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# WIC

news

Volume 21, Number 6

## A YEAR IN REVIEW



2012 WIC Dietetic Interns

Special Supplemental Nutrition Program for Women, Infants, and Children

# A Year in Review

As 2012 comes to a close and we prepare to welcome a new year, I ask that you take a moment to look back and marvel at all of the progress, successes, and collaborations that you have made this year transforming Texas WIC into what it is today.

We begin this issue with a recap of the annual Nutrition and Breastfeeding Conference, where speakers, exhibitors, WIC local agency and state staff met to discuss the latest in nutrition, breastfeeding, and clinic services. Page 4 provides information on the conference's speakers, sessions, and resources.

Congratulations are in order for the graduates of both the WIC Dietetic Internship and WIC Certification Specialist (WCS) certification training program. Read more about our most recent and largest group of dietetic interns ever on page 11. Get details on the WCS certification training program and its graduates on page 14.

Texas WIC continues to make great strides in providing breastfeeding education in and beyond the clinic. A huge achievement made this year is the release of two new breastfeeding resources for health care providers. On page 16, read about how evidenced-based breastfeeding information is now available at the providers' fingertips.

Another cause for celebration is the return of the Texas WIC Nutrition Education Participant Surveys. I am filled with great

pride to see that more than 90 percent of participants surveyed say that they are benefitting from the services Texas WIC provides and feel respected by WIC staff. Read the full report on page 8; it contains valuable information about participants' demographic information, technology usage, and opinions about WIC.

Texas WIC was recently visited by Audrey Rowe, Administrator for the Food and Nutrition Service at the U.S. Department of Agriculture in Washington, D.C., where she learned about our initiatives, partnerships, and accomplishments. She gave our Texas WIC program rave reviews.



*Left to right: Audrey Rowe, Evelyn Delgado and Mike Montgomery.*

It is a privilege and honor to work with such an amazing and talented staff. This year has been full of accomplishments at both the local and state level — I applaud each of you! I have no doubt that 2013 will prove to be another exciting and rewarding year for Texas WIC. I look forward to what's in store.



From the Texas WIC Director  
— Mike Montgomery



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# A Glimpse of the 2012 NBF Conference: **Better Health** through **Collaboration**

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

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

**O**n June 18, WIC staff from across the state gathered for the 2012 Annual WIC Nutrition and Breastfeeding (NBF) Conference at the Renaissance Hotel in Austin. Approximately 600 people attended, including WIC local agency and state staff, exhibitors, and speakers. Conference sessions addressed a variety of topics in nutrition education, breastfeeding, clinic services, and more. Below, state staff share glimpses into each session.



Kristina Arrieta on the **Peer Counselor Train the Trainer Pre-Conference Workshop** by Kristina Arrieta, M.P.H., I.B.C.L.C.



Texas has officially adopted the new USDA Loving Support Peer Counselor Training. In this session, participants learned how to navigate through the new platform and use innovative, tactile teaching methods. Peer Counselors across Texas can look forward to a fun and creative training.

Lindsey Randall on the **Breastfeeding Competency Skills Checklist Pre-Conference Workshop** by DSHS state staff

Pat Koym on the **Nutrition Intervention for the High Risk Infant and Toddler Pre-Conference Workshop** by Cathy Plyler, R.D., L.D. and Roxanne Robison, R.D., L.D.



With notebooks, calculators, pencils, and growth charts in hand, participants learned how to evaluate the nutritional needs of the pre-term infant. Participants learned methods of assessing the degree of FTT (Failure to Thrive) or PEM (Protein Energy Malnutrition) and also focused on selected anatomical conditions that can result in feeding disorders. In addition to well-known cleft-lip/palate, participants learned about Chiari, Pierre Robin, and Laryngomalacia malformations. Case studies were presented, and the room buzzed and bustled with group cooperation as calculations were done. This session was outstanding thanks to Roxanne and Cathy's preparation and expertise.

This was a unique hands-on session that allowed attendees a chance to test their knowledge about the use of breastfeeding-related equipment and techniques. Sessions were set up to enable attendees to observe instruction and then verify competency of utilizing nipple shields, supplemental nursing systems, test weights, hand expression, and breast pumps. Local agencies are encouraged to inquire about their staff members' competencies by reviewing the Competency Skills Checklist of those who attended this session.

**Paula Kanter on Discover QA: Are You on the Right Trail? Pre-Conference Workshop by Quality Management Branch staff**

This session provided an overview of the core, clinical and fiscal tools, and worksheets as well as the newest Foxfire reports available for local agencies to assist with self audits. Participants gained tips to help meet policy requirements and a very useful reference sheet with websites, State Agency contacts, and information on trainings that can impact a local agency's quality assurance.



**Mandy Seay on Hot Topics in Nutrition by Cathy Breedon Ph.D., R.D., C.S.P., F.A.D.A.**

Cathy Breedon, the self-described “Vitamin D Queen,” provided a very insightful discussion on various vitamin and mineral deficiencies that may be affecting any one of us or our participants. She shed light on recent research (some published only days before the conference) on vitamin D, vitamin K, calcium, antioxidants, and choline and how they relate to pregnancy, child development, chronic diseases, cancer, autism, and even obesity. She also offered ways to start conversations with WIC participants to increase their awareness and consumption of these nutrients. For more information, Dr. Breedon has posted various papers on these and other topics on [talwd.org](http://talwd.org).



**Tiffany Brown on San Antonio Food Bank: Collaboration with Food Banks by Eric Cooper**

The San Antonio Food Bank provides many programs and initiatives for our communities. This includes the Kids Café afterschool meal program for at-risk youth, the Backpack Program providing ready-to-eat meal packs for kids to take home on weekends, and the Summer Food Service Program providing free summer meals and snacks to low-income children when school is out. Eric Cooper also delivered a touching story about his own father's personal experience with food insecurity and homelessness.

**Veronica Hendrix on A Project to Help More Moms and Babies Get Skin-to-Skin Care After Birth by Jeannette Crenshaw, D.N.P., M.S.N., R.N., L.C.C.E., F.A.C.C.E., I.B.C.L.C., N.E.A.-B.C.**



This session provided information on the science behind using skin-to-skin care for ALL mothers regardless of delivery type. The discussion of the nine stages of newborn behavior while in skin-to-skin was informative, and the testimonial videos of patients involved in the study captured reasons why all health care providers working with mothers and infants should make this low-cost intervention a priority in their practice.

**Liz Bruns on GE Reflux: Spit Happens! by Terry Johnson A.P.N., N.N.P.-B.C., M.N.**

Terry Johnson, neonatal nurse practitioner, presented two sessions titled “Spit Happens!” Her lecture was an animated overview of gastroesophageal reflux that covered the management of this spectrum condition from normal spit-up to the pathologic disorder, GERD. It was a real benefit to WIC staff to have such an expert in the field present.



*(continued on next page)*



Angela Gil on **Women's Substance Abuse Services** by Lisa Rameriz, M.A., L.C.D.C.

