

TEXAS **WIC** News

July/August 2017
Volume 26 Number 4

August:
National
Breastfeeding Month



Special Supplemental Nutrition Program for Women, Infants, and Children

Moms, Babies, and Families: On the Road to a Healthier Life

Every breastfeeding mother has a story. That story may be about her fear of not producing enough milk. It may be about her struggles with getting her baby to latch. She may be worried because none of her sisters or cousins breastfed. However, behind every successful breastfeeding story, there is a support system. Someone who addressed mom's fears, answered her questions, and encouraged her to keep going when she wanted to give up. That's what this edition of *Texas WIC News* is all about.

August is National Breastfeeding Month and this year's theme is Breastfeeding: Strength Through Support. The choice to breastfeed is up to the mother, but the ability to overcome obstacles to breastfeeding depends on the care and support she receives. The article on page 4 describes local agency staff roles and how to help mom find more support outside the WIC clinic.

You'll find inspiration on page 14 as you read stories from participants and colleagues about the people in their lives who helped make breastfeeding possible.

Former USDA Undersecretary Kevin Concannon is celebrating WIC's support of breastfeeding mom's. In an interview on page 6, he explains the impact WIC has had on breastfeeding moms, and explains how USDA will use the information in the future to increase breastfeeding rates.

Recently we have made significant advances in breastfeeding, but still have lots of room to improve. Although nearly 87 percent of Texas WIC babies start out breastfeeding, only about 6 percent are exclusively breastfeeding at six months. WIC staff are already working hard to increase breastfeeding duration rates – through peer counselor services, utilization of teleconsult services from the lactation support centers, peer text programs, collaborations with food banks and baby cafes, and more. I hope these articles motivate you to continue your hard work. Our efforts put mothers, babies, and families on the road to a healthier life.



From the desk of Edgar Curtis — Texas WIC Director

Breastfeeding: Strength Through Support!



4

2 Moms, Babies, and Families: On the Road to a Healthier Life

4 National Breastfeeding Month — Breastfeeding: Strength Through Support!

6 New USDA Study Shows that WIC Works! An Interview with USDA Under Secretary Kevin Concannon

8 Lactation Through Loss

11 Texas Ten Step and WIC: Moving the Needle Ever Closer to Optimal Breastfeeding Support in Texas

Pull-Out Section ► WIC Wellness Works

13 TXIN — Taking One for the Team: Our Pilot Agencies

14 Local Agency Breastfeeding Stories — Who Supported You?

18 Breastfeeding the Newborn with Special Needs

21 The Latest Fish Recommendations

22 Test Your Nutrition IQ

NOTICE TO SUBSCRIBERS:

Texas WIC News is available online at <http://www.dshs.texas.gov/wichd/gi/wicnews.shtm>. If you are a current subscriber who would prefer to receive the Texas WIC News online, send your email address to WICNewsSubscriptions@dshs.state.tx.us and we will notify you by email as soon as an issue becomes available online.

Texas WIC News (USPS 016-975) is published bimonthly by the Department of State Health Services, P.O. Box 149347, Austin, Texas 78714-9347 <http://www.dshs.texas.gov/wichd/default.shtm>. Subscriptions are free. Periodicals postage paid at Austin, Texas.

POSTMASTER: Send address changes to WICNewsSubscriptions@dshs.state.tx.us or WIC News Subscriptions, Texas WIC News, Texas Department of State Health Services, P.O. Box 149347, Austin, TX 78714-9347.

Edgar Curtis
Texas WIC Director

Amanda Hovis
Director, Nutrition Education / Clinic Services Unit

Rachel Edwards
Manager, Clinic Services Branch

Shirley Ellis
Manager, Nutrition Education Branch

Tracy Erickson
Manager, Infant Feeding Branch

Angela Gil
Manager, Publishing, Promotion, and Media Services

Melanie Smith
Publication Coordinator/Editor

Clare Wolf
Managing Editor / Designer

Chris Coxwell
Photographer

Lorise Grimball, Matt Harrington, Renee Mims,
Jonell Clardy, Kelley Reed
Contributing Editors & Designers

Clarissa Miles
WIC Publications Coordinator

TEXAS WIC NEWS SUBMISSION GUIDELINES:
If you have a story idea you would like to submit for consideration in the Texas WIC News please send an email to Melanie.Smith@dshs.texas.gov.



