

# WIC News

August:  
*National  
Breastfeeding  
Month*



## WIC — The Go-To Breastfeeding Program

So much of what we do each day is focused on the best outcomes for mothers and children. The journey begins during pregnancy but becomes increasingly important at birth when a mother chooses to breastfeed. That makes August extra special in the hearts of those at Texas WIC. August is National Breastfeeding month. It's a time when we celebrate being champions and advocates of breastfeeding, while highlighting the importance of promoting, protecting, and supporting it.

A recent study tells us that if every mother breastfed her baby, more than 800,000 lives would be saved each year! Read powerful Texas WIC mom stories in “How Breastfeeding & WIC Saved My Baby” on pages 12 through 17.

The lifesaving benefits of breastfeeding make healthcare providers an essential partner to help moms have successful breastfeeding experiences. There is a movement underway in Texas with a growing number of hospitals seeking the “Baby friendly” designation. On page eight, you will learn what that designation means and how it is transforming the hospital birth experience to give moms the best start on their breastfeeding journey.

WIC is the go-to breastfeeding program and our commitment to mothers and young children has a powerful impact on Texas' families. You have helped Texas achieve one of the highest “born-to-WIC” breastfeeding rates in the nation, and increased breastfeeding rates can translate to positive health outcomes for future generations. There is a lot to celebrate and still a lot of work to be done to make further strides in helping our families with the loving support they need to meet their breastfeeding goals. In honor of National Breastfeeding month, let us remember we are not just passing along good advice; we are putting families on the path to a better future and saving lives.

### From the Texas WIC Director

- Lindsay Rodgers, MA, RD, LD





# Breastfeed For a Healthier Future!

by Faith Njoroge, MS  
Breastfeeding Promotion Nutritionist

Every year, Texas WIC joins a nationwide campaign to increase public awareness of breastfeeding. The campaign is called National Breastfeeding Month and it's celebrated in the month of August. This year, Texas WIC will be celebrating National Breastfeeding Month and African American Breastfeeding Week (the last week of the month) with the theme *Breastfeed For a Healthier Future!* The theme focuses on how breastfeeding today can impact and improve not only the present, but also the health of families and the environment for generations to come.

Every woman's journey to motherhood is different, but one of the first decisions every new mom makes is how to feed her child. Initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months of an infant's life are key factors for the survival and health of a newborn. Successful breastfeeding depends on the care and support a mother receives during pregnancy, child birth, immediately after delivery, and throughout her breastfeeding experience.

The Lancet Breastfeeding Series review shows remarkable evidence on the health and economic benefits of breastfeeding. Breastfeeding improves the survival, health, and development of children. Breastfeeding also saves women's lives and contributes to development across populations. Research shows that if 90 percent of families breastfed exclusively for six months, nearly 1,000 deaths among infants could be prevented (Bartick & Reinhold 2010). A study exploring the impact of breastfeeding on maternal health found that low breastfeeding rates may increase U.S. maternal morbidity and health care costs (Bartick et al, 2013).

The benefits of breastfeeding are not limited to infancy, but extend into childhood and even adulthood. Breastfeeding moms make perfect food for their baby and their milk increases the chances of their babies being healthier, smarter, and more successful in life. Mothers who choose to breastfeed make an investment in their baby's future. Research shows an association between breastfeeding and babies' intelligence later in life. Babies breastfed as infants scored higher on intelligence tests, and were found to have increased school performance and income earning in adulthood (Lancet, 2016).

Here are some ideas for celebrating National Breastfeeding Month and



African American Breastfeeding Week in your clinic and community.

### **Proposed Community Activities**

- Host a workshop inviting various community members and do a presentation on the impact of breastfeeding on babies, moms, the economy, and environment.
- Host a community health fair using NE code BF-000-52: National BF Month.

Advertise and invite WIC participants, their support persons, and community to participate and learn how breastfeeding today can impact and improve not only the present, but also improve health and environmental outcomes for generations to come.

Suggested ideas for the community health fair stations include:

- ***Breastfeeding protects the health of infants and moms – for life.***  
Use the “Does Formula Stack Up?” building block activity to demonstrate the difference between breastmilk and formula and highlight the long-term health effects of breastfeeding for babies and moms.
- ***Breastfeeding protects and cultivates healthier cultures.***  
Children who are breastfed are more likely to breastfeed their children, positively impacting the health of generations to come. Breastfeeding also develops healthier cultural practices in populations that are less likely to breastfeed, which can narrow health gaps.
- ***Breastfeeding protects the environment.***  
Alternatives to breastfeeding have environmental impacts. Formula leaves an ecological footprint, needing energy for manufacturing, packaging materials, as well as fuel for transport. Formula cans and bottle supplies create trash and plastic waste. Breastmilk is the most natural food available to humans. It is produced and delivered to the consumer without any pollution. Breastmilk is a renewable resource that comes packaged and warmed, and therefore does not generate waste. This keeps the environment clean and free of pollutants.
- ***Breastfeeding protects the family's budget.***  
Breastfeeding helps make a more productive workforce. Mothers who breastfeed miss fewer days of work to care for sick infants than mothers who feed their infants formula.

Breastfed babies are also sick less often, which helps reduce family health care costs.

- ***Breastfeeding protects the lives of babies during emergencies.***

During an emergency, breastfeeding can save a baby's life by protecting the baby from the risks associated with emergencies and disasters, such as use of unsafe water for formula preparation. Breastmilk is always safe and readily available without the need of other supplies.

For additional information and suggested activities and materials for each of the above health fair stations visit the 2016 National Breastfeeding Month webpage at <http://www.dshs.state.tx.us/wichd/bf/wbm.shtm>.

### **Proposed/additional activities for African American Breastfeeding Week (Last week of August)**

- ***Breastfeed for a Healthier Future*** is especially relevant to African American families. More and more African American mothers are choosing to breastfeed and are thereby beginning to change infant-feeding norms in their families.
- Host and facilitate a community roundtable discussion to informally talk about how to reduce the disparities in breastfeeding initiation and duration rates among your African American community. Invite all community stakeholders to participate and share ideas. Identify stakeholders who are missing from the discussion and plan another roundtable discussion to include them.
- Host and facilitate an African American breastfeeding discussion group for pregnant and breastfeeding WIC participants using your own discussion group guide or CCNE lesson: *Breastfeeding: It's Only Natural – New Mom Discussion Group* (BF-000-51).

### **Resources**

- Lancet Breastfeeding Series, published January 2016 <http://www.thelancet.com/series/breastfeeding>
- Bartick M C, & Reinhold A G. The Burden of Suboptimal Breastfeeding in the United States: a Pediatric Cost Analysis. *Pediatrics*. 2010, 125(5): e1048-56.
- Bartick M C, Stuebe A M, Schwarz E B, Luongo C, Reinhold A G, & Foste E M. Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstet Gynecol*. 2013, 122(1): 119-9.