Lisa Ramirez, Women's Substance Abuse Services coordinator for the Department of State Health Services (DSHS), gave an overview of the types of substance abuse treatments that are available for pregnant women, women with children, and post-partum women. DSHS currently funds seven different types of specialized services including detoxification, residential and outpatient care, prevention, intervention, and more. To access services and find a substance abuse treatment center in your area, contact the DSHS-funded Outreach, Screening, Assessment, and Referral Centers (OSAR) at 1-877-9-NO DRUG (1-877-966-3784) or search online at <http://www.dshs.state.tx.us/sa/OSAR/>. Local agencies can use this resource to refer a WIC participant for substance abuse help.



Tonia Swartz on **Post Discharge Nutrition for Preterm Infants** by Deborah O'Connor, Ph.D., R.D.

The impact of using nutrient-enriched formulas and adding nutrients to mother's own milk after hospital discharge and their effect on growth, bone mineralization, and other health outcomes was discussed. Studies show that an individualized approach appears warranted, though higher risk infants benefit most from nutritional intervention early after discharge.

Cristina García on **Seven Natural Laws of Breastfeeding** by Nancy Mohrbacher, I.B.C.L.C., F.I.L.C.A.



From birth to weaning and beyond, Nancy Mohrbacher offered attendees an inside look into techniques for working with breastfeeding mothers. Her presentation stressed the importance of the early moments, just after birth, as the key to strengthening the emotional attachment between mother and baby and leading to optimal health outcomes. She also suggested techniques for setting realistic expectations to help increase breastfeeding duration. Nancy closed her session with a touching testimonial of a mother, now suffering from Alzheimer's disease, who could describe her breastfeeding experience. Her memories of nursing were clear and filled with enough deep-rooted emotional ties to last a lifetime!

Erica Harris on **Modeling Mother-Friendly in the WIC Clinic and Beyond** by Julie Stagg, M.S.N., R.N., I.B.C.L.C., R.L.C.



This session provided real world examples of how WIC clinics are supporting working mothers and their families to continue breastfeeding. Federal and state initiatives and policies supporting breastfeeding in the workplace were also covered.

Erica Harris on **Autism and Feeding Difficulties** by Dierdre Earls, M.B.A., R.D., L.D.

Dierdre Earls shared insight into her experiences as a dietitian working with families of autistic children. Overall she promotes a whole foods diet rich in plant based foods, though some of her patients have also benefitted from a gluten free and casein free diet. She shared ideas for meals and snacks as well as tips for picky eaters.

Matt Harrington on **Healthy Babies are Worth the Wait** by Kim Petrilli, M.S.P.H., M.S.W.

Did you know that babies born just a few weeks early are at risk of severe health problems and lifelong disabilities, and that 13.1 percent of Texas babies are born too soon? During this session, Kim Petrilli of the March of Dimes provided an overview of the *Healthy Babies are Worth the Wait* campaign. She covered risk factors and complications of preterm birth, and key messaging goals of the campaign. One of the main goals is to delay elective deliveries until at least 39 weeks unless medically indicated.



**Kristina Arrieta on Ideas for Your Peer Counselor Program from Other Local Agencies by Kristina Arrieta, M.P.H., I.B.C.L.C.**

A panel including a PC/IBCLC, a WIC director, and PC coordinators and supervisors shared innovative ideas for PC programs. The topics covered included bringing babies to work, sending bereavement cards, working after hours, reaching out to the community, and including dads in the clinic. Each member of the panel received an award for their creative ideas on increasing breastfeeding support for our WIC clients.

**Cristina García on Journey to Baby Friendly by Becky Law, R.N., B.S.N., I.B.C.L.C., L.C.C., F.A.C.C.E.**

Becky Law offered an in-depth discussion on obtaining the Baby Friendly designation. She discussed strategies, challenges, barriers, staff education, and the effects of the Baby Friendly hospital initiative on outcomes for babies and mothers.

**Erica Harris on Healthy Texas Babies by Aisling McGuckin B.S.N., M.S.N., M.P.H.**



Aisling McGuckin, Maternal Child Health Nurse Consultant for the Office of Title V & Family Health, provided an overview of Healthy Texas Babies, an initiative to reduce infant mortality in Texas. Planned inductions and cesarean sections have become increasingly common over the last decade, and preterm birth is a leading cause of infant death. The initiative strives to reduce preterm births by partnering with local coalitions to develop innovative, evidence-based community programs to address the issue.

**Cristina García on Evaluating Your Peer Counselor Program by Kristina Arrieta, M.P.H., I.B.C.L.C.**



Local agencies attending this session assessed their current Peer Counselor program and identified opportunities for improvements. Suggestions on staffing, spending, and the use of peer counselors in both the clinic setting and in the community were discussed.

**Tiffany Brown on QuickWIN by Susan Chamberlain P.M.P.**

Susan Chamberlain presented Quick WIN updates and indicated that the project involves not only implementing new systems, but also improving development processes for all other WIC IT projects. Some of the Quick WIN projects include growth charts, Medicaid verification, centralized database, scheduling and resource management, learning management system, online application, and gateway verification. Small Efficient Team (S.E.T.) testing will soon begin and will include not only state staff, but local agency staff as well. Things are moving along with Quick WIN!

**Erica Harris on Closing KeyNote: What Else is WIC Doing? by Cathy Breedon, Ph.D., R.D., C.S.P., F.A.D.A.**

Cathy Breedon closed out the conference with an engaging talk about emerging research in the field of nutrition. While it's no surprise that WIC foods such as fruits and vegetables, whole grains, beans, milk, and eggs supply key nutrients during pregnancy and childhood, new science continues to shed more light on the importance of these foods for optimal health. Cathy discussed new findings relating to magnesium, vitamin D, iodine, choline, and biotin and how eating WIC foods is a great way to get more of these vital nutrients into the diet.

Feedback from three conference attendees...

- ... *"As always, we came back to our clinics with lots of new information."*
- ... *"The sessions will really help me move in the right direction with my career goals."*
- ... *"It's so nice to meet so many new WIC friends and be part of one big family."*

# 2012 Texas WIC Nutrition Education Participant Survey Statewide Overview



by Debbie Lehman, Ph.D., R.D., L.D.  
Nutrition Education Consultant

## **Purpose**

The Nutrition Education (NE) Participant Survey, which is administered every two years, provides local agencies with information about their clients to help in planning nutrition classes and assessing client satisfaction with the WIC program. This report summarizes the aggregate data collected from local agencies across Texas.

## **Methods**

Participants responded to 28 questions regarding their opinions of WIC, technology usage, family meals, activity habits, and demographics. A total of 3,401 surveys were sent to 71 local agencies, and 3,216 valid completed surveys were received.

## **Results**

### *Demographics*

Ninety percent of the WIC participants who responded were mothers, 53 percent were 19 to 29 years old, 40 percent had participated in the WIC program three or more years and 69 percent were of Hispanic ethnicity. Fifteen percent were White and nine percent were African American. The most frequently reported level of education completed was high school graduate or GED (33%); however, 44 percent had lower levels of education. Almost equal numbers of participants reported speaking English (47%) and Spanish (45%) as the main language in the home.