In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:
(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

National Breastfeeding Month — **Breastfeeding: Strength Through Support!**

by Faith Njoroge, MS
Breastfeeding Promotion Nutritionist



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. While most women in the United States start out breastfeeding, they face many barriers in their communities, and workplaces. They are unable to find the support they need to make breastfeeding work, and within three months of giving birth, more than two-thirds are already using formula. At six months more than half are no longer breastfeeding. In Texas, data from the 2016 Centers for Disease Control and Prevention Breastfeeding Report Card shows that although 82 percent of babies start out breastfeeding, only 46.5 percent are breastfed at six months.

This August, Texas WIC will celebrate National Breastfeeding Month with the theme ***Breastfeeding: Strength Through Support!*** The theme focuses on building and strengthening partnerships to support, promote and protect breastfeeding.

Although the choice to breastfeed is up to the

mother, the ability to meet breastfeeding goals depends on the care and support she receives during her pregnancy, child birth, hospital experience, and throughout her breastfeeding journey.

Given the importance of breastfeeding for the health and well-being of mothers and babies, it is important that family members, communities, clinicians, health care systems and employers take collaborative action in building a community of breastfeeding support. It takes a village to raise a child.

Family and Social Support

Within families, the practices and experiences of female relatives influences a mother's decision and duration of breastfeeding. Women with friends and family who have breastfed successfully are more likely to initiate and continue breastfeeding.

Similarly, the attitudes and preferences of fathers can affect breastfeeding. Women whose partners support breastfeeding are more likely to breastfeed, and for a longer duration.

Families can show support by attending classes alongside expectant mothers, helping with chores around the house, and helping mothers find solutions to breastfeeding challenges during their breastfeeding journey.

Health Care Providers

Health-care providers have a unique opportunity of influencing and supporting feeding decisions at key moments before and after birth. When challenges occur, they play a huge role in encouraging moms to continue breastfeeding and only supplement when necessary. Some health-care providers however lack the skills to help women when they have problems with breastfeeding. Some may have insufficient knowledge about breastfeeding and may be unable to properly counsel their patients on specifics about breastfeeding techniques, current health recommendations about breastfeeding, and strategies to continue breastfeeding after discharge.

Adequate education and training to improve health-care providers' knowledge, skills, and attitudes towards breastfeeding is a key step to increasing support for breastfeeding initiation, exclusivity, and duration.

Health Care Practices

Most births in the United States occur in hospital settings. It's important to recognize that hospital practices and policies in maternity settings can create barriers to successful breastfeeding. Making changes in maternity care practices has been shown to significantly increase breastfeeding initiation and duration rates.

The Ten Steps to Successful Breastfeeding are a bundle of evidence-based practices proven to increase breastfeeding exclusivity and duration rates. These steps are recognized as the gold standard for maternity practices and are endorsed by the American Academy of Pediatrics and the American Academy of Family Physicians. Some of the steps include providing staff education and training on breastfeeding, practicing skin-to-skin contact between mother and baby immediately after delivery, encouraging early initiation of breastfeeding, and ensuring post-delivery follow up through referrals to breastfeeding support in the community.

Community

The community where a woman lives plays a significant role in influencing her ability to initiate and sustain breastfeeding. Community based support groups, organizations, and programs can all work together to create a network of breastfeeding support. Mother-to-mother peer support groups provide continuity of care which helps extend the duration of breastfeeding. Similarly, employers can support breastfeeding by creating a welcome and safe atmosphere to ensure pumping is possible and comfortable.

In celebration of this year's National Breastfeeding Month theme, local agencies are encouraged to seek opportunities for collaboration and partnership with their communities.

Proposed Activities

Here are some ideas for celebrating National Breastfeeding Month in your clinic and community.

Community Activities

- Host a community roundtable discussion to informally discuss how to increase breastfeeding initiation and duration in your community. Invite all community stakeholders to participate and share ideas on how each stakeholder can support breastfeeding. Identify stakeholders who are missing from the discussion and plan another roundtable discussion to include them.
- Partner with community and local hospitals to hold a National Breastfeeding Month celebration event and use this as a platform to provide breastfeeding education to the community.
- Partner with local faith based organizations to provide breastfeeding education in the community.

Clinic Activities

- Host a health fair with activity stations and talking points for families, child care providers, and employers as breastfeeding collaborative partners. Offer nutrition education credit to participants who attend using NE code BF-000-52: National BF Month.