# The Lactation Care Center of Rio Grande Valley — An Original Center of Innovation

by Tracy Erickson, RD, IBCLC, RLC  
WIC Breastfeeding Coordinator

Hidalgo County WIC was a 2015 recipient of the USDA Loving Support Award of Excellence for demonstrating outstanding peer counselor services and the site of one of our WIC lactation support centers. One of the last times I was lucky enough to visit Hidalgo County WIC was in July 2014 when we were conducting focus groups among WIC moms, dads, grandparents, WIC staff, and nurses. That same month, Hidalgo County WIC leadership was working hard to open the Lactation Care Center of Rio Grande Valley (LCC-RGV), our newest lactation support center.



*Norma Longoria of Hidalgo County receiving Award of Excellence from Tracy Erickson with Linda Zeccola.*

The purpose of the focus groups was to identify breastfeeding barriers and cultural assumptions that needed to be addressed to improve breastfeeding rates. By the time the Hidalgo County focus groups occurred, there seemed to be common themes emerging, including:

- A lack of knowledge about the size of an infant's stomach.
- A lack of understanding about how much milk the baby needs.
- Uncertainty about the amount of colostrum that is produced immediately after birth and the amount of milk produced in the first few days.
- Limited knowledge about the “supply and demand” concept of milk production.

- A lack of understanding of the impact of introducing formula on breastmilk supply.
- A lack of awareness of the benefits of exclusive breastfeeding in the first month.
- Dads remembering what they learned at WIC, but not always moms (hello pregnancy brain!).

While many dads attended WIC appointments with their partners, some dads felt they didn't belong, felt left out of the process, or were unable to attend classes because they were only offered during the day.

Nearly all WIC staff stated that moms should be required to attend a breastfeeding class, and nearly all the moms participating in the focus groups agreed.

After the focus groups, Norma Longoria, former Hidalgo County WIC Director – who sneaked into retirement a few months ago in a most stealthy way, WIC Breastfeeding Coordinator Diana Cardona, LCC-RGV Manager Burlene Carrizales and I brainstormed about how to best address the findings emerging from the research. One dad's comment, “I would come to WIC classes but I can't during the day because I work,” kept repeating in our brains. Before I left to attend focus groups in another part of the state, the Hidalgo County WIC group had already committed to piloting a two hour evening infant feeding class at the new LCC-RGV to address the research findings.

The Prenatal Infant Feeding and Behavior Class started in October 2014 with one class per month offered in English and Spanish. The first English class had five participants but no one showed for the Spanish class. The English class attendance continued to climb over the next few months while Spanish class attendance stayed low. In April, the Spanish class was moved to the day time and attendance immediately soared. Staff quickly realized that offering the Spanish class during the day and the English class at night resulted in the best attendance.

While class attendance started low, the English class maxed out at 25 participants in July 2015 — less than a year after it started — and a second monthly evening class had to be added. WIC and non-WIC-enrolled moms are encouraged to attend as well as support persons such as dads, grandparents, and other family and friends. Some months, the evening classes have seen an equal number of support people as the moms attending — most of them are dads! The class is not advertised as a breastfeeding class but rather, as an infant-feeding class, even though the content focuses on breastfeeding. Of the 208 FY15 attendees, only one mom asked to leave before the class was over because it was not what she thought it would be. A pretty good track record, indeed!

A new survey was conducted in March 2015 to assess infant-feeding intents before and after the class. As indicated by the chart below, the class has had a profound impact on infant-feeding choices.

Mar-Sept 2015	English	Spanish	Total
Planned to formula-feed prior to class	2	0	2 (2%)
Planned to breast and formula-feed prior to class	26	16	42 (43%)
Planned to exclusively breastfeed prior to class	36	17	53 (55%)
Planned to exclusively breastfeed after the class	ALL 64	ALL 33	ALL 97 (100%)

	English FY 15 Total	Spanish FY 15 Total	Grand Totals
Total Attendees	152	56	208
Mothers	84	41	125
Fathers	47	6	53
Grandmothers	9	4	13
Others	9	5	14
WIC	62	26	88
Non-WIC	22	15	37
Returned to Lactation Center	13	5	18

Veronica Hendrix, Texas Ten Step Coordinator, recently received an email from a distraught pregnant WIC mother who was told she may not be able to hold her new baby skin to skin right after birth because she was having a caesarian section. After further correspondence, the mom shared that she had attended the Infant Feeding and Behavior class taught by Burlene where she learned to ask for skin to skin in the hospital and she was determined to have the experience. Veronica called the hospital to help advocate for the mom and

The feedback from class attendees overall has been phenomenal and heart-warming.

- *"You helped us clarify a lot of doubts and helped us realize how important it is to breastfeed."*
- *"I learned how to help my wife and the benefits of skin to skin."*
- *"There was a lot of information about the benefits of breastfeeding that I did not know. I also did not know about the benefits of skin to skin."*
- *"I wasn't aware about the importance of hand expression in the first hour after birth."*
- *"I have actually learned a lot more than I thought I would. Skin to skin is one. Learning what to ask at my hospital tour is another."*
- *"I truly believe I'm ready."*
- *"Thank God for breastfeeding classes!"*

the hospital promised to do what they could to accommodate her. After touching base with the mom a few weeks later, Veronica learned the mom happily did get to experience skin to skin with her baby right after delivery. Her baby also latched on quickly and had a very good first breastfeeding experience.

Sometimes it takes a village to support one mom but someone first has to plant the seed. Thank you to the legendary Norma Longoria for always being a pioneer of innovation and to Diana and Burlene for following in her footsteps and for planting those seeds in Hidalgo County! All WIC agencies are centers of innovation in their own way. It just takes listening to your WIC families and trying out new methods of delivering WIC services until you hit one out of the ballpark.

# The Baby-Friendly Hospital Initiative – Gaining Ground in Texas

by Veronica Hendrix, LVN, IBCLC, RLC  
Texas Ten Step Program Coordinator

In 1991, the Baby-Friendly Hospital Initiative (BFHI), a global program, was launched by the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF). The mission of the organization is to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. BFHI recognizes and awards birthing facilities who successfully implement the Ten Steps to Successful Breastfeeding (hereafter referred to as the Ten Steps) and the International Code of Marketing of Breastmilk Substitutes. In the United States, the program is overseen and implemented by Baby-Friendly USA (BFUSA). In order to achieve designation, birthing hospitals must successfully complete all four phases of the 4-D pathway (Discovery, Development, Dissemination, and Designation), implement the Baby-Friendly USA [Guidelines and Evaluation Criteria](#) and pass an on-site assessment. All major health authorities and professional organizations recognize the designation as the gold standard and birthing facilities across the nation are encouraged to pursue the pathway to improved care for breastfeeding mothers and their infants.