Seventy-two percent of participants were the parent or caretaker of a child over 1 year old and 49 percent were the parent or caretaker of a

baby under 12 months. Fourteen percent were pregnant and 14 percent were breastfeeding. Thirty-six percent of the participants had three or more children. In addition, 42 percent reported food insecurity and 57 percent were receiving food stamps.

### *Opinions about WIC*

The most frequently reported motivator for coming to WIC was food benefits (93%), followed by nutrition, breastfeeding, and health information (90%). Other positive motivators were support received from WIC staff (87%), learning about community resources (74%), and talking to other caregivers (70%). When asked if the people at WIC care about them, 93 percent said “yes.”

The majority of participants agreed WIC offered classes in their language (94%), offered classes at convenient times (87%), and offered a choice of classes (79%). WIC was rated “great” in its ability to meet the following needs: providing WIC foods (90%), teaching me how to keep my family healthy (87%), learning how to feed my family (85%), and teaching me about the right kinds and amounts of food to eat (85%).

Participants rated the following statements about their WIC clinic. The percentage marking “almost always” is provided below.

- I am treated respectfully by WIC staff. (93%)
- The benefits of the WIC program are worth the time and effort. (93%)

- Appointment times that meet my needs are available. (89%)
- I can shop for WIC foods at my favorite store. (82%)
- I like the food choices WIC provides. (81%)
- I can easily find transportation to my WIC appointments. (78%)
- It is easy to shop for WIC foods. (75%)
- The amount of time I waited for service in the clinic was acceptable. (74%)

Participants rated their individual counseling sessions favorably, agreeing the atmosphere was welcoming (94%); they felt encouraged, supported, and respected (96%); they were able to talk about what was on their mind (94%); the counselor addressed their questions (96%); and the counselor provided relevant and helpful information (96%).

Over 75 percent of participants agreed with the following statements about their last WIC group class.

- I felt respected. (87%)
- We had fun and it was worth my time. (84%)
- I was able to talk about my nutrition questions and interests. (84%)
- I felt comfortable sharing my ideas. (80%)
- There was a video or other visual aid used to prompt discussion. (78%)
- I had the chance to learn from other caregivers. (76%)
- I learned an idea I tried at home. (76%)

### ***Technology Usage***

Seventy-four percent of participants reported having access to the Internet, with the majority using the Internet at home (54%) on a desktop or laptop computer (57%), cell phone (37%), or smartphone (20%). The most frequently reported technology used included text messaging (82%), email (60%), and Facebook (59%); and, 37 percent use smartphone apps and 28 percent take online classes.

Participants use their cell phones to send or receive text messages (87%), access the Internet (62%), and email (49%). The majority of participants indicated they would be interested in receiving nutrition and breastfeeding tips or WIC appointment reminders via text messages (65%) and using a phone app to help them locate WIC-approved foods (56%).

### ***Activities and Family Behaviors***

Participants were asked to mark how often the following behaviors were “true” for them or for their family. The percentage selecting “almost always” is indicated below.

- Mealtime with my family is enjoyable. (86%)
- I prepare meals at home. (85%)
- My family sits down to eat meals together. (65%)
- My child sees me as being physically active. (58%)
- I participate in physical activities with my child. (56%)
- The TV is turned off during meals. (31%)
- My child helps prepare meals at home. (21%)

Intent to change was measured for the following behaviors. The percentage selecting “already doing it” or “plan to do it” is provided below.

- Cook most meals at home. (97%)
- Being physically active for 30 minutes most days of the week. (96%)
- Eating at least five fruits and vegetables a day. (96%)
- Using whole grains when I cook at home. (92%)
- Eating low-fat foods. (91%)
- Offering low-fat milk to my child age 2 and older. (89%)
- Drink low-fat or fat free milk. (88%)
- Losing weight. (86%)
- Turning off the TV at mealtimes. (86%)
- Growing vegetables at home. (52%)

### **Summary**

The results of the survey indicate that participants have favorable opinions about the WIC program’s ability to meet their needs, and the program achieves high levels of customer satisfaction. Technology usage is apparent among participants, and the WIC program should continue to utilize technology to improve delivery of services. Finally, most participants report engaging in those positive health behaviors for themselves and their families that the WIC program strives to promote.

To view the full report, visit the DSHS WIC website at <http://www.dshs.state.tx.us/wichd/nut/riskreport-nut.shtm>.

# Diabetes in Women, Infants, and Children

by Mandy Seay, R.D., L.D.  
Nutrition Education Consultant

**N**ovember is American Diabetes Month, a time to bring awareness to an ever-growing disease that, if trends continue, could affect as many as one in three adults by 2050.

According to the Centers for Disease Control and Prevention 2011 National Diabetes Fact Sheet, 25.8 million children and adults (8.3 percent of the population) have diabetes, while 79 million people have prediabetes. Type 2 diabetes accounts for 90 to 95 percent of all cases of diabetes.

## Women

More than half of those with diabetes in the United States are women. Minority racial and ethnic groups have the highest rates of type 2 diabetes. Reproductive-aged women with type 2 diabetes have fewer years of education, lower incomes, and are less likely to be employed than those who do not have diabetes.

## Pregnant Women

Women with diabetes who want to become pregnant or are sexually active should aim to keep their blood sugar as controlled as possible. Blood sugar control before, during, and after pregnancy will increase the likelihood of a healthy pregnancy and birth.

Between 2.5 and 10 percent of women in the United States develop gestational diabetes mellitus (GDM) — a type of diabetes that develops during pregnancy but typically resolves after birth. However, these women have a 45 percent risk of recurring GDM with the next pregnancy and a 60 percent risk of developing type 2 diabetes in the next 10 to 20 years.

Either type of diabetes during pregnancy is considered a high-risk pregnancy. Because the mother's blood passes through the developing baby, both high and low glucose levels can harm the developing baby, particularly during the early developmental stages of pregnancy when a woman may not know that she is pregnant.

## Infants/Children

A child born to a mother who had pre-existing diabetes or GDM has a much higher risk of becoming obese during childhood and adolescence and for developing type 2 diabetes later in life.