Please visit the 2017 National Breastfeeding Month webpage at <http://www.dshs.texas.gov/wichd/bf/wbm.shtm> for additional National Breastfeeding Month information and more details on suggested activities and materials.

References

- Christopher G, Krell J. Changing the breastfeeding conversation and our culture. *Breastfeed Med.* 2014; February;9(2):53-5. doi: 10.1089/bfm.2014.9994.
- Surgeon General's Call to Action <http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>
- Lancet Breastfeeding Series, published January 2016 <http://www.thelancet.com/series/breastfeeding>
- Texas Ten Step program <http://texastenstep.org/>
- CDC Breastfeeding Promotion and Support <https://www.cdc.gov/breastfeeding/promotion/index.htm>
- CDC Breastfeeding Report Card 2016 <https://www.cdc.gov/breastfeeding/data/reportcard.htm>

New USDA Study Shows that WIC Works!

An Interview with USDA Under Secretary Kevin Concannon

by Tracy Erickson, RD, IBCLC, RLC
Manager, Infant Feeding

A recent study shows the WIC program has made a significant impact on breastfeeding. According to a new U.S. Department of Agriculture (USDA) study, breastfeeding rates increased sharply over the past 20 years among women participating in WIC. The Infant Year Report from USDA's second WIC Infant and Toddler Feeding Practices Study found that 83 percent of mothers breastfed their babies, compared to 56 percent of mothers in the first USDA WIC Infant and Toddler Feeding Practices Study in 1995. Reassuringly, more than 95 percent of study mothers who started breastfeeding reported that WIC played a role in their decision to breastfeed. Nearly 60 percent of caregivers also turned to WIC for information on feeding their infant, second only to their doctor or other health professional, which reflects similar findings from previous Texas WIC studies. The study also describes a dramatic reduction in the number of infants who were introduced to solid foods too early in life with only 20 percent of caregivers introducing their infants to solid foods before 4 months of age, compared to about 60 percent of caregivers 20 years ago.

Tracy Erickson recently had an opportunity to interview USDA Under Secretary Kevin Concannon about the results.

TE - Good morning Under Secretary Concannon. Thank you for taking time out of your busy schedule to allow me to interview you.

KC - Well I'm happy to do it. We're really proud of the work Texas WIC does. Every Ounce Counts, if I recall correctly, is the watchword in Texas and the WIC program.

TE - Absolutely. I am very proud of that campaign.

KC - Great. Well I know folks up here are seriously very aware of it and I appreciate the investment that Texas has made. I was look-

ing at some numbers here just to get a sense of the reach of the program in Texas and as you probably know, almost 850,000 Texans enrolled in the WIC program in the month of October. So a significant impact and more than 200,000 infants each year so we're very proud of that and were encouraged about this report that we're just releasing. The last time we did a report on WIC infants and toddler feeding was back in the mid-90s and now 20 years later we find really encouraging news because the breastfeeding initiation rate is way up over 80 percent. That's nearly a 50 percent increase from where it was the last time we did this. So that was a source of great encouragement for us as well as the fact that the WIC program, and pediatricians and education by the nutrition community has succeeded in influencing parents so that too early introduction of complimentary foods now is more limited to just about 20 percent of infants.

Under Secretary Concannon went on to explain how the change speaks well to the effectiveness of the counseling and support that WIC is providing to families and caregivers. He was especially encouraged to hear that parents are citing the WIC program as the source of that counsel and support.

TE - What were some of the reasons given for what motivated or inspired mothers to breastfeed?

KC - So a big part was the education being provided by the WIC program, but then of course, I think we've seen pretty significant environmental supports that have changed over this 20-year period. We now have breastfeeding rooms in many places, many employers are aware of the efficacy and the importance of supportive practices, and I've been noting that the media just reported in the last couple of days that over in Rome, Pope Francis encouraged mothers to breastfeed in the Sistine Chapel. He said that it wasn't a museum and that it was there for them and the public. To me, I felt we're in good company if we have the American Academy of Pediatrics, the associations of nutritionists and dietitians, and you can throw

in other health-care providers, and the Pope, then we're in pretty good company, I think. And the growing number of Baby-Friendly hospitals is another source of encouragement on that front. It means to us that more health systems are recognizing the efficacy of breastfeeding.

TE - How is USDA using this data in its current and future efforts to increase breastfeeding rates?

