6
Serving Size: about 1 ½ cups
Prep Time: 5 minutes
Cook Time: 10 minutes

Nutritional Information:

Calories: 261
% of Calories from Fat: 24 %
Total Fat: 7 g Saturated Fat: 1 g
Unsaturated Fat: 6 g Trans Fat: 0 g
Cholesterol: 27 mg
Sodium: 70 mg
Carbohydrates: 33 g
Fiber: 4 g
Protein: 16 g

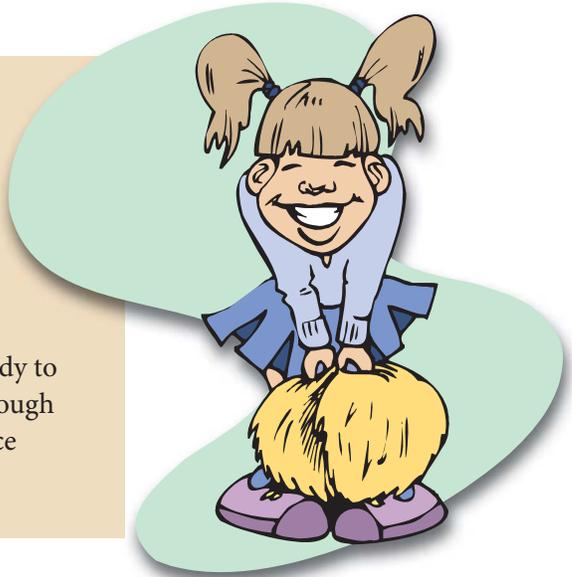


Support Your Local Exerciser!

(continued from WIC Wellness Works - 1)

Don't Be Afraid to Ask for Help

Tell your family, friends, or whomever you feel comfortable with that you are starting an exercise program. Ask if you can “lean” on them when you need an extra push. Be specific with what you need from each person; it may be different for each. For example, maybe you need some occasional help with reminders to exercise. Recruit a co-worker or ask your spouse to nicely “shove you out the door” to exercise on those challenging days. Ask your check-in buddy to serve as your cheerleader or problem solver when times get tough or you begin to slip. This sounding board can be the difference between reaching your goals or not.



Put it in Writing

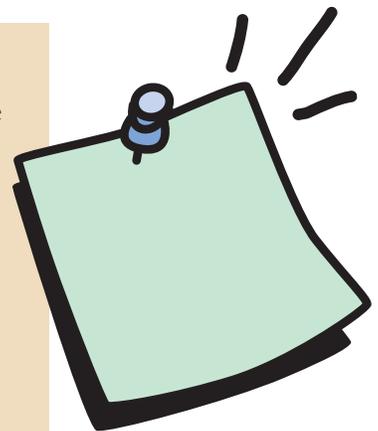
Writing down the specifics of your exercise routine — what you will do, for how long, and how frequently you will exercise — helps increase your chances for success. Share your goals with a friend, co-worker, or your spouse; going public is a great motivator.

Use Prompts and Rewards

Be your own social support system and use traditional tools such as calendars or post notes at your workstation or at home. Set your shoes at the front door before you go to bed each night. Be creative with ways to make it happen.

Develop a list of ways to pat yourself on the back as you go along. Remind yourself that wellness is a journey, not just an end point. Finally, don't feel guilty when you slip or take a break between sessions. Use your support system and tell them when you hope to get back on track.

Surround yourself with positive people who believe in what you are doing. Who knows, you may be asked to support someone else trying to achieve their goals.



New Guidelines Set Upper Limit on Weight Gain during Pregnancy

by Matt Harrington, R.D.
Nutrition Education Consultant

Weight Gain Background

The Institute of Medicine (IOM) convened a committee of doctors, nutrition experts, and public health researchers to review the 1990 recommendations for weight gain during pregnancy and to recommend changes. The need for review was simple. Since 1990, the population of women of childbearing age has changed:

- Multiple births are more common.
- More women are becoming pregnant at a later age (many with chronic conditions like diabetes and high blood pressure).
- More women today become pregnant while overweight or obese, and continue to gain weight, putting themselves at risk for chronic disease and increasing health risks for the baby (increased risk for preterm birth; being larger than normal at delivery; prone to overweight or obesity; type 2 diabetes or may result in a cesarean section for the mother).
- Weight gain during pregnancy is higher than in the past, with a majority of women gaining outside the 1990 guidelines.