## Breastfeeding

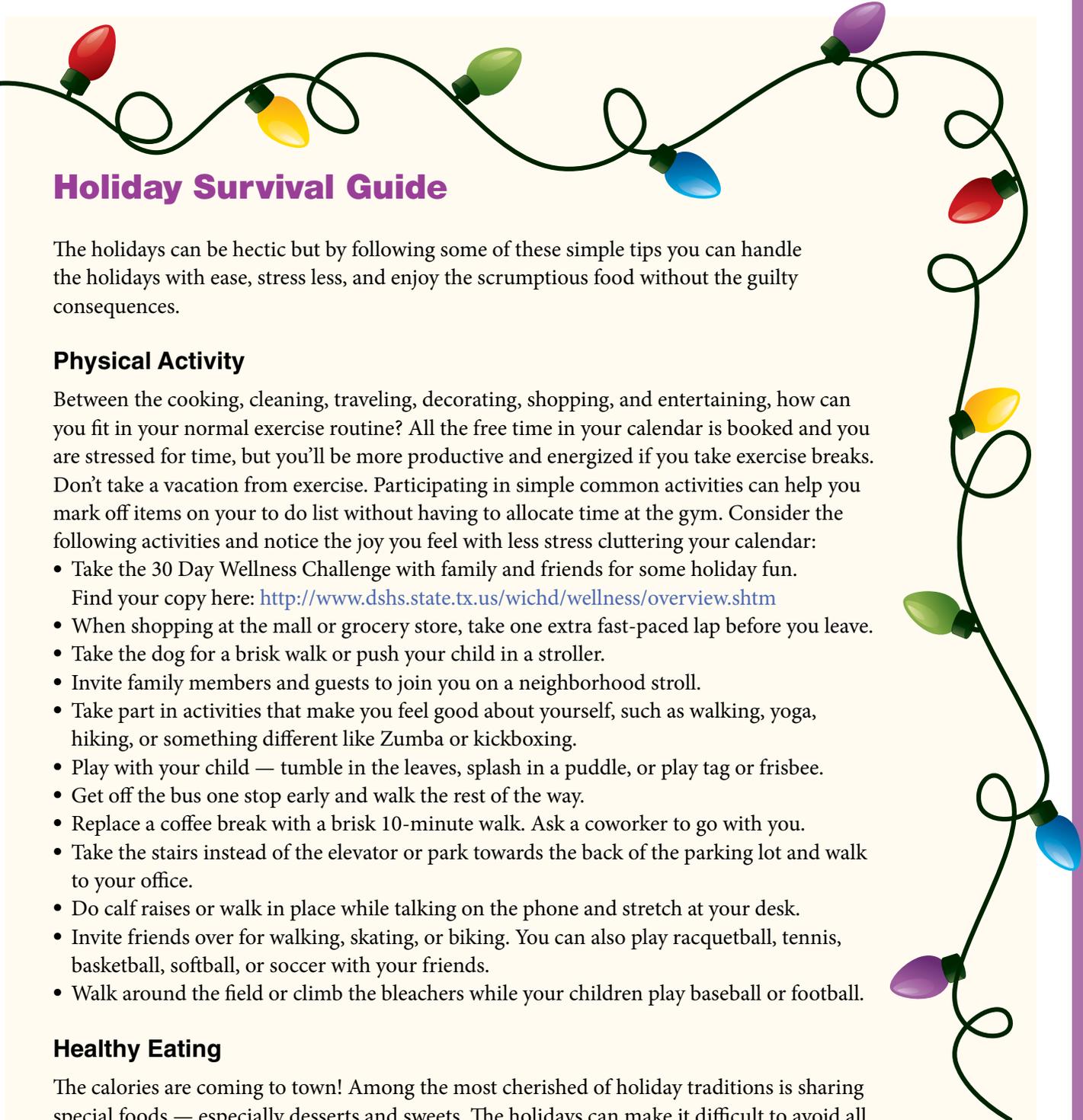
It is unclear how breastfeeding reduces the risk of diabetes. It may be related to how breastfeeding positively affects eating behavior, weight gain, and metabolic processes in an infant. A study conducted by the National Institutes of Health found that breastfeeding for two months or longer is associated with reducing a baby's risk for developing diabetes by 40 percent. Another study conducted in 2006, found that every year a mother breastfeeds, she reduces her risk of developing type 2 diabetes by 14 to 15 percent.

## What You Can Do

Discuss complications, risks, and the management/prevention of diabetes with participants who have diabetes, GDM, or are at risk. You can find numerous resources on the WIC Works resource system website and on the Texas DSHS nutrition page under topics for high-risk counseling.

### Resources:

- Breastfeeding, Diabetes and Obesity. U.S. Department of Health and Human Services Web site.
- Get the Facts on Diabetes. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/Features/DiabetesFactSheet/>. Accessed June 13, 2012.
- Diabetes Statistics. American Diabetes Association Web site. <http://www.diabetes.org/diabetes-basics/diabetes-statistics/>. Accessed June 13, 2012.
- Diabetes and Women's Health Across the Life Stages: A Public Health Perspective. <http://www.cdc.gov/diabetes/pubs/women/index.htm#intro>. Accessed June 13, 2012.



## Holiday Survival Guide

The holidays can be hectic but by following some of these simple tips you can handle the holidays with ease, stress less, and enjoy the scrumptious food without the guilty consequences.

### Physical Activity

Between the cooking, cleaning, traveling, decorating, shopping, and entertaining, how can you fit in your normal exercise routine? All the free time in your calendar is booked and you are stressed for time, but you'll be more productive and energized if you take exercise breaks. Don't take a vacation from exercise. Participating in simple common activities can help you mark off items on your to do list without having to allocate time at the gym. Consider the following activities and notice the joy you feel with less stress cluttering your calendar:

- Take the 30 Day Wellness Challenge with family and friends for some holiday fun.  
Find your copy here: <http://www.dshs.state.tx.us/wichd/wellness/overview.shtm>
- When shopping at the mall or grocery store, take one extra fast-paced lap before you leave.
- Take the dog for a brisk walk or push your child in a stroller.
- Invite family members and guests to join you on a neighborhood stroll.
- Take part in activities that make you feel good about yourself, such as walking, yoga, hiking, or something different like Zumba or kickboxing.
- Play with your child — tumble in the leaves, splash in a puddle, or play tag or frisbee.
- Get off the bus one stop early and walk the rest of the way.
- Replace a coffee break with a brisk 10-minute walk. Ask a coworker to go with you.
- Take the stairs instead of the elevator or park towards the back of the parking lot and walk to your office.
- Do calf raises or walk in place while talking on the phone and stretch at your desk.
- Invite friends over for walking, skating, or biking. You can also play racquetball, tennis, basketball, softball, or soccer with your friends.
- Walk around the field or climb the bleachers while your children play baseball or football.

### Healthy Eating

The calories are coming to town! Among the most cherished of holiday traditions is sharing special foods — especially desserts and sweets. The holidays can make it difficult to avoid all the extra calories but you can keep your caloric intake in check by keeping portions small and making healthier recipe substitutions.

*(continued on page WWW — Insert D)*



## The Biggest WIC Loser

Rosana Arruda, dietitian and wellness coordinator at Local Agency 26, with support from her administration staff, held “The Biggest WIC Loser Challenge.” The goal of this challenge was to provide WIC employees with simple tips and tools to help them make positive changes towards healthier eating and increased physical activity. More than 40 people enrolled in the challenge and approximately 28 participants met the requirements of weight measurements at the beginning and end of the challenge. Twenty participants paid a \$10 fee to compete for a cash prize. Activities and materials that were provided to all the participants during the challenge included:

- Weekly weight measurements and bi-weekly squat tests.
- Work booklets: Activity & Eating Small Steps to a Healthier You and Holiday Survival Guide.
- Weekly support e-mails with tips and tools for healthy eating and physical activity.
- Online interactive tools: mealmatters.com, sparkpeople.com, and www.myfitnesspal.com.
- Mid-point challenge at a fitness center.