KC - Well we'll be sharing this at every occasion — at professional meetings, regional meetings, our own staff as well as through our great relationship with our state agencies across the country to both underscore the progress that has been made but also to reinforce the message to stay the course — this is making a difference. We know that WIC is so important for connecting these households to the rest of the healthcare system as well. I'm very mindful of that myself from my years as a state Health and Human Services Director, wanting kids to get immunized for example in the right sequence timewise and for families to be connected to the healthcare system. And WIC is very permeable in my view, a very open system of encouraging people to avail themselves of the service and it's one of the best pillars we have out there in the healthcare field.

TE - What would you like to see as the future direction for WIC in the next 5-10 years?

KC - Well certainly more of the same. One thing I would like to really see improvement on is retention. We do really well on the first year, we serve just a hair under half of all the births in the United States in that first year. But then when we get to year 2, 3 or 4 there's an attrition rate. I think part of it is moms may feel you know my child is now a year or two, I don't really need that. I think ideally, sort of like a course of medication, we'd like you to stay the whole course — stay 'til age five. So we'd like to make progress that way. I know myself, because we know a number of WIC households also participate in the SNAP program, I'd like to see additional ways in which the two programs reinforce the value of retaining that involvement, retention in WIC, especially the nutrition counseling.

TE - I have time for one more question, I believe. What accomplishments are you most proud of over the last 8 years that the Food, Nutrition and Consumer Services area has achieved?

KC - There's just lots. If anything it's sort of like saying which of your children are your favorites. It's sort of that same psychological challenge. But seriously, I'm very proud of the response the SNAP program made cross the country during the deepest recession in 70 plus years. I'm equally proud of how we devised and deployed the school meals program and Texas does a great job at school meals, more than 3 million kids have lunch in Texas schools each day and I've been to many of them. So we're very proud of that. The WIC program — we deployed a new food package now more than 5 years ago and it's working. I mean there's lots of evidence out there in terms of both the increase in fruits and vegetables, the whole grains, we just had the IOM (Institute of Medicine) look at the WIC Food package so I'm very proud of what we've done with WIC but also its reach as we mentioned earlier, almost half the births in the US. What a fabulous impact in terms of universality.

Under Secretary Concannon went on to express that our biggest and most concerning gap is in the summer when children are not receiving meals through the National School Breakfast and Lunch Programs. Concannon stated summer time is the time of year a child who lives along the borders of the United States is more likely to go hungry and it's still a challenge for us. He then went on to boast about the efforts Texas WIC has taken to fill that gap by collaborating with the Texas Department of Agriculture to connect families in need with the USDA Summer Food Service Program (SFSP). The Texas WIC SFSP pilot began in 2015 with two local agencies and has expanded to include 11 local agencies in 2017. The program pairs a local agency with a sponsor in their community that delivers pre-packaged meals to WIC clinics almost every day during the summer. The meals are available to anybody visiting the WIC clinic that is age 18 or under.

Under Secretary Concannon gave us all his call to action — to stay the course but also focus on improving retention and connecting families to food programs in the summer, such as SFSP and food banks. Let us all heed his call to action to keep the status of the WIC Program where it is — which is, according to Concannon, one of the best pillars we have out there in the healthcare field.



Lactation Through Loss

Katie Coyne, MS, IBCLC
Breastfeeding Coordinator

I'm a lactation consultant, so the desire to breastfeed was a no-brainer. My story however was a stark contrast from the dream of nursing my baby in the beautiful rocking chair we placed in our room. We lost our baby 11 days after she was born. But first, let's rewind so you can understand where we started.

My story began at 26 weeks. An anatomy scan revealed our baby had a few serious abnormalities with her heart, brain, and kidney. The worst news any pregnant woman can receive. Fast forward 10 weeks. We learned quite a bit about our little girl. She had a rare genetic syndrome and while my desire to breastfeed was still strong, my dream of nursing her in the rocking chair was becoming a little more distant. Because I trained NICU staff on how to support women in their breastfeeding journey with compromised babies, I was very aware of the realities of feeding difficulties. I joined online support groups and even found a wonderful woman locally who has a 3 year old with a similar genetic syndrome. I did exactly what I would tell my clients to do—build your village, because we all know it takes a village to get through raising children.



pump within 6 hours of delivery (which is, again, what the research says to do).