In May 2009, the IOM released the report *Weight Gain During Pregnancy: Reexamining the Guidelines*. This report updates the IOM pregnancy weight guidelines from 1990.

The new guidelines are for women of all sizes, starting with a pre-pregnancy checkup that addresses weight, diet, and exercise with emphasis on the importance of gaining weight within the new guidelines and if possible, beginning pregnancy at a good weight.

The IOM's new pregnancy weight gain guidelines are similar to its 1990 guidelines, with two exceptions:

1. The new guidelines are based on body mass index (BMI) categories developed by the World Health Organization instead of the Metropolitan Life Insurance tables.
2. Now there is an upper limit on how much weight obese women should gain while pregnant.

New Recommendations for Weight Gain

The guidelines for pregnancy weight gain, based on a woman's BMI before becoming pregnant with one baby:

- Underweight (BMI <18.5): Gain 28-40 pounds
- Normal weight (BMI of 18.5 to 24.9): Gain 25-35 pounds
- Overweight (BMI of 25 to 29.9): Gain 15-25 pounds
- Obese (BMI >30): Gain 11-20 pounds

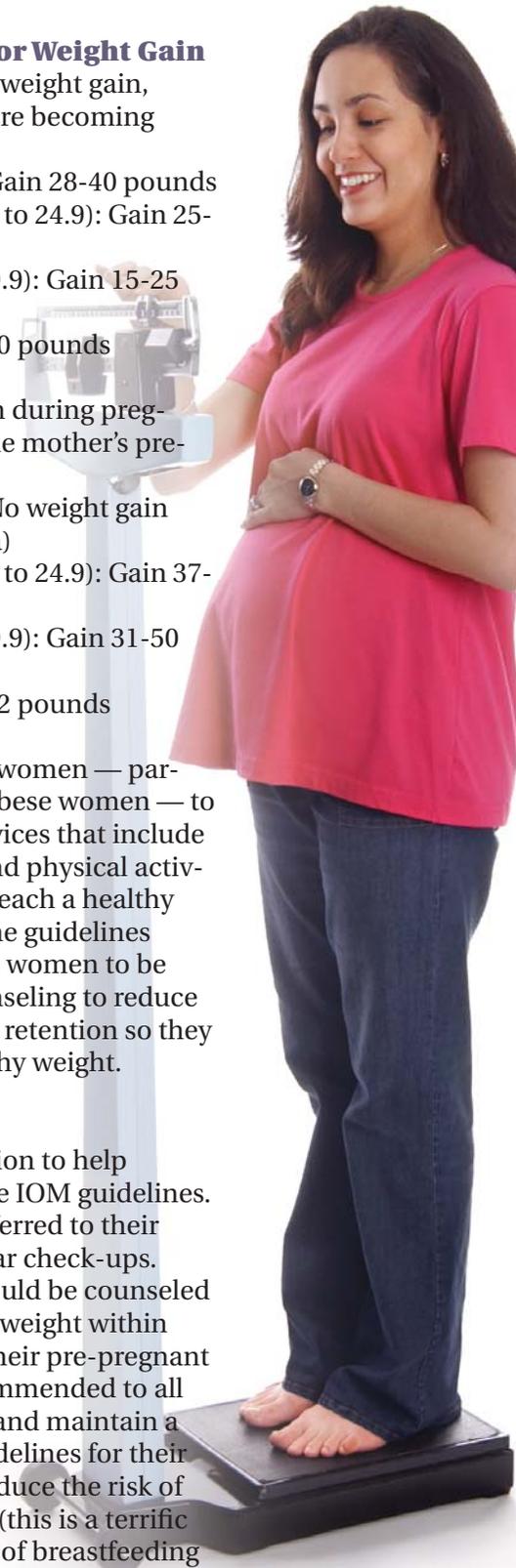
The guidelines for weight gain during pregnancy with twins, based on the mother's pre-pregnancy BMI:

- Underweight (BMI <18.5): No weight gain guidelines (insufficient data)
- Normal weight (BMI of 18.5 to 24.9): Gain 37-54 pounds
- Overweight (BMI of 25 to 29.9): Gain 31-50 pounds
- Obese (BMI >30): Gain 25-42 pounds

IOM's new guidelines call for women — particularly for overweight and obese women — to be offered preconception services that include counseling on weight, diet, and physical activity to help them maintain or reach a healthy weight prior to conceiving. The guidelines further call for all postpartum women to be offered diet and exercise counseling to reduce the risk of postpartum weight retention so they may conceive again at a healthy weight.

What WIC Can Do

WIC staff are in an ideal position to help women follow and achieve the IOM guidelines. First, all women should be referred to their health care provider for regular check-ups. Second, pregnant women should be counseled on the importance of gaining weight within IOM guidelines based upon their pre-pregnant BMI. Lastly, it should be recommended to all postpartum women to reach and maintain a healthy weight within the guidelines for their BMI prior to conception to reduce the risk of postpartum weight retention (this is a terrific time to really sell the benefits of breastfeeding on helping moms lose weight).



Client-Centered Nutrition Education for Pregnant Clients Offers Variety of Learning Opportunities

by Erica Harris, M.S., R.D., L.D.
Nutrition Education Consultant



Pregnant clients, especially those new to WIC, may feel a variety of emotions as they walk through the door — hope, uncertainty, excitement, or a mix. By embracing a client-centered approach to WIC education, WIC staff can help ensure clients get their concerns addressed and increase the chances clients leave feeling empowered to make smart choices to support a healthy pregnancy.

Through Value Enhanced Nutrition Assessment (VENA), WIC counselors engage clients in meaningful conversations to address their

questions and concerns. Similarly, a client-centered approach to group education allows pregnant moms to learn in ways that suit them best.

What is client-centered education for pregnant clients?

Client-centered education is learner-centered, respectful, and engaging. For pregnant clients, this means respecting them as experts in their lives and offering a variety of learning opportunities that motivate and support them in making healthy choices.

Being client-centered can mean a variety of things. The chart below identifies practical steps to move nutrition education toward a more client-centered approach.



Not very client-centered
<ul style="list-style-type: none">• Reading a script• Lecturing• Focusing on paperwork• Showing a long video without also attempting to tailor information to client concerns
More client-centered
<ul style="list-style-type: none">• Establishing rapport with clients and helping them meet others to build social support• Listening more and talking less when facilitating your favorite WIC lessons• Incorporating more open-ended questions during classes to encourage clients to share experiences and brainstorm strategies that could work for them• Action-oriented classes involving fun activities; nutrition fairs that enable expecting moms to pick and choose what they need to learn; food demonstrations; or grocery tours

Creating a positive learning environment

Setting a comfortable environment is essential, regardless of which learning methods are used. Take a moment to reflect on your personal experiences as a patient in the health-care system — do some memories make you cringe while others set you at ease? The environment and attitudes of all staff (receptionist, nurse, nutritionist, doctor, etc.) make a big difference in the overall experience of the patient, and the same goes for WIC clients. In WIC classes, comfortable chairs and simple gestures such as addressing clients by name and thanking them for participating can and do matter.

Building social support through group classes

One of the biggest benefits of bringing WIC clients together for group classes is the opportunity to connect them with peers who are experiencing a similar situation. When WIC educators take a step back and encourage participants to share their own experiences, pregnant moms can learn from and lean on peers for support. Being client-centered may involve adopting new lesson plans, but not necessarily.

The way a WIC educator carries out a lesson plan can make a world of difference. By brushing up on existing skills, WIC educators can create a more client centered learning experience with existing lessons. For example, experiment with different icebreakers to see how best to “break the ice” and create an environment of sharing for an old favorite lesson. Similarly, try drafting a few extra open-ended questions to keep handy in order to open up more conversation during class. If you have ideas for making the learning experience more engaging for clients, discuss them with your local agency nutrition education coordinator and registered dietitian so they can communicate with your state nutrition education liaison and ensure you have appropriate nutrition education codes.