Common barriers cited by hospitals implementing the Ten Steps through BFUSA include

staff training needs and leadership, staff, and physician buy-in. These barriers and others often halt progress that well-intentioned hospitals face as they begin their journey to improvement. In Texas, hospitals are offered the assistance needed to address barriers through the [Texas Ten Step program](#) (TTS). The TTS program offers technical assistance and support, connects hospitals to state and national resources, and assists hospitals to improve exclusive breastfeeding rates. Hospitals work directly with the program coordinator through the application process and designation is awarded to facilities that address 85 percent of the Ten Steps. An additional requirement includes designation through the [Texas Mother-Friendly Worksite](#) program. Every two years hospitals are required to reapply in an effort to provide additional technical assistance until the birthing facility is ready to enter the BFUSA pathway. To date, there are 115 designated TTS facilities with many more working through the application review process.

Over the last five years national and state breastfeeding support initiatives, all of which aim to move hospitals toward Baby-Friendly designation, have been launched. These initiatives demonstrate the national priority to improve exclusive breastfeeding rates while

Initiative	Project Goal	Funding Source
<a href="#">Best Fed Beginnings</a> (BFB)-launched in 2012.	A quality improvement project aimed at assisting 89 hospitals from across the nation in achieving Baby-Friendly designation.	The Centers for Disease Control and Prevention (CDC). Sixty-nine BFB hospitals have achieved Baby Friendly designation to date.
<a href="#">Communities and Hospitals Advancing Maternity Care Practices</a> (CHAMPS) – launched in 2015	Focus on hospitals in select states, including Texas, with a goal to help at least 10 facilities obtain BFUSA designation. Additional goal of assisting hospitals to establish community-based breastfeeding support groups.	W.K. Kellogg Foundation
<a href="#">Enhancing Maternity Practices</a> (EMPower) Initiative – launched in 2015	A quality improvement initiative aimed at assisting 95 hospitals across the nation to achieve BFUSA designation.	CDC
<a href="#">Texas Ten Step Star Achiever</a> Breastfeeding Learning Collaborative – 2013-2017	A quality improvement initiative aimed to accelerate adoption of the Ten Steps and bridge gaps between TTS designation and BFUSA designation. WIC staff and mothers are included as members of hospital teams.	Funded by DSHS in partnership with the National Institute for Children's Health Quality (NICHQ).

recognizing the support that hospitals need to carry out these large scale projects. Seventeen Texas hospitals have been, or are currently engaged, in the initiatives listed in the chart on page 8. Promising improvements have been noted through these state and national efforts. These include:

- 77 percent of births in Texas are now occurring in hospitals that are engaged in Ten Step initiatives.
- Texas has 17 Baby-Friendly designated hospitals, nine of which were designated between April 2015 and April 2016 alone, and all of which were previously engaged in one of the Ten Step initiatives.
- 11.1 percent of Texas births are occurring in Baby-Friendly designated hospitals.
- 16 percent of all national births are now occurring in hospitals offering recommended care for lactating women and their infants (Baby-Friendly, USA designated), exceeding the HP2020 target of 8.1 percent.
- 75 percent of hospitals designated in the Texas Ten Step program have removed formula marketing bags from their facility.

#### WIC — LEADING BY EXAMPLE

*The National WIC Association seeks to ensure that WIC, as the nation's premiere public health nutrition program, is recognized as a resource and advocate for breastfeeding promotion and support. – NWA, BREASTFEEDING STRATEGIC PLAN, 2011.*

With Texas WIC serving about 55% of the state's infants, agency staff is encouraged to look for innovative ways to work with and educate health-care providers in their communities in order to have the greatest impact on maternal child health outcomes. WIC's commitment to breastfeeding mothers makes them a valued community partner.

The Six Steps to Achieve Breastfeeding Goals, found in the 2011 NWA Breastfeeding Strategic Plan, outlines a plan of action and asks that agency staff:

- Present exclusive breastfeeding as the norm for all mothers and babies.
- Provide an appropriate breastfeeding-friendly environment.
- Ensure access to competently trained breastfeeding staff at each WIC clinic site.
- Develop procedures to accommodate breastfeeding mothers and babies.
- Mentor and train all staff to become competent breastfeeding advocates and/or counselors.
- Support exclusive breastfeeding through assessment, evaluation, and assistance.

Organizations partnering with WIC can learn a great deal from this outstanding model of care. Resources like education, materials, and collaborative thinking helps to identify barriers and fill gaps in care in your community. Which of these six goals is your agency using to achieve clinic breastfeeding goals?

*Veronica Hendrix shares a personal triumph on the next page ⇨*

#### Web references

International Code of Marketing of Breastmilk Substitutes [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)  
Baby-Friendly, USA Guidelines and Evaluation Criteria <https://www.babyfriendlyusa.org/get-started/the-guidelines-evaluation-criteria>  
Texas Ten Step program <http://texastenstep.org/>  
Texas Mother-Friendly Worksite program <http://texasmotherfriendly.org/>  
Best Fed Beginnings <http://www.nichq.org/sitecore/content/breastfeeding/breastfeeding/solutions/best-fed-beginnings>  
Communities and Hospitals Advancing Maternity Care Practices <http://www.champsbreastfeed.org/>  
Enhancing Maternity Practices (EMPower) Initiative <http://empowerbreastfeeding.org/>

Texas Ten Step Star Achiever Breastfeeding Learning Collaborative <http://breastfeeding.nichq.org/solutions/texas-breastfeeding-collaborative>  
HP2020 <http://www.cdc.gov/breastfeeding/policy/hp2020.htm>  
Breastfeeding Strategic Plan, 2011 [https://s3.amazonaws.com/aws.upl/nwica.org/national\\_breastfeeding\\_strategic\\_plan.pdf](https://s3.amazonaws.com/aws.upl/nwica.org/national_breastfeeding_strategic_plan.pdf)  
Surgeon General's Call to Action <http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>  
The Six Steps to Achieve Breastfeeding Goals [https://s3.amazonaws.com/aws.upl/nwica.org/six\\_steps\\_to\\_achieve\\_breastfeeding2.pdf](https://s3.amazonaws.com/aws.upl/nwica.org/six_steps_to_achieve_breastfeeding2.pdf)

## A Personal Triumph

by Veronica Hendrix, LVN, IBCLC, RLC  
Texas Ten Step Program Coordinator

I recently had the opportunity to work in a local WIC clinic for the day. It has been some time since I've put on my nursing scrubs, so I looked to that day with much excitement and maybe even a little fear, if I'm being honest. My two youngest children, who had not seen me in my scrubs before, had a lot of questions for me and they made me promise I'd share what my work day was like that evening when we were together again.

During my time in the clinic, I met a young mother who was coming in to certify her eight-day-old infant and to initiate her feeding package. I noticed when she entered the room that she was moving quite slowly and she confirmed that she was recovering from a cesarean section. Being a past labor and delivery nurse, and now the Texas Ten Step program coordinator, I couldn't help but ask more about the details of her hospital birth experience. She shared with me a very sad story filled with misinformation and loss. She ended the story with, "Yeah, I know, I wish I had delivered somewhere else, but this was my only choice." It broke my heart.