Thankfully I was able to get started with pumping (barely within 6 hours of delivery). I was so proud of the 5ml I pumped, I even took a picture of it. As I boastfully took pictures of my milk each time I pumped and diligently tracked each session, I noticed that my supply was dropping. Very normal, I told myself. Day two was a joke. I quickly learned the hardest part of being a lactation consultant is taking your own advice. Let me tell you more about the stress of the second 24 hours... every 3 hours I would massage, pump, massage while pumping, and hand express. Guess how much milk I got? Nothing. Not even a drop. I would even take whiffs of the “stress away” essential oil. Again, nothing. We know that day two is typically the hardest for moms — the baby is eating around the clock and typically she feels like she doesn't have enough milk and may even give up. What would I tell this mom on day 2? I would tell her that this is normal, be patient, give yourself grace and give your body time. As long as baby is doing well, there is no need to panic. I could not take my own advice so I texted a few of my lactation consultant friends and even wrote on a professional board on good ol' Facebook. “Remain patient and keep doing what you are doing” is what I heard. But yes, I already know that! Give me a miracle fix instead! That's not how life works, is it?

As delivery approached, I made a decision not to mourn the loss of getting to breastfeed. Instead, I focused my energy on the importance of pumping and providing my milk however it could be used. We checked into the hospital to start the induction process and I told every nurse I really wanted a pump in my recovery room and postpartum room. You see, our trainings teach about the research of how much more successful women are if they can pump within the first hour of delivery. That was my plan and I was super determined to do that — it's the only thing I could do for my little girl. Well, after 24 hours of labor and an eventual C-section, she was rushed to the NICU. I was prepared for this to happen. What I was not prepared for was the aftermath of birth. There was no way that I could physically pump within an hour of delivery. I took a deep breath, gave myself grace, and set a new goal. I would

What do you know, right at 48 hours the drops started coming again! Each pumping session yielded more and more milk and I was praising the milk gods. I was blessed with an impressive milk supply. The neonatologist even commented on it. The hardest part of continuing to pump every 3 hours was trying to balance sleep, recovery from a major surgery, and spending every possible minute in the NICU with my little girl. When your baby is really sick and barely taking in a day what you are pumping in one session, it is incredibly tempting to cut back on those tedious pumping sessions. But I really wanted hope that my baby would get better and that she would need all of this milk soon, so I kept pumping despite our freezer at the NICU and at home being full of milk.

(Continued on page 10)



Lactation Through Loss

(Continued from page 9)

Our sweet little girl was on a ventilator and an endless supply of IV lines. One of my favorite memories was getting to feed her for the first time. And by feed her, I mean push my milk through the syringe into her feeding tube. I swear, as soon as the liquid gold hit her stomach she was happier. Who wouldn't be? Worth it. This was all so worth it!

As the days went by she was not improving. Eventually she was transferred to Dell Children's hospital because our hospital had run out of options. Our world was spinning out of control yet pumping gave me a tiny piece of normalcy. Each time I pumped, it was a reminder of the one thing I could do to help my baby. The one gift I could give her. For anyone who has a baby in the NICU, I encourage you to hold on to hope and know that you are making a difference for your child, even with the smallest amount of milk.

I won't pretend to know what it is like to pump for a baby in the NICU for months because I didn't get that long. I won't pretend to know how hard it is to continue pumping every 3 hours when you have little ones at home, are back at work, and balancing "normal" life with the NICU life. But I do know what it feels like to continue pumping through loss. Our little girl was called to heaven at 11 days. I continued to pump thinking I could do this for a while, but it

ended up being more destructive to my mental health than helpful. I knew I had to slowly wean because every time I put those flanges on I was reminded that my baby was gone.

I share my story with you all in hopes that you can help other moms who have gone through this same thing. Each woman who experiences loss has a unique journey and for some, continuing to pump and provide milk is very healing. For me, it was healing enough knowing I could donate over 300 ounces to babies who need it but my journey had come to an end.

When you are working with moms who have experienced loss, there are a few things that I recommend. Ask how she is doing physically—is she experiencing engorgement? Does she need tips to slow her milk production? Would she like to donate her milk? It would be a beautiful tribute to her angel baby. When you don't know what to say, just tell her you may not have the right words but you will be thinking about her. Also, encourage her to find a support group. There are quite a few online support groups and many areas in Texas have in-person support groups. Do your part by researching support groups and milk donation sites so she doesn't have to. Continue to support and encourage her in the months to come. It may feel awkward to do a follow up phone call to a woman who lost her baby, but that phone call may be a treasure to her.