At the end of the challenge, Lucia Hisse, a dietetic intern from Veterans Affairs Medical Center in Houston, assisted Rosana in compiling final results and feedback from many of the participants.

Overall, “The Biggest WIC Loser Challenge” was very successful. It was not only used as

a weight loss program but also as a tool to promote healthy lifestyles. Various factors of the challenge contributed to its success. All participants received an initial assessment including a squat test and measurements of height, weight, and Body Mass Index (BMI). Several learning materials and references were provided to individuals to enhance their knowledge on ways to improve their lifestyle through healthy eating and physical activity.

Two weeks after the challenge, one-on-one interviews and telephone calls were made to gather feedback from the participants. Feedback was obtained from 19 individuals and out of the 19 participants, 17 answered “yes” when asked if the challenge had helped them lose weight or become healthier. Overall, 20 out of the 26 participants who completed the challenge lost weight (76.9%) and 100 percent of the participants surveyed said they would participate in the challenge again.

An important motivating factor for the majority of participants was the support and motivation obtained from fellow co-workers. Because employees participated in the challenge together, they were able to encourage each other to be physically active and eat healthier while at work. Overall, all participants enjoyed the challenge. It not only assisted various individuals in losing weight but also provided them with more nutrition-specific information. Because participants were able to personalize the challenge, they were able to achieve their goals and adapt their lifestyle to reflect healthy changes after completing the challenge.

*Share your wellness success stories for a chance to be spotlighted in Texas WIC News and inspire other WIC staff! Contact your State Wellness Coordinators, Katie Lanier at [Katie.Lanier@dshs.state.tx.us](mailto:Katie.Lanier@dshs.state.tx.us) or 512-341-4514 or Debbie Lehman at [debbie.lehman@dshs.state.tx.us](mailto:debbie.lehman@dshs.state.tx.us) or 512-341-4517.*

CONTRIBUTED BY  
ROSANA ARRUDA



## recipe

### Sweet & Spicy Snack Mix

Increase the amount of fiber with this fun Chex Mix version that includes garbanzo beans and dried fruit. This is a great snack for holiday parties or you can bag some for friends as a gift!

<http://www.mayoclinic.com/health/healthy-recipes/NU00448>

#### Ingredients

2 cans (15 ounces each) garbanzo beans, rinsed, drained, and patted dry  
2 cups Wheat Chex cereal  
1 cup dried pineapple chunks  
1 cup raisins  
2 tablespoons honey  
2 tablespoons reduced-sodium Worcestershire sauce  
1 teaspoon garlic powder  
1/2 teaspoon chili powder

#### Directions

Preheat the oven to 350° F. Spray a heavy skillet with butter-flavored cooking spray. Add garbanzo beans to the skillet and cook over medium heat, stirring

frequently until the beans begin to brown, about 10 minutes.

Transfer garbanzo beans to a 15½-inch by 10½-inch baking sheet. Bake, stirring frequently, until the beans are crisp, about 20 minutes.

Measure the cereal, pineapple, and raisins into a roasting pan. Add roasted garbanzo beans. Stir to mix evenly.

In a large glass measuring cup combine honey, Worcestershire sauce, and spices. Stir to mix evenly. Pour the mixture over the snack mix and toss gently. Bake for about 10 to 15 minutes, stirring occasionally to keep the mixture from burning. Remove from oven and let cool. Store in an airtight container.

**Nutritional Information** — Serving Size: ½ cup.

Calories: 154, Carbohydrates: 36g, Fiber: 3g, Protein: 3g, Sodium: 192mg.

## Holiday Survival Guide

(Continued from WWW – Insert A)

### Healthy Holiday Substitutions:

- Use canned applesauce or plums in cake and pie recipes as a healthier alternative to butter, margarine, or oil.
- Reduce fat (such as oil) in muffin and quick bread recipes by one-third to one-half.
- Use ice milk or low-fat frozen yogurt in ice cream desserts.
- Substitute chocolate with cocoa powder. Substitute three tablespoons of unsweetened cocoa powder for each ounce of unsweetened chocolate in baked goods.
- Replace heavy cream in puddings, cheesecakes, and cream pies with evaporated skim milk.
- Use nonfat yogurt as a substitute for sour cream.
- Two egg whites can be substituted for each whole egg.
- Top cakes with fresh fruit, fruit sauce, or a sprinkle of confectioner's sugar instead of frosting.
- Reduce the amount of chocolate chips in a recipe by one-fourth.
- Use fat-free whipped cream in place of regular whipped cream.
- Substitute skim milk for regular milk.

### Cut Even More Calories by Cutting Down

#### On Size:

- Cut pies into 10 slices (instead of the standard 6 to 8 slices).

- Cut cakes and brownies into bite-size pieces.
- Bake bite-size cookies and muffins.

## Stress Management

Family, friends, and of course food are some of the favorite things the holidays bring together. But it can also bring stress. All the extras added to your calendar can create one hectic lifestyle. If your list of responsibilities seems endless, look at what causes the most stress and take a few small steps to survive and enjoy the holiday.

- Look at your list of events and obligations and see where you can cut back on time, energy, and money.
- Instead of preparing a seven-course meal yourself, ask guests to each bring their own favorite item and create a potluck.
- Discuss the gift-giving routine early. Instead of buying for all, how about drawing names from a hat or giving to a local charity in someone's honor.
- Stick to your regular sleep schedule. Getting just one hour less than what you normally need can leave you drowsy and unable to handle the increased chaos.
- Exercise is vital to improving your mood, your muscles, and your energy level. If you're pressed for time, start with 10 minutes at a time.

References: [http://www.sparkpeople.com/resource/nutrition\\_articles.asp?id=479](http://www.sparkpeople.com/resource/nutrition_articles.asp?id=479)



### Mind Games

Review the pair of words on the right and try to find a third word that is connected or associated with both of these words. For example: PIANO — LOCK. The answer is KEY. The word key is connected with both the word piano and the word lock: there are KEYS on a piano and you use a KEY to lock doors.

} SHIP — CARD  
RIVER — MONEY  
TREE — CAR  
TENNIS — NOISE  
PILLOW — COURT

Answers: 1. Deck, 2. Bank, 3. Trunk, 4. Racket, 5. Case

# Congratulations

## — to the 2012 Texas WIC Dietetic Internship Graduates

by Mary Van Eck, M.S., R.D., L.D.  
Texas WIC Dietetic Internship Director

The WIC Dietetic Internship class of 2012 graduated August 24, 2012. Twelve interns completed the internship — the highest number ever. During multiple rotations in food service, clinical, and community nutrition, they all successfully completed the 8 month didactic and supervised practice experiences, competencies, and performance expectations. Next step — taking the registration exam! We wish them all test-taking success and look forward to this new batch of graduates becoming the latest edition to the registered dietitian pool in Texas WIC local agencies.