Until that visit she had been exclusively formula feeding because in her words, "the baby never liked breastfeeding and didn't latch on well in the hospital." She was given a nipple shield by hospital staff, but no instructions for follow-up or how to use it properly. She had plenty of breastmilk, so much in fact, that she borrowed a pump from her cousin the previous evening to relieve her engorgement. Her partner joined us shortly after we began talking and he asked, "Is it too late for her to try breastfeeding again?" The peer counselor and I smiled and energetically said, "No, it's not too late, we are happy to help you!" We took the family back to the breastfeeding room and began our consult and assessment.

The baby was incredible — he needed very little assistance to latch on (without a nipple shield) and nursed from both breasts. His mom and dad took it all in, asking questions and smiling the entire time. The father stood over the infant while he was nursing, kissing his head and saying, "He's doing it, he's really doing it!" The baby ended the feeding at each breast, releasing the nipple in that classic, relaxed and passed-out way. I asked the father why he wanted the baby to breastfeed. He stated that his mother had breastfed him and he wanted the same benefit for his child.

The peer counselor and I taught hand expression, pumping, positioning, feeding cues, normal newborn sleep, wake and eating patterns, and discussed the health risks of using formula. The father asked, "If formula is not good for the baby, how come the hospital gave us so much to take home?"

His questions and this experience made me think of how many times this same scenario happens in WIC agencies across the state and how differently it might be if there was adequate hospital support from the beginning. We ended the session with the mother choosing the exclusively breastfeeding food package — along with hugs and praise for both her and her partner. I can't help but feel like maybe we ended that visit with a better start to life for that baby boy too; a start that all babies in Texas deserve.



## Amazing Human Body 101: Building Better Bone Health

CONTRIBUTED BY DEBBIE LEHMAN, PH.D, RD, WIC WELLNESS COORDINATOR AND  
LAURA BAKER, FORMER TEXAS STATE DIETETIC INTERN

Did you know that your bones are living, growing tissue? The foundation is made of collagen, a protein that provides the soft framework, and calcium phosphate, a mineral that adds the strength and hardens. Ninety-nine percent of our body's calcium is in our bones. One percent is carried in our blood.

### Bone Health Basics

As a living tissue, bones are in a constant state of building, tearing down, and building back up, called bone remodeling.

### Bone Health Care

We take steps to prevent heart disease, obesity, and cancer, but how many of us think about our bone health? If we live a long life and survive into older age, painful diseases like osteopenia and osteoporosis become more likely. Many of us know an elderly loved one who has fallen and ended up hospitalized with a broken hip or other bone. But did you know that it's not the fall that causes the broken bone, it's actually a weak bone that breaks and causes a fall?

During our adolescent, teen, and adult years, our bone density is developed and reaches its peak around age 25-30. Peak bone density is the maximum size and strength our bones will be for a lifetime. After peak bone mass, we gradually begin to lose bone density. Developing a higher peak bone mass during these years (like a bone savings account) will protect against brittle bones, osteoporosis, and related fractures later in life. We can significantly slow the progression of bone loss with good nutrition and regular activity.

### What is Osteoporosis?

Osteoporosis is a disease in which bones become brittle and fragile due to loss of tissue. One in two women and one in four men over 50 will break a bone due to osteoporosis. It's easy to see what happens as osteoporosis progresses (see the honey comb structure of the osteoporotic bone below). It's a preventable disease, but there is no cure. Doctors will prescribe certain medications to help manage the disease.

### Osteoporosis Risk Factors

#### Uncontrollable:

- Female gender
- Menopause induced hormonal changes
- Age over 65
- Small boned frame size
- White or Asian ethnicity
- Family history of osteoporosis

#### Controllable:

- Not getting enough calcium and vitamin D
- Not eating enough fruits and vegetables
- Having an inactive lifestyle
- Excess alcohol, sodium, protein, and/or caffeine consumption
- Smoking
- Certain medications and diseases



*(Continued on WWW — Insert B)*

## Amazing Human Body 101: Bone Health

(Continued from WWW — Insert A)

### Adopt a Bone Healthy Lifestyle

To build and keep healthy bones, eat a well-balanced diet with good sources of calcium and vitamin D. These two nutrients are known as the dynamic duo, since they both need each other to provide bone health benefits. Avoid excess alcohol and smoking too, as these increase bone loss.

### Calcium

Calcium is the most abundant mineral in the body and is an essential nutrient for strong bones and healthy teeth. Our skeleton houses 99% of the body's calcium stores. Calcium is not made by the body and it must be absorbed from the foods we eat. When we do not have enough calcium in our diets to keep our body functioning, then it will be removed from our bones. Over time this will lead to weak bones, fractures, and diseases such as osteoporosis. So how do we get enough calcium to boost bone strength? Here are a few tips:

- Incorporate dairy products daily (milk, yogurt, cheese)
- Non-dairy sources include canned salmon and/or sardines (with bones), dried figs, leafy greens, nuts (almonds, roasted soy nuts), and foods with added calcium (juices, almond and rice milk, cereals)
- A simple way to add calcium to many foods is with a single tablespoon of non-fat powdered milk (50 mg of calcium). This could be added to puddings, homemade cookies, bread or muffins, soups, gravies, or casseroles.
- Our body can only absorb 500 mg of calcium at a time, so spread out your calcium sources.
- Talk to your doctor to see if you need an additional calcium supplement (most come with other bone nutrients as well, such as vitamin D, vitamin K, and magnesium).

### Vitamin D

Vitamin D helps our body absorb calcium. The most readily available source of vitamin D is direct sunlight, which is why it's also known as

(Continued on WWW — Insert D)



## Mind Games

Solve the quiz questions below, and then use the boxed letters to determine the answer to the mystery question.

Protein that builds the soft structure of bones

\_\_\_\_\_ □

Most abundant mineral in the body

\_\_\_\_\_ □ \_\_\_\_\_

Process of building, tearing down, and rebuilding that occurs constantly in our bone tissue

\_\_\_\_\_ □ \_\_\_\_\_

Maximum size and strength our bones will be during our lifetime

\_\_\_\_\_ □ \_\_\_\_\_

Where calcium is taken from in our bodies if we do not have enough calcium in our diets

□ \_\_\_\_\_ □

These type of foods contain the most vitamin D in the American diet

\_\_\_\_\_ □ \_\_\_\_\_ □ \_\_\_\_\_

The type of exercise that helps build bone strength

\_\_\_\_\_ □ \_\_\_\_\_ □ \_\_\_\_\_

An excellent source of calcium

\_\_\_\_\_ □ \_\_\_\_\_

Mystery Question: A type of test that uses X-rays to measure how many grams of calcium and other bone minerals are packed into a segment of bone (two words – solve using the letters from the boxes above).

Answers: collagen, calcium, remodeling, peak bone mass, bones, fortified, weight bearing, dairy

Answer to mystery question: bone density

Share your wellness success stories for a chance to be spotlighted in Texas WIC News and inspire other WIC staff! Contact your State Wellness Coordinator, Debbie Lehman, at [Debbie.Lehman@dshs.state.tx.us](mailto:Debbie.Lehman@dshs.state.tx.us) or 1-512-341-4517.