Moving the Needle Ever Closer to Optimal Breastfeeding Support in Texas

A Year in Review and What's Ahead

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



If you had asked me back in 2012 what impact to breastfeeding support the Star Achiever - Texas Breastfeeding Learning Collaborative (TBLC) would have across our state, I couldn't have even made an educated guess. It's true. Those initial planning meetings with Julie Stagg, Tracy Erickson and I, now affectionately called "the Texas trio" by our partners at the National Institute for Child Health Quality (NICHQ, pronounced nish-cue), were exciting and full of hope, but who knew we would gain such a wealth of experiences with hospitals and WIC teams? Five years later, I can honestly say, TBLC made a difference.

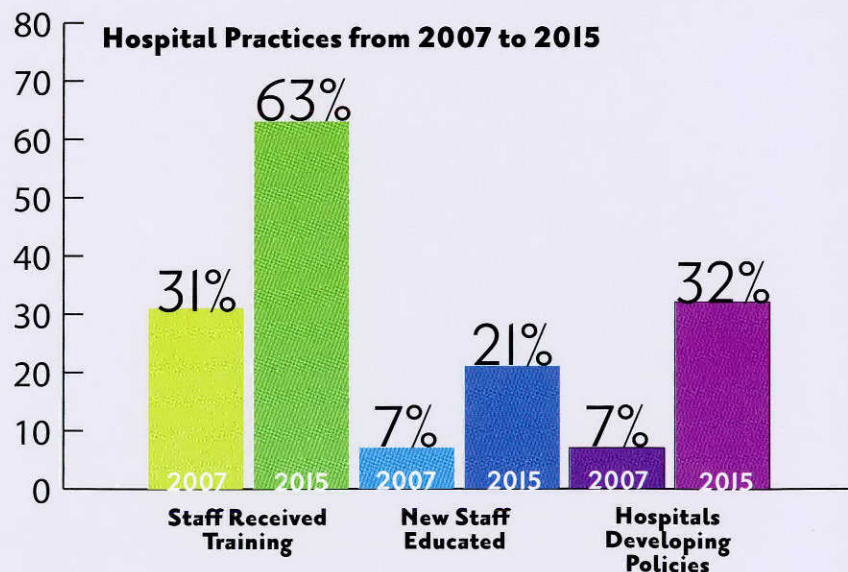
Changes we have seen

- More than 79 percent of Texas births now occur in facilities working to improve practices through engagement in the Ten Steps.
- Texas Ten Step (TTS) designated facilities have doubled from 63 to 129 facilities since 2010.
- At least 88 Texas birthing facilities actively invest resources into accelerating Ten Step improvement.
- Baby-Friendly facilities in Texas have more than doubled since 2014 from 7 to 18, and more than 14.8 percent of Texas births now occur in a Baby-Friendly hospital.

Based on hospital's self-reporting of practices: (mPINC from 2007 to 2015)

- Staff-received breastfeeding training more than doubled from 31 to 63 percent.
- New staff receiving appropriate breastfeeding education has tripled from 7 to 21 percent.
- Hospitals developing model policies, inclusive of the Ten Steps to Successful Breastfeeding (Ten Steps) has more than quadrupled, increasing from 7 to 32 percent.

(continued on page 12)



Amazing Human Body 101: The Lymphatic System

What's Up with Your Lymphatic System?