*Mary Elzner*

“The Texas WIC Dietetic Internship has been an amazing opportunity that has allowed me to obtain the knowledge to pass the RD exam while remaining in my own community,” said Mary Elzner, who works for Local Agency 05, Driscoll Children’s Hospital. She hopes to apply the knowledge she acquired through the internship in the WIC clinic to provide the most current nutrition information to our clients. The more assignments completed the more she realized her passion is breastfeeding education and assisting moms in successful lactation. Elzner graduated from Texas A&M at College Station in 2005.

*Ted O’Dowd*

“The WIC RD internship has been challenging, it has stretched me and made me grow in so many ways,” said Ted O’Dowd who works as clinic supervisor at the Garden Plaza WIC clinic, Cameron County WIC program. O’Dowd looks back on the WIC internship as a great opportunity and feels fortunate to have been a part of it. He developed not only knowledge in nutrition but also skills that will help him as a supervisor. He plans to stay in community nutrition. O’Dowd graduated from Sam Houston State University in 2009 with a degree in Food Science and Nutrition.

*Brooke Pugliese*

“During the internship I have met so many wonderful fellow interns and wonderful preceptors,” said Brooke Pugliese, clinic supervisor at Local Agency 07 in Dallas. Pugliese is looking forward to using the education she received through the internship to help her in her future endeavors. Her professional goals are to educate the community on achieving and maintaining weight loss goals through proper nutrition and exercise. Pugliese graduated with a Bachelor of Science in Food Science and Nutrition from Central Washington University in Washington State in 2004.

*Gabriela Cenicerros*

“The internship has been challenging and it has definitely helped me improve my time management and organizational skills,” said Gaby Cenicerros, who joined the WIC Dietetic Internship to further her education and expertise in nutrition. Cenicerros graduated from Texas State in 2007 and has since been working for Local Agency 01 in Austin. After completing the internship she plans to return to her agency where she will be able to provide high risk counseling to WIC participants.

.....  
*(2012 Dietetic Interns continued on next page)*



*Lucia G Rodriguez*

*Danita Ortowski*

*Andrea Urquidez*

*Jordan Palmer*

“The internship has given me the opportunity to apply and expand practical skills acquired through undergraduate courses and experiences as a nutritionist..,” said Lucia G. Rodriguez, who works for UTMB Regional WIC program. The internship enhanced Rodriguez’s passion in pediatric nutrition as well as breastfeeding, and she looks forward to continuing to be part of an organization that actively promotes health and well-being in so many ways. She anticipates as a registered dietitian to being active in her community through her local agency and district academy. Rodriguez graduated from Texas Women’s University in 2009 with a degree in Dietetics and Institutional Administration.

“There have been many times in my life when I have been so focused on achieving a goal that I have neglected to enjoy the journey. This has not been so during my time as a Texas WIC Dietetic Intern,” said Danita Ortowski, who works at Local Agency 76 Outreach Health Services. Ortowski feels her experiences in the Texas WIC Dietetic Internship have equipped her with additional tools to help her local agency grow. Upon completion of the Texas WIC Dietetic Internship, Ortowski plans to return to her position as assistant director for Outreach Health Services WIC Program. Ortowski completed a Master of Science in Nutrition at Texas Woman’s University in May 2010, a Bachelor of Science in Dietetics and Institutional Administration at Texas Woman’s University in May 1996, and an Associate of Science in Home Economics at Rose State College in Midwest City, Oklahoma in December 1991.

“The internship has been a tremendous opportunity that has opened my eyes to all the great work that is being done in the nutrition field,” said Andrea Urquidez, who works for Local Agency 54, Tarrant County Public Health WIC program. During her internship, Urquidez had the opportunity, in her nutrition education research intervention project, to work with a community organization with whom Tarrant County Public Health has previously partnered. As the coordinator/liaison for the Tarrant County Touchpoints program, Urquidez hopes the registered dietitian credentials will enhance her commitment to the local community and health-care organizations that support Tarrant County families. Urquidez graduated from the University of Texas in Austin with a Bachelor of Science in Nutrition and Dietetics in 2003.

“Through the internship, I have been challenged to step out of my comfort zone, which has molded me into a better nutritional professional,” said Jordan Palmer who works at Local Agency 07 for the City of Dallas WIC Program. Palmer thoroughly enjoyed the rotations in school foodservice, medical nutrition therapy for adults and pediatrics, and community nutrition noting that each was a different experience from the previous rotation. Palmer plans to use the skills she gained from the internship to become a high-risk counseling dietitian. The nutritional treatment of Cystic Fibrosis interests Palmer and she would love the opportunity to work with this patient population someday. Palmer graduated from Texas Woman’s University in 2010 with an undergraduate degree in Dietetics and Institutional Administration.



*Bridget McEvoy*

“The internship was a challenging experience that tested my perseverance and expertise and ultimately solidified my career aspirations,” said Bridget A. McEvoy, who works for Local Agency 07, City of Dallas WIC program. McEvoy feels the professional guidance provided by the Texas WIC Internship leadership will be the framework for her career as a registered dietitian. Her passion for nutrition began when she worked with a special needs child and discovered there was a need for individualized nutrition education and guidance within her community. McEvoy received a Bachelor’s of Science in Dietetics and Institutional Administration from Texas Woman’s University in 2008.



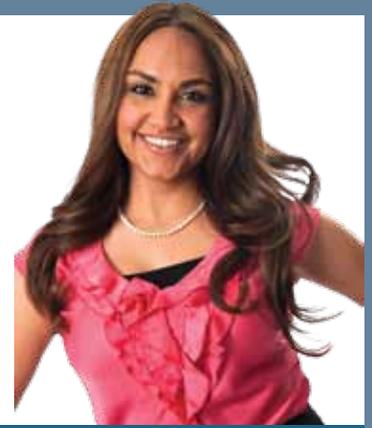
*Brenda Rumbaugh*

“This internship has given each of us interns the opportunity to gain work experience while learning how to perform as community, clinical, and food service dietitians,” said Brenda Rumbaugh from Local Agency 31 in the Bell County area. The internship has given Rumbaugh the opportunity to further her education, provide a better service to her clients and community, and to learn in an environment where decisions impact the client’s health. Her goals are to become an expert in pediatric nutrition and obtain her certified pediatric specialist credential to better help her community and clients at WIC. Rumbaugh graduated with a bachelor’s degree from the University of Texas at Austin in December of 2008.



*Melissa Gutierrez*

“The WIC internship has been a challenging and amazing experience ... I have learned through my experience that RDs play an essential role in the community as well as in acute care setting,” said Melissa Gutierrez, who works for Local Agency 73 in San Antonio. During her rotations as an intern she realized how much the field of dietetics is growing and that there are so many wonderful opportunities in many different areas. Most importantly, the intern experience helped Gutierrez appreciate how much she enjoys working in the community and with WIC clients. Her post internship plans include continuing to work for her local agency helping participants achieve a healthy lifestyle. Gutierrez graduated from Southwest Texas State University in 1993.