## Texas Seasonal Produce



### Fruits:

Apples, blueberries, cantaloupes, honeydew, peaches, pears, persimmons, watermelon



### Vegetables:

Green cabbage, carrots, cucumbers, green onions, lettuce, mushrooms, onions, peas, hot peppers, sweet peppers, potatoes, squash, sweet potatoes, tomatoes, turnips, zucchini



## recipe

### Greek Chicken Wrap with Tzatziki Herb Yogurt Sauce

Makes 4 servings

#### Ingredients

##### For the sauce:

2 cups fat-free plain yogurt  
1 cup peeled, seeded, and diced cucumber  
2 tablespoons chopped fresh dill (1 tsp dried dill may be substituted for fresh)  
1 tablespoon lemon juice  
1 tablespoon white vinegar  
2 teaspoons minced garlic  
¼ teaspoon salt  
1 teaspoon olive oil (optional)

##### For the wrap:

1 (6-ounce) boneless, skinless chicken breast  
1 tablespoon light Italian dressing  
4 (6-inch) whole wheat pitas  
2 cups chopped romaine lettuce  
1 medium tomato, chopped  
½ cup sliced red onion  
¼ cup crumbled low-fat Feta cheese  
4 kalamata or black olives, pitted and sliced



#### Preparation for the sauce:

In a medium bowl, combine all ingredients until blended. Sauce may be made up to 2 hours in advance. Cover and refrigerate until serving.

#### For the wrap:

Place chicken breast in a plastic bag and add Italian dressing. Let the chicken marinate for 15 minutes; pound (using a meat pounder or mallet or the bottom of a skillet) and flatten to about 1/2-inch thickness; remove chicken.

In a large non-stick skillet over medium heat, cook chicken breast about five minutes per side or until nicely browned and cooked through. Place chicken on a cutting board and slice thinly against the grain; set aside.

Warm pitas in microwave oven for 30 seconds. Place one pita on a plate and spread ½ cup of the lettuce and ¼ of the chicken slices on top. Sprinkle ¼ each of the tomato, onion, Feta cheese, and olives. Spoon some of the sauce over top and fold in edges of pita. Repeat with remaining pitas. Serve immediately with additional sauce on the side.

#### Nutrition Information Per Serving:

350 calories, 7 g total fat (3 g saturated fat), 40 mg cholesterol, 670 mg sodium, 51 g carbohydrate (6 g dietary fiber), 24 g protein

Source: <http://www.nationaldairycouncil.org/Recipes/Pages/Greek-Chicken-Wrap-with-Tzatziki-Herb-Yogurt-Sauce.aspx>

## Amazing Human Body 101: Bone Health

(Continued from WWW — Insert B)

the sunshine vitamin. When calcium levels in our body decrease, vitamin D comes to the rescue and encourages greater calcium absorption from foods and less calcium excretion in the urine. There are only a few natural dietary sources that contain vitamin D, they include, fatty fish (salmon, mackerel, and tuna) and fish oils. Small quantities are also present in beef liver, cheese, egg yolks, and mushrooms. Fortified foods contribute the most vitamin D in the American diet. For example milk, cereal, orange juice, and other food products contain added vitamin D.

It is recommended we choose four of the foods in the table below each day for strong, healthy bones.

FOOD & BEVERAGES		CALCIUM	VITAMIN D
Skim milk (8 oz)		300 mg	100 IU
Yogurt, plain, low fat (6 oz)		310 mg	0-100 IU
String cheese (1 oz)		200 mg	5 IU
Pudding w/2% milk (½ c)		150 mg	40 IU
Orange Juice (8 oz)		300-500 mg	100-140 IU
Dark leafy greens (½ c)		50-130 mg	0 IU
Fortified oatmeal (1 packet)		350 mg	40-50 IU
Almonds (3 oz)		210 mg	0 IU
Salmon, canned (4 oz)		300 mg	530 IU

\*\* Calcium recommendations — 1000 mg-1200 mg daily

\*\* Vitamin D recommendations — 400-800 IUs daily

### Weight Bearing Exercise

In addition, weight bearing exercises (those that make you move against gravity) promote calcium deposition in the bones, resulting in stronger, healthier bones. Examples of weight bearing exercises include dancing, hiking, running, stair climbing, yoga, and brisk walking.

Resource:

NIH Osteoporosis and Related Bone Diseases National Resource Center. May 2015.

[http://www.niams.nih.gov/Health\\_Info/Bone/Bone\\_Health/default.asp](http://www.niams.nih.gov/Health_Info/Bone/Bone_Health/default.asp)

# Peer Dad Program Update

by Kristina Arrieta, IBCLC  
Peer Counselor Coordinator

**WIC** can involve fathers from the very beginning and help them understand their importance and role in promoting the very best for their family's nutrition and overall wellbeing. Involving dad now can offer a lifetime benefit to WIC babies.

Dad's attitude and support of breastfeeding is important to our moms' breastfeeding success. WIC expanded the Peer Dad program in six agencies across the state of Texas to provide fathers the education needed to understand the importance of breastfeeding and how they can actively support the breastfeeding mom.



The six agencies currently offering the program include the City of Dallas, Cameron County, Christus Santa Rosa, Brazos Valley Community Action Agency, Northeast Public Health District, and Hidalgo County. Staff at these agencies are working together with the peer dads to get fathers into the clinic. Clerks are also reminding moms when they book appointments to bring dad. During nutrition and breastfeeding counseling sessions, mothers are given the peer dad's business card along with information for the expecting father.

Peer dads make connections with clients through phone calls, counseling sessions, breastfeeding classes, and outreach. Several peer dads are teaching classes in the hospitals, NICUs, and high schools. They approach families at health fairs and reach out to any male who walks into the waiting room. They make dads feel welcome and use this time to give vital information to fathers so they can provide the support moms need.

These are the most common topics peer dads are counseling on:

- Breastfeeding support
- Safe sleep
- Crying
- Baby care
- Shaken Baby syndrome
- Supporting mom during pregnancy, childbirth, and breastfeeding
- Adjusting to life as a parent
- Role as a father



Even if an agency does not have peer dads, there are opportunities to educate fathers. Helping fathers understand their role in supporting mom or the importance of breastfeeding may be the difference in mom having a successful breastfeeding experience or feeling as though she has failed to meet her breastfeeding goals.