Utilizing existing resources in new ways

Providing relevant and engaging education for pregnant moms involves tapping into what matters to them, and the sky is the limit for drawing upon materials for inspiration.

- For example, emotion-based nutrition education materials from the Touching Hearts Touching Minds project can be used as fun icebreakers to existing classes or as the basis of new lessons altogether. Check out <http://www.touchingheartstouchingminds> to find emotion based nutrition education materials for pregnancy.
- Lullabies from the *Every Ounce Counts* campaign CD titled “Sing to Me: a Lullaby Album” could also be fun to incorporate into group classes or play in the waiting room to engage the senses and promote breastfeeding. Check out <http://www.breastmilkcounts.com> for more information.

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2009 Internship Community Nutrition Projects

As many of you know (especially if you are a graduate of our program) the focus of the Texas WIC Dietetic Internship is community nutrition. To fulfill this mission, each intern completes a major community nutrition project, in which they work with not only WIC, but also other community partners. This year the eight interns completed projects with a wide range of topics and venues — from libraries to media campaigns and everything in between. Here is a brief glimpse of these projects. If you'd like further information, please contact the intern directly.

Aditi Patel – City of Dallas WIC Family Physical Activity and Nutrition Fair

Getting parents involved in their family's physical activity was the objective of a family nutrition and physical activity health fair conducted at a WIC clinic in Dallas.

A partnership with organizations within the community was formed including the Dallas Park and Recreation Center, the Richardson Park and Recreation Center, the Dallas Immunization Center, WIC Breastfeeding Program, and Medicaid.

The 74 families who attended the fair were exposed to multiple stations and booths featuring various nutrition and physical activity ideas and activities. Attendees received incentive items such as hula hoops, water bottles and books to encourage daily physical activity.

Lindsey Berryman – City of Dallas WIC New Food Package Presentations

With the goal of familiarizing health-care providers with WIC changes, presentations on the new food packages, especially the infant package and new prescription form, were conducted at three pediatric hospitals: Medical City Dallas Hospital, Scottish Rite Hospital for Children, and Children's Medical Center of Dallas.

At least 75 health-care providers, mostly dietitians, attended the presentations on the

new food package. Feedback was very positive. They found the in-services helpful and most agreed that they would visit the Texas WIC website for more information. The health-care providers in attendance requested future presentations.

Ashley Simpson – Tarrant County WIC Program Promotion of Fruit and Vegetable Consumption

Promoting the benefits of fruit and vegetable consumption was the goal of a kickoff event designed to also create awareness of Tarrant County Public Health Department's two-year obesity grant.

The event featured two local chefs performing food demonstrations, five booths promoting the benefits of fruits and vegetables, and a farmer's market booth selling fresh, local produce. Over 150 participants attended the event, as well as two media organizations.

Overall, the event increased awareness of the benefits of including fruits and vegetables in diets and of the importance of achieving a health body weight.

Christy Waldrop – Waco WIC Program Healthy Eating Guide

With a goal of increasing awareness of healthier options available when dining out, a local restaurant guide for Waco-McLennan County Public Health District employees was developed. To help recipients make more informed choices, the guide provided healthy menu options with calorie and fat content information from the 10 most frequented restaurants in Waco. A pre-survey indicated that a majority of City of Waco employees eat out more than 3 times a week.

A partnership was formed with the City of Waco Wellness Committee who provided suggestions for successful completion of the project. Marketing of the project was done via emails informing recipients of the upcoming restaurant guide promoting healthy eating. Graphic



design was done by the City of Waco staff. The project was followed up with a survey. Additions and revisions will be made to the guide based on survey responses.

Jesus Rivera, Jr. – El Paso WIC Program Diabetes Awareness

The goal of increasing awareness of diabetes in El Paso, targeting primarily residents of the east side and west side was accomplished through the distribution of educational materials and mass media communications.