CONTRIBUTED BY TAYLOR MOYER, TEXAS STATE DIETETIC INTERN

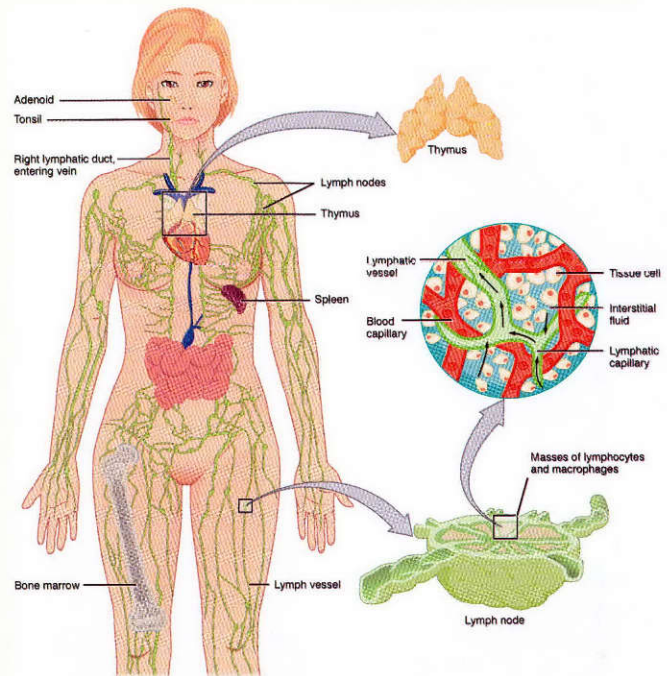
Our bodies are machines that work tirelessly to keep us healthy. One major system involved in making sure you can get out of bed, go to work, and play with your kids every day is the lymphatic system, also called our immune system. This system is made up of lymph fluid, thin-walled lymph vessels similar to tiny veins, and organs, such as the thymus and spleen. Each of these components has a certain job in helping to maintain your immune function. Basically, this system is what helps you avoid getting sick.

The lymph vessels are able to pull in the nutrients, oxygen, and waste material from the blood and cells flowing throughout the body, forming the lymph fluid. The collected lymph fluid flows through the lymph vessels, much like blood through veins, and is eventually taken back into the blood.

The vessels carry the waste fluid through lymph nodes, which are pockets throughout the body that filter the fluid. Think of vessels as the train track, the fluid as the train, and nodes as the train station. The train takes a pit stop at the train station to let off any unwanted “passengers.” The nodes contain white blood cells, which are the main stars in fighting infections. You may remember a time when you were sick and your doctor talked about your glands or tonsils being swollen. These are types of lymph nodes and they produce larger amounts of white blood cells during an infection, which causes them to swell. So when this happens, it is a sign that your body is under stress.

Once the lymph cells destroy the germs, the nodes filter the fluid back into the blood. There are about 600 nodes throughout the body, in places like the groin, arms, and throat. All lymph fluid passes through a node before returning to the blood for circulation.

So what about the organs in the lymphatic system? The thymus is an organ in the chest which creates the white blood cells that fight infection. The spleen stores the white blood cells and acts like a node,



By OpenStax College - Anatomy & Physiology, Connexions Web site. <http://cnx.org/content/col11496/1.6/>, Jun 19, 2013., CC BY 3.0, <https://commons.wikimedia.org/w/index.php?curid=30148305>

(Continued on WWW — Insert D)

Eat Well to Feel Well: Eating for Immune Health

CONTRIBUTED BY HAYLEY ROYER, TEXAS STATE DIETETIC INTERN

Did you know the foods you eat every day can affect your body's ability to fight infections and diseases? The immune system is what your body uses to fight off foreign invaders, like bacteria and viruses, that can make you sick. Your diet actually impacts how well your immune system works, so if you have a poor diet you may be more likely to get certain illnesses or infections than someone with a nutrient-rich diet. When cooler weather comes this fall and winter, it will be important to build up your immune system to protect you from things like the common cold and the flu. There's no need to buy any fancy supplements; many of the foods you consume as part of a healthy and balanced diet contain key nutrients that keep your immune system strong so you can fight off sickness.

The following nutrients play an important role in boosting your immune system to keep you healthy.

| Immune-boosting Nutrients | What Does It Do? | What Foods Have It? |
|---------------------------|---|--|
| Protein | Used by the immune system to build defense mechanisms that fight foreign invaders in the body. | Lean meats and poultry, seafood, eggs, dairy products, beans and peas, soy products, nuts and seeds |
| Vitamin A | Keeps skin and tissues in the digestive (mouth, stomach, intestines) and respiratory (nose, lungs) systems healthy, which is our first line of defense against invading bacteria and viruses. | Vegetables like carrots, red bell peppers, sweet potatoes, spinach and kale; eggs; foods labeled "vitamin A fortified" like milk or cereal |
| Vitamin C | Helps heal wounds and repair tissues all over the body, and acts as an antioxidant to prevent damage to cells. | Citrus fruits like oranges and grapefruits; strawberries; papaya; broccoli; bell peppers; tomatoes; foods labeled "vitamin C fortified" |
| Vitamin E | Works as an antioxidant that protects cells from damage (like vitamin C), and may improve immune responses and functioning. | Nuts and seeds; vegetable oils like sunflower and safflower; green leafy vegetables like spinach, Swiss chard, collard greens |
| Zinc | Maintains the normal development and function of cells involved in the immune system response. | Lean meats and poultry; oysters and other seafood; milk and yogurt; whole grains and whole grain products; beans; nuts |

In addition, there are many other nutrients such as vitamin B6 and B12, vitamin D, iron, selenium, copper, folate, and probiotics that may have an impact on your immune system and protect you from certain diseases and illnesses.