# How WIC Saved my Baby

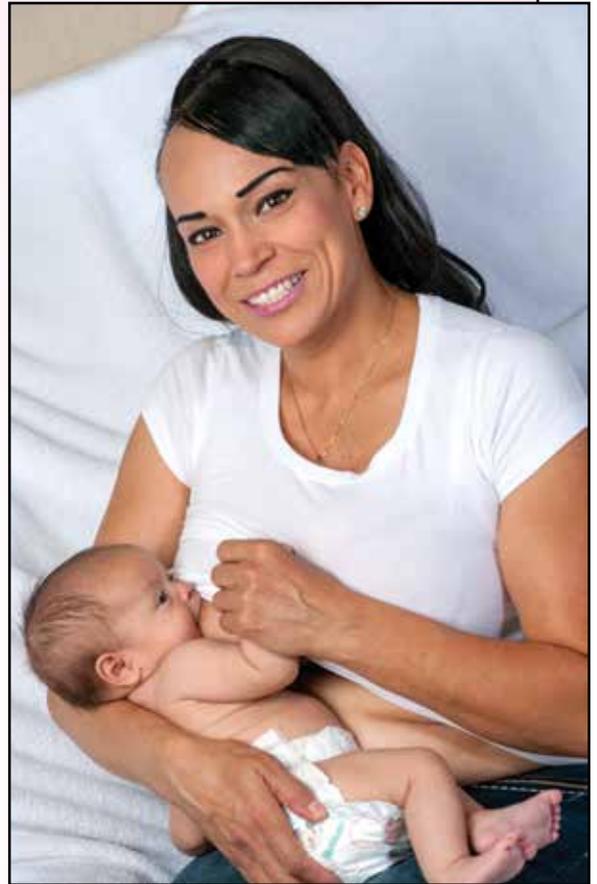
## *Patricia's Story...*

I am blessed to be the mother of seven children. WIC and the staff at Northwest WIC, Austin, helped me with two of my children.

My three-year-old daughter was born with Down syndrome but that wasn't the only challenge she faced. I was in my first trimester of my pregnancy when my husband and I learned she also had a heart defect. She was born with weak jaw and mouth muscles. My breastfeeding counselor offered me a breast pump so I was able to pump and store my milk until she was ready to eat. Even though she lacked the ability to feed at birth, she still got the benefits of breastmilk. She is now a healthy, strong, and energetic toddler!

The biggest help from WIC was in 1994. One of my other daughters was born with a rare form of cancer. It was the 13th case diagnosed in the United States and Canada! At 10 months old, my daughter had a grapefruit sized tumor attached to one of her ovaries. Since the cancer was in stage four when it was diagnosed, the oncologists were surprised she was still alive! She was already eating solids when doctors began a chemotherapy treatment that had never been attempted on an infant. The only food she was able to keep down during treatment was breastmilk. As she was recovering from cancer treatment with physical therapy, I continued to use my WIC issued pump and gave my daughter breastmilk until she was 3.5 years old. The doctors told me my baby not only survived before the diagnosis due to the breastmilk, but that she also survived the treatment thanks to breastmilk! Today, my daughter is 21 years old and in college.

SUBMITTED BY CHRIS COXWELL, PHOTOGRAPHER,  
STATE OFFICE.



## *An Amazing Testimony*

My name is Nichole Wagganer, and I have been a part of the WIC program since March 2015. The program has given me an enormous amount of help and support through my pregnancy and in providing care for my newborn son.

I attended a breastfeeding class taught by Yadira Gonzales in July 2015. The class taught me so many things that I had never known. It was with my new knowledge of the benefits and nourishment a child can receive from breastfeeding that inspired me to commit to giving that to my son.

At birth, Max was a rock star and immediately latched on without a single problem.

We went for Max's first check up one week after delivery and he had not gained any weight. Without being extremely concerned, we were scheduled for another appointment a week later, and still no weight gain. His doctor began to get concerned and wanted me to supplement with formula. I immediately felt uncomfortable with this.

Without many places to turn, I called Yadira. She immediately remembered me, and listened to my concerns. She assured me, comforted my anxiety, and guided me to giving my baby enough food without having to supplement at all. She taught me how to use the pump and get out enough milk to feed him in a bottle for after his feeding. After our almost hour-long conversation, she told me to come in the next day and she would see me in person.

At Max's next appointment just one week later, he had gained 14.6 ounces! I felt immediate relief and extremely proud that my son and I were able to do it, all naturally! It literally came from Yadira. Without her, I would have not had the knowledge or encouragement to keep trying.

I am forever thankful for everything she has done for not only me, but my son, as well.

It was very important to me to share my experience with you and give Yadira and the WIC clinic on Gaston Avenue my gratitude. This experience has been truly life changing for me, any chance I can get to refer WIC to others, I jump at it. Thank you. SUBMITTED BY DEBORAH PARNELL, CITY OF DALLAS.



## *Marlene Alcala's Story*

My baby, Julyen, was admitted into the hospital one day before he was 2 weeks old. I had been breastfeeding him since he was born. When the doctor came in and told us that he had to stay for a week because bacteria had spread to his spinal fluid I broke down and I asked why. They told me he would not make it if I would have waited. Even though I was not allowed to stay with him in the NICU, I still pumped. I noticed he loved my milk more than the formula the nurses were giving him, so I reminded them

to give him my breastmilk. I stayed in the hospital with him and breastfed as often as I could. WIC has helped me out a lot, especially Debbie, the peer counselor. She has helped me try to improve my milk supply and I'm very thankful for them. SUBMITTED BY DEBBIE VARGAS, WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT, GEORGETOWN.



## *An Emotional Year...*

My name is Stephanie Sosa. At 22 weeks of pregnancy my baby boy was diagnosed with bladder outlet obstruction. It reduces or prevents the flow of urine into the tube that carries urine out of the bladder. My doctors explained that if I didn't do anything about it my son would not have a chance at life. His lungs would not develop with the pressure of the fluid pushing against them. Also his kidneys could be damaged from the pressure of the urine.

At 33 weeks and five days, my son, Jesse Ryan Govea, was born. He was in critical condition, he was not breathing and not moving the first minutes of life. The neonatologist told me it did not look good but he was going to try everything he could to make sure my son would make it.

After an emotional night and resting the best I could, I decided I wanted to try to pump. I did not know anything about breastfeeding and pumping. It was my first time seeing a breast pump. What I did know was that my breastmilk was the best for my preemie, so I pumped while I was in the hospital.

The day I was discharged the lactation consultant wheeled me down to the WIC office. I was able to get a pump to use while my son was in the NICU. I talked to Ashley the breastfeeding counselor and she gave me more information about pumping and how much breastmilk was good for my baby. I pumped every three hours every day. I was producing enough for my son and while in the NICU I was able to breastfeed one out of his eight feedings.

My son spent 30 days in the NICU. In those 30 days he was diagnosed with prune belly syndrome, hydronephrosis in his kidneys, clubbed feet, and dislocated hips. They found out his urethra didn't form in utero and that's what caused the obstruction in his bladder.

A year later my son had four surgeries and healed quickly after every single one of them. I can honestly say breastmilk saved my son's life. It helped him his first year of life, recover quickly from his surgeries, and get through his first winter without any problems or major infections. I don't know what I would have done if I didn't have WIC help me with my breastfeeding journey. From the foods, to the pump, to the breastfeeding counselors answering any

questions I had. They were a big help in my son's first year of life. We're going on 13 months and I'm still pumping and don't plan on stopping until he is done with surgeries. Despite everything my little superhero has been through he is the happiest, most determined, courageous person I have ever met. SUBMITTED BY CECILIA HILL, DRISCOLL HEALTH CENTER, CORPUS CHRISTI.