The mass media portion of the project involved two press releases featuring an interview with a local area physician and a patient with knowledge or experience of diabetes. Pamphlets were distributed to local area physicians, restaurants, fitness centers, pharmacies, businesses and grocery stores on the east and west sides of El Paso. Two bilingual press releases were completed and are awaiting publication in a major newspaper and local magazine.



Amy Schenck – City of Dallas WIC Healthy Families: Garland Community Resource Fair

With a goal of decreasing health disparities in low income Garland families, a community resource fair was organized with the help of members of the Garland Community Providers Organization and area businesses. Targeting low income families living in Garland, the fair was held at a WIC clinic. WIC clients that were seen in the clinic that day were referred to the event, and those who were scheduled for a nutrition education class were able to substitute their class with the event. The event was advertised to

the general public through flyers distributed to event partners and posted at a local grocery store and church. Donations were received from area businesses as well as partners in the project and used for raffle prizes.

Fourteen area resources were



available on the day of the event to give attendees information about their programs and sign them up for services. Representatives from each program were also able to network with each other and use the event to increase their awareness of community resources.

Attendees requested that future events include services such as after school care, school programs, and services for the elderly. WIC professional staff was also evaluated on their level of awareness pre and post event, with positive results.

Tejal Patel Pathak – City of Houston WIC Eat Right When Money is Tight

With a goal of increasing consumption of fruits and vegetables and educating the low income residents of Harris County on the use of low cost healthy foods, nutrition education poster boards and a food budget guide were created. Information on budgeting, tips for saving money on healthy foods, and the benefits of consuming fruits and vegetables were the main focal points of the board and guide. The American Heart Association provided a fruits and vegetable brochure advertising “eat 5 a day.” The nutrition education

board and food budget guide were displayed for one week at three Houston libraries: Henington-Alief Regional Library, Robinson-Westchase Neighborhood Library, and Kendall Library.



It is estimated an individual will be able to save \$1643 a year by using the low cost healthy recipes in the food budget

guide. Also, by committing to consuming fruits and vegetables, participants may benefit from improved health and prevention of disease. Over 1600 visitors to the libraries were exposed to the nutrition education community initiative.

Kelley Roop – Williamson County WIC Program “Let Us Take a Break from Poor Bone Health”

Currently, in the United States alone, 10 million individuals have osteoporosis
(continued on page 18)



FASDs: 100% Preventable,

by Mandy Seay
Dietetic Intern, Texas State University

Due to misinformation, unplanned pregnancies and substance abuse, an estimated 40,000 babies are born with a fetal alcohol spectrum disorder (FASD) every year. FASD is a term used for a group of conditions found in individuals exposed to alcohol during their prenatal development.

Fetal alcohol syndrome (FAS) is the most severe of these disorders and includes facial malformations accompanied by growth and central nervous system deficiencies. These conditions include mental retardation, hyperactivity, learning disabilities, poor impulse control and attention deficits. Other FASDs include alcohol-related neurodevelopmental disorder (ARND) and alcohol-related birth defects (ARBD). ARND refers to intellectual, behavioral and learning disabilities, while ARBD concerns skeletal and organ system deficiencies. Some FAS signs are apparent in both ARBD and ARND but no facial abnormalities are present.

When a pregnant woman drinks alcohol, it passes through the mother's blood into her baby's blood. The fetus' blood alcohol level becomes equal to or greater than that of the mother and remains high for a longer period of time.

When reporting alcohol consumption during pregnancy, one in five women reported drinking in the first trimester, one in 14 in the second trimester, and one in 20 in the third trimester.

Almost half of all pregnancies in the United States are unplanned. Only 40 percent of women realize they are pregnant in their fourth week of gestation, a critical period for a baby's organ growth and development.

Treatment

FASDs are life long and have no cure, but research shows that early intervention can improve a child's development. Examples of various treatment options include medication, parent training, behavior and education therapy.

Individuals born with FASD can reach their full poten-



0% Curable

tial and reduce the effects of FASD with a diagnosis before the age of 6; a loving, nurturing and stable home environment void of violence; and involvement in special education and social services.

Prevention

FASDs are 100 percent preventable since the sole cause is prenatal exposure to alcohol. If a woman is pregnant, planning to become pregnant, or at risk for becoming pregnant she should not drink alcohol.