*Stacy Guzman*

“This internship was very special to me because it provided me with the opportunity of my life: to pursue my dream of helping others through nutrition,” said Stacy Guzman who works for Local Agency 41, San Antonio Metropolitan Health District WIC program. Through the WIC internship Guzman formed several goals including becoming a registered dietitian. Guzman wants to perform high-risk nutrition counseling and practice as a clinical dietitian in long term acute care setting. Her ultimate goal is to work at the state level at WIC as a nutrition specialist and assist other local agencies. Guzman, originally from Piedras Negras, Coahuila, Mexico, graduated from the University of the Incarnate Word in May 2005.

# A Year Ending In Success — The Texas WIC WCS Certification Training Program

by Tonia Swartz, R.D., L.D.  
Clinical Nutrition Specialist

The Texas WIC Certification Specialist (WCS) Certification Training program is in full swing and approaching its second year anniversary. The training program has been a great success and the state agency anticipates about 150-plus graduates by the end of 2012. That means more certified WCSs working in the field helping to deliver WIC services to our participants. Directors have expressed their appreciation in having a training program that is comprehensive and fills a need in their staffing. Graduates of the program have reported the positive impact becoming certified has had in their jobs and personal lives. Some have

shared how they have gained the confidence to take that next step in their education and have moved on to taking college courses.

We are proud of all our graduates and feel the program's success would not be where it is without the feedback and support from the local agencies. One of the highlights of the program is the graduation ceremony. We encourage participating local agencies to recognize the successful completion of the training program with a graduation service. Highlighted below are two graduation ceremonies shared with us.

## Local Agency 54 — Gloria Hale — WIC Program Director

Anita Savala received her WCS certification in June 2011. She has the proud distinction of being the FIRST “certified” WCS in Texas after the program's official release. Anita had the following to say about the training:

*“These first few months as a WCS has been an awesome experience. I love the fact that I can work all areas of my workplace doing both sides of an assessment for different participants. I started off in 1994 as a WIC nutrition aide. After a few years, the nutrition aide position was eliminated. Since then, I worked as a WIC data entry clerk. The WIC Certification Specialist (training) is consistent with VENA and all the new upgrades in technology which makes it more challenging, which I love. I am always up for a challenge. I am very thankful to my WIC director for giving me the opportunity to study and become a WCS.”*

Their Nutrition Education Coordinator, Laura Holcomb, had the following to say:

*“We can be backed up with clients waiting and Anita will come over from their clerical side and jump in with assessments to help get rid of the log jam. She is good to clients and they love her. We love her more!”*

The graduation ceremony included local WIC staff and Anita's family. Anita was also recognized by the San Angelo city council for her “outstanding accomplishment.” Council members in attendance included the San Angelo Mayor Alvin New, Assistant City Manager Elizabeth Grindstaff, and Robert Salas, director of Neighborhood and Family Services. In addition, the local paper ran a story about Anita being the first certified WCS graduate in the state after the pilot program.





*Local agency 48 WCS graduates top left to right: Maria Balderas, Adela Barahona, Hermelinda Chavez, Malila Garza, Maria Palomo, Gabriela Sepulveda. Bottom left to right: Esther Heuzo, Silvia Barrios, Margarita Rosas, Elisabet Davila, Thu Vo and Maria Bueno.*

ARTICLE CONTRIBUTED BY JOLENE NORBERT-HARRELL, R.D., L.D., LA 48 WCS PRECEPTOR

In December 2011, Harris County Public Health and Environmental Services held their first graduation ceremony for 12 certified WIC Certification Specialists in Houston. With the assistance of the administrative staff, the graduation was celebrated with all 180 WIC staff members during the quarterly staff training, where newly certified WCSs were recognized in front of their fellow coworkers, family, and friends. Dr. Umair Shah, deputy director for Harris County Public Health and Environmental Services, and Tonia Swartz, who oversees the WCS program at the state level, were also in attendance.

Prior to the certified WCS training, the WCS graduates were working in their respective clinics as either a nutrition assistant or a senior nutrition assistant with WIC experience ranging from 4 to 15 years. They were evaluated prior to the training to determine if they met all the preliminary guidelines established by the local agency.

The Texas WIC WCS certification training program is challenging and requires individuals be committed, enthusiastic, self-motivated, and have a desire to take that next step in their career.

Once selected to begin the 9 month training, WCS candidates receive additional training on nutrition modules, breastfeeding promotion, and VENA counseling in addition to the required competency based modules developed by the state.

When WCS graduates were asked to complete a survey about their experience, the most common response was the vast amount of support they received from their site or field supervisor, preceptors, coworkers, and their families. Our next WCS class graduates at the end of November.

This program is exciting for our agency. Not only will the WIC participants benefit, but so will our staff. It raises the bar and allows an opportunity for job enhancement.

Directors who are interested in participating in the training program should contact the state agency WCS Program Specialist Tonia Swartz at [Tonia.Swartz@dshs.state.tx.us](mailto:Tonia.Swartz@dshs.state.tx.us) for an application.



*Above: Presentation of WCS Certificate. From left to right: Robert Salas, Anita Savala, Elizabeth Grindstaff.*

*Left: Presentation of Certificate of Commendation by San Angelo City Council for being first certified WCS in Texas after the pilot program. From left to right: San Angelo Mayor Alvin New, Anita Savala, Gloria Hale.*

# Improving Breastfeeding Resources for Texas' Health Care Providers

by Veronica Hendrix, L.V.N., I.B.C.L.C., R.L.C.  
Texas Ten Step Program Coordinator

More than 80 percent of health care providers use devices such as smartphones to make point-of-care decisions. Providers in Texas now have two new Department of State Health Services (DSHS) resources to utilize at their fingertips – *The Health Care Provider's Guide to Breastfeeding* app and TexasTenStep.org website.

*The Health Care Provider's Guide to Breastfeeding*, available for free download through the iPhone app store, offers users a way to access evidenced-based breastfeeding management information that was previously only available in print. The app addresses a major barrier to WIC client breastfeeding success which is lack of health care provider knowledge about breastfeeding and lack of evidenced-based support for breastfeeding in the hospital.

The paper guide, first developed in 1999, was originally titled *The Physician's Pocket Guide to Breastfeeding*. The guide was developed after a DSHS study of physicians revealed that providers admittedly lacked knowledge in breastfeeding management and agreed that a pocket guide would be a useful resource. The third revision in 2011 brought the name change to include all health care providers such as nurses, IBCLC's, dietitians, and others. This publication helps to ensure mothers receive consistent breastfeeding information from clinical staff who serve them in the first few days and weeks when establishing milk supply is critical and when breastfeeding is most challenging.



The app development is an important step in answering the call of health care providers' request for easier access to breastfeeding information in a format they are utilizing in other areas of their practice. In addition, the app serves to connect providers with community resources and links them with other DSHS resources like TexasTenStep.org, Breastmilk-counts.com, and TexasWIC.org.