## *A Peer Counselor's Personal Story...*

My name is Faith Galante and I have always acknowledged the benefits of breastfeeding. Growing up with a lactation consultant for a mother will do that to you, but never in my wildest dreams did I expect to witness them firsthand like I did. Twenty weeks into my pregnancy, an ultrasound revealed a hole in my baby son's stomach.

Things began to happen very fast. We were lost in a sea of doctors appointments, surgeon interviews, and NICU tours, all the while trying to come to grips that a "normal" birth just was no longer in the cards for us. The plan was for him to be taken early, via c-section, to prevent damage to his exposed intestine. He would be rushed to the NICU and operated on just hours after birth.



Calvin was born on May 15th, eight weeks premature, with his small and large intestine and stomach exposed.

While I was stuck in bed waiting for the okay from the nurses to visit my baby, I was given what every mother in my situation craves — the opportunity to help her baby in a way no surgeon could. I was given a breast pump. I couldn't hold Calvin. I couldn't even see him, but I could ensure that he had the nutrition he needed! Within four hours after birth, I had collected over 36 mLs of colostrum!

Due to his two surgeries and waiting for his gut to wake up, it was a full two weeks on intravenous nutrition before we could introduce some of my milk. Just two mLs at first, but after a few initial setbacks, the volume increased and the Total Parenteral Nutrition (TPN) decreased. Calvin's tiny body began to heal. He astounded the neonatologists and the nurses at how well he tolerated his feeds. I'll never forget

when he was up to two ounce feedings, I tentatively asked when I could breastfeed. The nurse just looked at me and said, "Now." The nurse started walking away to find a nipple shield when suddenly Calvin popped himself on perfectly and started nursing away no problem. The staff was astounded yet again.

After 35 days in the NICU, Calvin left the NICU without a drop of formula. After I got him home, I visited Debbie Vargas at my WIC clinic in Georgetown. She gave me a lot of encouragement and sent me home with a breast pump I could keep. Because of that, I was able to not only feed my baby but pump over 1,000 ounces that I donated to the Mothers' Milk Bank in Austin.

Calvin is a healthy, happy little boy today and I owe so much of that to my commitment to breastfeed despite our initial challenges. SUBMITTED BY FAITH GALANTE, BFPC, WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT, GEORGETOWN.

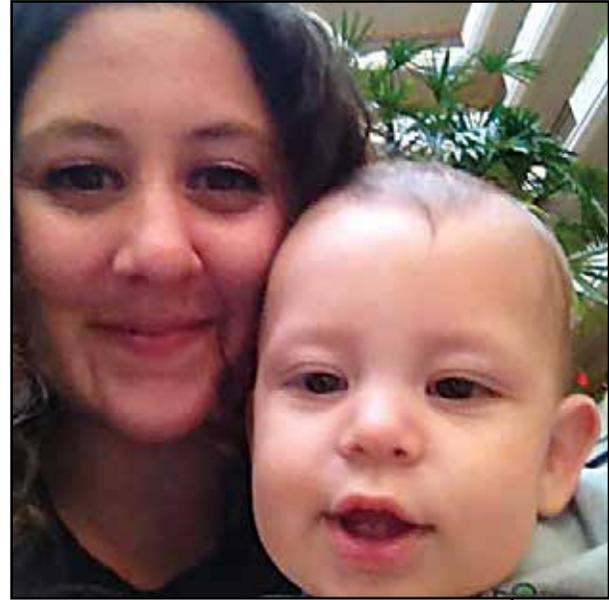


## Torri Gillespie's Breastfeeding Testimony

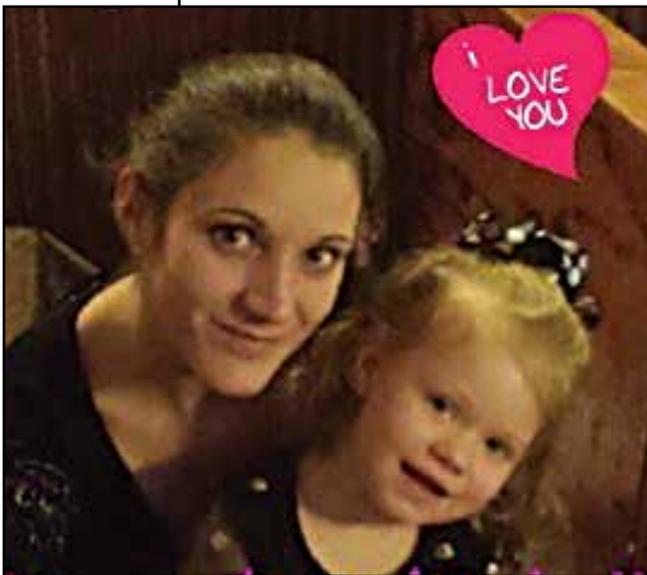
My son Parker was born in August of 2014 and I made the decision to breastfeed having had so much success with my first born. This time was a little different because I wasn't able to stay at home with him like I had with the first. I was devastated when I had to slowly introduce him to formula, but I stuck with breastfeeding so I would be able to continue to produce enough milk.

When he was about 2-3 months old he developed the stomach flu. I hated seeing my baby so sick. I quickly realized that when I went to work and my mom was at home with him, he was not taking formula like he normally did. The formula seemed to be making him worse. He was more congested and he threw up anytime she would give him a bottle no matter the amount.

I reached out to my breastfeeding consultant, and she told me to try breastfeeding him. He was getting worse with no signs of improvement so I decided to take a week off of work and strictly breastfeed him. After the first feeding I could not believe how easily he took it. He was still sick but with each feeding I could tell he was improving. He wasn't throwing up the breastmilk and it wasn't making his congestion worse. Within a week his condition was improving by leaps and bounds! My milk supply was back up too. I truly feel like breastfeeding saved his life! SUBMITTED BY CARRIE BYERS, OUTREACH HEALTH SERVICES, DECATUR.



## Anna's Story...



My name is Anna Pinkerton, I am 24 years old. I have a daughter who just turned 2. I breastfed her until she was 21 ½ months old. At first it was hard, I didn't get my milk in until the fifth day but I wasn't going to stop. My mom was a big reason for me to have a natural childbirth and breastfeed. My daughter was never sick while I was breastfeeding. I always recommend every one of my friends and family to breastfeed. I will always cherish those moments that I had. I would never take one single day that I breastfed away. Even through the tough days I always felt that I was doing the right thing for my child. To know that for the first six months I provided the food and knew what nutrition she was getting. For every woman pregnant or trying to get pregnant, remember, God made us to be able to provide milk for our children. SUBMITTED BY CARRIE BYERS, OUTREACH HEALTH SERVICES, DECATUR.

### *Belinda Ward's Story...*

I was induced at 34 weeks because of pancreatitis. My baby was four pounds. She was in the NICU. She was going to stay there for four to eight weeks or more. I was very sad and depressed. I was told by the hospital that if I breastfed my baby she would get well soon. I thought I didn't have any milk because when I pumped nothing was coming out, but they told me to keep doing it and I did. My milk came in and my baby was getting better. I started doing skin to skin with her, put her on my breast, and I was getting more milk. She was only getting my milk and she came home in 13 days thanks to breastmilk and skin to skin.