Resources:

CDC features fetal alcohol spectrum disorders are 100% preventable. Centers for Disease Control and Prevention website. 2009. Available at: <http://www.cdc.gov/features/fasd/>. Accessed on September 24, 2009.

Fetal alcohol spectrum disorders by the numbers. Department of Health and Human Services website. 2009. Available at: <http://www.fasdcenter.samhsa.gov/grabGo/factSheets.cfm>. Accessed on September 24, 2009.

Effects of alcohol on a fetus. Department of Health and Human Services website. 2009. Available at: <http://www.fasdcenter.samhsa.gov/grabGo/factSheets.cfm>. Accessed on September 24, 2009.

New DVD Puts Spotlight on FASDs

by Renee Mims, Contributing Editor

Two moms, Mercedes Alejandro and Yolanda Ross, share their personal stories of pain and sorrow about what happens when pregnant women drink alcohol. Each mom gave birth to a child born with fetal alcohol spectrum disorders (FASD).

Don't Drink for Two, a new DVD, combines FASD facts and ways for pregnant moms to get help with alcohol abuse or recover from an addiction. *Don't Drink for Two* is a heart-wrenching story told through the eyes of mothers.

"I just want to say that there's hope in recovery. Take advantage of every recovery opportunity that you have. If you're having problems with addiction, get to somebody. If it's a WIC counselor, if it's your doctor, just tell somebody because there is hope in recovery because recovery saved my life!"

~ Yolanda Ross, mom of a child with FASD.

Publishing, Promotion and Media Services, Nutrition Education, and Mental Health and Substance Abuse collaborated on the project that includes an FASD lesson plan, poster, and DVD for pregnant moms.

The video was recently screened at the 3rd Annual Houston Fetal Alcohol Spectrum Disorder Conference for about 150 child protective services employees.

"Everyone wanted a copy of the video and they went like hotcakes!" Alejandro said. "The audience found it a compelling and very moving story!"

For more information about the DVD, contact Ponna Sambasivan at 1-512-341-4517 or ponna.sambasivan@dshs.state.tx.us.

Top right: Yolanda Ross holding a photo of her daughter. Bottom right: Mercedes Alejandro and her son, Nicholas. Below: Yolanda and Mercedes sharing their experiences raising children with FASD.



Sudden Infant Death Syndrome (SIDS)

(continued from page 10)

Recommended Sleep Environment

It is recommended that:

- Babies are placed to sleep in safety-approved crib or bassinet with a firm mattress, using a well-fitting sheet made for the crib or bassinet.
- Parents maintain the home and especially the baby's sleep area free of cigarette smoke.
- Babies are never placed to sleep on soft mattresses or cushions, such as beds, sofa, chairs or waterbeds.
- Babies' sleep environment is free of toys or other soft bedding items, such as blankets or comforters, stuffed animals and bumper pads.
- Babies' sleep environment is free of unsafe items, such as plastic sheets, plastic bags, strings, cords or ropes.

The safest place for a baby to sleep is in the same room with a parent or caregiver but on a separate sleep surface, such as a safety-approved crib or bassinet.

Resources:

Texas Child Fatality Review Team Newsletter and publications are available at this website. http://www.dshs.state.tx.us/mch/Child_Fatality_Review.shtm

Texas Child Fatality Review Team – Annual Report 2008 http://www.dshs.state.tx.us/mch/Child_Fatality_Review.shtm

Texas State Child Fatality Review Team Committee Position Statement: Safe Sleep for Infants. http://www.dshs.state.tx.us/mch/Child_Fatality_Review.shtm

References:

Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID): Fetal and Infant Mortality Information. <http://www.cdc.gov/SIDS/mortality.htm>

Client-Centered Nutrition Education for Pregnant Clients

(continued from page 13)

Online classes provide independent learning options

Offering clients choices in how to receive their nutrition education gives them flexibility to learn at their own pace on their own time. Online classes are a client-centered alternative for busy moms who have a difficult time making it to the clinic. Several web lessons designed specifically for pregnant moms are available. Check out <http://www.texaswic.org> for the latest and greatest.