Content in the application includes:

- Top ten issues
- Index of conditions
- Evidence and recommendations
- Lactation diagnosis codes



- Easier navigation to evidenced-based information
- Links to the TTS application and various and expanded DSHS breastfeeding training resources
- Images showcasing the Ten Steps with real TTS nurses, doctors, and patients

The website is now a one-stop resource for breastfeeding information for health care providers and offers links to federal breastfeeding guidance, such as the *Surgeon General's Call to Action to Support Breastfeeding*

and the resources staff can use for patient or staff education.

Facebook and Google advertisements targeting health care providers were developed to market [texastenstep.org](http://www.texastenstep.org). The ads are designed to pique the interest of health care providers and drive them to the website.

These efforts exhibit the Department of State Health Services' commitment to assessing and addressing the needs of breastfeeding mothers and health care providers while keeping breastfeeding and healthy families a public health priority.

#### Reference

<http://www.jacksoncoker.com/physician-career-resources/newsletters/monthlymain/des/Apps.aspx>

- Data and statistics
- Reference citations and quick links to journal articles, CME courses, and patient resources

Features of the application include:

- Keyword search – for fast access to relevant content
- Notes & bookmarks – Highlight key content and/or bookmark it for future reference
- Voice notes – use voice dictation to take notes and save for easy reminders or references
- Sharing – involve your colleagues by sharing notes and comments via email
- No internet connection is required

The [TexasTenStep.org](http://www.TexasTenStep.org) website is another DSHS resource with a new face and design. Changes to the website include:

## Texas Ten Step World Breastfeeding Month Challenge Update

The Texas Ten Step Program would like to thank WIC Local Agencies 71 – Collin County, 90 – Los Barrios, and 7 – City of Dallas, in addition to the Lactation Care Center of Dallas, for their participation in the Texas Ten Step – World Breastfeeding Month challenge! The collaborative efforts shown by WIC staff and the participating Texas Ten Step facilities provided excellent opportunities for local communities and health care providers to learn about the importance of breastfeeding while attending their creative events and activities. Congratulations on a job well done!



# Prematurity Awareness at WIC

by Brittney Adams, R.D., L.D.  
Dietetic and Nutrition Specialist

## **November is Prematurity Awareness Month!**

One in eight babies are born premature in Texas. Not only is prematurity often crippling to the child and family, it is the leading cause of infant death. As nutrition professionals in the WIC community, we can play a vital role in detecting moms at high-risk of a preterm birth.

In 2011, WIC and the March of Dimes began building a partnership to educate women on how to have the healthiest pregnancy possible and why it is important to wait at least 39 weeks to deliver if a pregnancy is healthy. The March of Dimes is the leading maternal and child health organization focused on reducing prematurity, birth defects, and infant mortality. The March of Dimes helps to promote healthy pregnancies and provides information on the effects of prematurity and birth defects on infants and their families. They work as an advocacy group and try to change public policy regarding prematurity. The March of Dimes works with hospitals and researchers to provide the best evidence and education to the community and practitioners in an effort to prevent preterm births. With a com-

mon mission of healthy families, the WIC/March of Dimes partnership seemed a natural fit.

## **How do I detect the risk factors for prematurity?**

Any woman has the potential to deliver prematurely, however some women are more at risk than others. Below are the most common risk factors for prematurity. Having a risk factor does not mean a woman will have preterm labor or preterm birth; it just means that she is at greater risk than other women.

There are several common factors that have the highest risk of preterm labor and birth:

- Women with a previous preterm birth
- Women who are pregnant with twins, triplets, or more
- Women with certain uterine or cervical abnormalities
- African-American women
- Women younger than 17 and older than 35

Other risk factors include certain lifestyle choices and environmental factors that can lead to preterm labor and delivery. These factors include:

- Smoking
- Drinking alcohol
- Using illegal drugs
- Late or no prenatal care
- Lack of social support
- Domestic violence, including physical, sexual, or emotional abuse
- Stress
- Long working hours with long periods of standing
- Exposure to certain environmental pollutants

Medical conditions can also increase risk for preterm labor and delivery; these risks include:

- Urinary tract infections, vaginal infections, sexually transmitted infections, and possibly other infections
- Diabetes
- High blood pressure and preeclampsia
- Clotting disorders
- Bleeding from the vagina
- Certain birth defects in the baby
- Being pregnant with a single fetus that is the result of in vitro fertilization
- Being underweight before pregnancy
- Obesity
- Short time period between pregnancies (less than 6-9 months between birth and the beginning of the next pregnancy)

### **How can I use this information to help expectant mothers?**

In WIC, we have the opportunity to identify these women and empower them to have a healthy pregnancy.

When reviewing the health history form and completing our assessment with pregnant women, we need to look for opportunities to educate women about risky behaviors that could lead to preterm labor. These could include smoking, alcohol or drug use, over-exercising, lack of prenatal care, or a previous preterm birth. Expectant mothers who know the risk factors have the opportunity to make changes that could prevent them from going into preterm labor.

We also have the opportunity to educate mothers about the importance of waiting until at least 39 weeks to deliver their baby if their pregnancy is healthy. Many complications can arise if a woman chooses to induce or have a c-section earlier than 39-40 weeks. Even a baby

born just a few weeks early can have short-term and long-term complications. Babies who are born prematurely have increased risk and incidence for intellectual disabilities, cerebral palsy, respiratory problems, vision and hearing loss, and feeding and digestive problems. With this information in hand, we hope that most mothers would do all they could to prevent preterm delivery of their baby.

For our high risk moms, teaching them the warning signs of preterm labor may aid them in getting the help they need in time to stop the labor and prevent a preterm birth. These warning signs include:

- Contractions every 10 minutes or more often
- Change in vaginal discharge (leaking fluid or bleeding from the vagina)
- Low, dull backache
- Pelvic pressure — the feeling that the baby is pushing down
- Cramps that feel like a menstrual period
- Abdominal cramps with or without diarrhea

### **Where can I get more information?**

Starting early November, local agencies will begin receiving *Healthy Babies are Worth the Wait* posters and *Why the Last Weeks Count* brochures. Please display the posters in a prominent place in your clinic and make the brochures available to participants. More information can be found on the March of Dimes website at [www.marchofdimes.com](http://www.marchofdimes.com). They have many useful tools that can be used to learn about and educate on prematurity. Their website provides in-depth research information on prematurity and discusses what actions are being taken to prevent prematurity in the public sector. They have vast education materials for both healthcare providers and expectant mothers. March of Dimes' website also has information on pregnancy and post-delivery, as well as information on local and global programs.

References (All accessed 6/15/2012)

- <http://www.cdc.gov/Features/PrematureBirth/>
- <http://www.marchofdimes.com/mission/prematurity.html>
- <http://www.who.int/bulletin/volumes/88/1/08-062554/en/>
- [http://www.nichd.nih.gov/health/topics/Preterm\\_Labor\\_and\\_Birth.cfm](http://www.nichd.nih.gov/health/topics/Preterm_Labor_and_Birth.cfm)



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## PERIODICALS

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