SUBMITTED BY CARMEN OLVERA, PC, TARRANT COUNTY HEALTH DEPARTMENT, FORT WORTH.

### *A Story of Faith and Love...*

Jocia Gerring was a refugee from Liberia. On July 22, 2015, Jocia was pregnant at 23 weeks with placenta previa and went into labor and delivered a beautiful one pound baby boy, Maurice Cordell Jeremiah Norman. Jocia called WIC Community Health Worker Fatu Holloway on the way to the hospital. Maurice became known to the lactation consultants and nurses as "Prince," a miracle baby. He was born with respiratory distress and spent almost five months in the hospital. Maurice received his mother's milk via tube feedings exclusively. Jocia stayed in contact with Fatu and Fatu encouraged Jocia to learn infant CPR "just in case something ever happened."

Finally after more than five months in the hospital, Maurice was released to go home with his mom. One day in December 2015, Jocia noticed he was not breathing. Jocia immediately and instinctively began CPR on Maurice. As Jocia was performing CPR on her baby, she instructed her daughter Nariha to dial "4," which was a direct call number to "Auntie Fatu." Fatu firmly told Jocia to "call 911."

"Prince" was admitted again to the hospital. He was diagnosed with Respiratory Syncytial Virus. Jocia said the whole hospital unit that had cared

for "Prince" had come to the ER to visit them. Maurice was transferred to Cook Children's hospital. Today, Maurice is out of the hospital and weights 16 pounds at 9 months old. His lungs are still developing and his prognosis is good. The mom is so grateful for the WIC program, the nurses, social workers, and doctors at Arlington Medical Center, Cook Children's and the Mother's Milk Bank of North Texas.

Jocia says she is confident that if she had not been able to give "Prince" her breastmilk, he would not be alive today. SUBMITTED BY SHANNON O'QUIN WINGO, TARRANT COUNTY HEALTH DEPARTMENT, FORT WORTH.



# An Overview of the 2015 - 2020 **Dietary Guidelines** for Americans

by Angela Gil, RD, LD  
Nutrition Education Consultant

## Source:

Dietary Guidelines for Americans 2015-2020 Eighth Edition.  
<http://health.gov/dietaryguidelines/2015/guidelines/>  
Accessed 2/12/2016.



Every five years, the U.S. Department of Agriculture (USDA) publishes a new edition of the *Dietary Guidelines for Americans*. These evidence-based guidelines are used by health professionals who develop federal food policies and nutrition education materials for the public. The guidelines are a critical tool used to help all individuals ages 2 years and older and their families consume a healthy diet that meets their nutrient needs.

The *2015-2020 Dietary Guidelines* provide five overarching guidelines, which are:

1. **Follow a healthy eating pattern across the lifespan.** All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
2. **Focus on variety, nutrient density, and amount.** To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
3. **Limit calories from added sugars and saturated fats and reduce sodium intake.** Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
4. **Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
5. **Support healthy eating patterns for all.** Everyone has a role in helping to create and

support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

Furthermore, the *Dietary Guidelines* have the following key recommendations:

### A healthy eating pattern includes:

- A variety of vegetables from all of the sub-groups — dark green, red and orange, legumes (beans and peas), starchy, and other
- Fruits, especially whole fruits
- Grains, at least half of which are whole grains
- Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products
- Oils

### A healthy eating pattern limits:

- Saturated fats and trans fats
- Added sugars
- Sodium

### Quantitative key recommendations:

- Consume less than 10% of calories per day from added sugar.
- Consume less than 10% of calories per day from saturated fats.
- Consume less than 2300 milligrams (mg) per day of sodium.
- If alcohol is consumed, it should be consumed in moderation — up to one drink per day for women and up to two drinks per day for men — and only by adults of legal drinking age.

### What's different?

The previous editions of the *Dietary Guidelines* focused on individual food groups and



nutrients. Now, the *Dietary Guidelines* focus on overall eating patterns. These eating patterns can be tailored to an individual's personal preferences and help them choose a diet that is right for them. USDA recognizes that healthy eating is not a "rigid prescription" but rather an "adaptable framework" that allows individuals to enjoy foods that meet their personal, cultural, and traditional preferences, as well as fit within their budget. Individuals should choose nutrient-dense foods in all forms, including fresh, canned, dried, and frozen. An individual's calorie needs are based on age, sex, height, weight, and physical activity level.

Many of the recommendations have stayed consistent over the years such as eating more fruits and vegetables and choosing whole grains, lean proteins, and low-fat dairy. One main difference with the current *Dietary Guidelines* is the specific recommendations on limiting calories from added sugars. Limiting sugar has become a hot topic over the past few years and the *Dietary Guidelines* take a stance and urge Americans to limit their intake of sugars and syrups that are added to foods or beverages when they are processed or prepared. This does not include naturally occurring sugars such as those consumed as part of milk and fruits. Consumption of added sugars can make it hard for someone to meet their nutrient needs while staying within calorie limits.

There is no longer a limit on consumption for dietary cholesterol, however individuals should still eat as little dietary cholesterol as possible while consuming a healthy eating pattern. Foods like egg yolks and some shellfish that are higher in dietary cholesterol but low in saturated fats can be eaten along with a variety of

other proteins and be part of a nutrient-dense diet.

### **Shift to Healthier Food Choices**

According to USDA, most Americans would benefit from shifting food choices both within and across food groups and from current food choices to nutrient-dense choices. Currently, the typical eating patterns of many in the United States do not align with the *Dietary Guidelines*. About three-fourths of the population has an eating pattern low in vegetables, fruits, dairy, and oils. Most people exceed the recommendation for added sugars, saturated fats, and sodium and most have eating patterns that are too high in calories. More than two-thirds of all adults and nearly one-third of all children and youth in the United States are either overweight or obese.

To support a healthy body weight and meet nutrient needs, individuals can make small shifts to healthier choices throughout the day to improve their eating patterns. For example, choosing a green salad or vegetable as a side dish and incorporating more vegetables into snacks would be one small shift. These small shifts can add up over time resulting in an improvement in their eating patterns.

### **Supporting Healthy Eating Patterns**

Everyone has a role in helping to create and support healthy eating patterns in places where we learn, work, live, and play. Developing strategies and providing education to the public to help them make choices that align with the *Dietary Guidelines* can have a positive impact on the health of Americans for many generations.



WIC, Nutrition Services Section  
Department of State Health Services  
P.O. Box 149347  
Austin, TX 78714-9347

# PERIODICALS

ADDRESS SERVICE REQUESTED

Publication No. 06-10664

---

Texas WIC News is also available on the Texas WIC website!  
<http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>



next issue:  
**On the  
Move  
Month**

For information about subscriptions to Texas WIC News, email [WICNewsSubscriptions@dshs.state.tx.us](mailto:WICNewsSubscriptions@dshs.state.tx.us) or call 1-512-341-4888.