Other client-centered approaches

Overall, when planning group education classes for expecting moms, WIC educators may find it helpful to ask, “What types of motivation, skills and information, and support do clients need to support a healthy pregnancy?” Then work with existing materials or develop new programs at your agency to help set clients up for a successful pregnancy. Assessing client needs through short surveys can also help WIC staff find new ways to spice up education and provide client-centered learning opportunities to best suit client needs. Here are a couple strategies to consider:

- **Nutrition fair or carnival** – Set up booths on pregnancy topics and invite community partners to join you for a special day for pregnant WIC clients. Health fairs can be an efficient and fun way to draw together more resources at one time for busy staff and participants.
- **Grocery tours for expecting moms** – On average, WIC clients shop at grocery stores more than two times per week, though they typically only come to WIC once every three months. By building relationships with local grocers, WIC

staff could offer special tours for pregnant moms.

- **Cooking demonstrations** – Depending on your agency's resources and facilities, there are countless options for food demonstrations using WIC foods.

Being client-centered can involve tweaking existing practices, not necessarily reinventing the wheel. Be creative and stay tuned for more information on client-centered nutrition education at the WIC NBF conference, April 6-8, 2010!

Intern Projects

(continued from page 15)

and an additional 34 million have low bone mass, placing them at increased risk for osteoporosis. “Let Us Take a Break from Poor Bone Health” was an event created to increase awareness of nutrients and behaviors vital to bone health to reduce incidence of osteoporosis in Williamson County.

Partners, including an orthopedic doctor, Dairy Max, and an individual with a bone disease helped with the project. An event was held featuring various booths and discussions about bone health. A cooking demonstration using smoothie and broccoli almond stir-fry recipes, a milk-tasting activity booth, and cheese give-a-ways were highlights of the event.



Telling us what you want is as easy as that!

Take the online survey at <http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm> and let us know what you'd like in the Texas WIC News!



Top 10,
err...

11 Tips for First Time Dads

by Matt Harrington, M.S., R.D.
Nutrition Education Consultant



Although I tried putting off fatherhood until I too was in diapers, it was not to be. I became a dad for the first time in June 2009 and I have learned a whole bunch. Now I pass on my top 10, err...11 tips for first time dads.

1. Support your partner. Do whatever needs to be done to make her pregnancy low stress and healthy.
2. Behave as if you are pregnant too. Eat right, sleep well and focus on the important things — mom and baby.
3. Educate yourself. Learn all you can about pregnancy AND breastfeeding. Tag along on visits to the doctor and ask questions. Ask the doctor to recommend a comprehensive book on pregnancy.
4. Talk with your partner about how you plan to nurture the kid. Having a kid is easy; raising him to be a good person is the hard part.
5. Be flexible. Pregnancy is a time of rapid change. Rigid ideas and opinions are a sure-fire way to become frustrated and disappointed.
6. Support your partner's decision to breastfeed. Inform yourself about the benefits of breastfeeding and just how much planning and WORK it takes to successfully nurse.
7. Be your partner's most vocal advocate. From the third trimester on, pregnancy can be physically and emotionally draining. And the delivery ain't a cake walk. Be there for her.
8. This is a really good, but underutilized tip: sleep when the baby sleeps. Newborns sleep a lot, just not when you want them to. Become a master of the 20, 30, 60 minute nap.
9. Keep visitations to a minimum for 2-3 weeks after the baby comes home. Let your family and friends know that you appreciate the well-wishes, but there isn't that much to do. Really. A newborn sleeps (18 hours), eats and poops a lot. That's about it. I love my mother, but I stopped wearing diapers back in 1991 and I can change my own kid's diaper just fine.
10. Give mom and baby time to get to know each other. Breastfeeding is a new experience for mom and baby. Do whatever is needed so mom can figure out how to make it work. That means change diapers, make dinner, clean the house, shop, wash the diapers, feed the dog, walk the cat, assemble the stroller, take pictures, write thank you notes, burp baby — WHATEVER!
11. And... enjoy. This is the single most important thing you will ever do in you entire life. Period.



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