(continued on WWW — Insert D)

recipe

Easy Greek Tzatziki Chicken Salad

Makes: 4 servings

Serving Size: $\frac{2}{3}$ cup and $\frac{1}{2}$ cup chips

Total Time: 16 minutes

Ingredients:

- $\frac{2}{3}$ cup plain 2% reduced-fat Greek yogurt
- $\frac{1}{4}$ cup finely chopped red onion
- 1 tablespoon fresh lemon juice
- 2 cups shredded rotisserie chicken
- 2 teaspoons chopped fresh dill
- $\frac{3}{8}$ teaspoon kosher salt
- $\frac{1}{4}$ teaspoon freshly ground pepper
- 1 cucumber, seeded and shredded
- 1 garlic clove, minced
- 3 ounces multigrain pita chips



Directions:

Combine first 8 ingredients in a medium bowl, stirring with a whisk. Add chicken; toss to coat. Serve with pita chips.

Nutrition Information Per Serving: 230 calories, 7.5 g total fat (1.5 g saturated fat), 53 mg cholesterol, 569 mg sodium, 18.7 g carbohydrates (2.1 g dietary fiber), 23 g protein



Mind Games

Quick! Count the number of times that the letter F appears in the following sentence:

“Finished files are the result of years of scientific study combined with the experience of years.”

How many did you find? Most people say three. Why? We often don't correctly process the word “OF” for two reasons. First, the letter F usually makes the “F” sound, like in “fox”. However, in the word “of,” it makes a “v” sound. Second, you have probably read the word “of” so many times in your life that you process it as one unit, overlooking the second letter/sound.

Texas Seasonal Produce

Fruits:

Apples, blueberries, cantaloupe, honeydew, peaches, pears, watermelon, seedless watermelon



Vegetables:

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



The Lymphatic System

(Continued from WWW — Insert A)

but filters blood instead of lymph fluid. The spleen removes old cells and waste from the blood.

As much as these organs work to prevent sickness, the lymphatic system is not perfect. The germs in the body can be stronger or outnumber the white blood cells. It is not always possible to fight infection without the help of a doctor. Because of this, give your lymphatic system a break this flu season by following these preventative tips:

- Wash your hands after going to the bathroom.
- Avoid sharing food and drinks.
- Try not to touch your mouth, eyes, and nose.
- Get a good night's rest.
- Avoid people who are sick.
- Cough and sneeze into the crook of your elbow.
- Exercise regularly.
- Eat balanced meals.

References:

- 10 Ways to Stay Healthy During Cold and Flu Season. (2015, December 15). Retrieved January 11, 2017, from <http://www.uwhealth.org/flu/10-ways-to-stay-healthy-during-cold-and-flu-season/10371>
- Buddiga, P. (2013, September 19). Lymphatic System Anatomy. Retrieved January 11, 2017, from <http://emedicine.medscape.com/article/1899053-overview#a2>
- Durani, Y. (2015, May). Spleen and Lymphatic System. Retrieved January 11, 2017, from <http://kidshealth.org/en/parents/spleen-lymphatic.html#>
- van Nieuwenhuizen, P. (Writer). (2013, September 19). The lymphatic system's role in immunity- Lymphatic system physiology [Video file]. Retrieved January 11, 2017, from <https://www.youtube.com/watch?v=kjLwVqxwaIM>

Eat Well to Feel Well

(Continued from WWW — Insert B)

Things to Remember:

Prevention is the key when it comes to illness. It's better to eat well to avoid getting sick than to wait until after you're already sick.

Eat a rainbow of fruits and vegetables. They offer many of the immune-boosting nutrients you need; plus, different colors have different antioxidants that protect your cells from damage.

Get protein from lean meats, poultry, seafood, beans, nuts and seeds. On average, men (19-70 years old) need at least 56 grams of protein per day, while women (19-70 years old) need at least 46 grams of protein per day.

Staying active, practicing proper handwashing, and getting enough sleep are also important for a strong immune system.

References:

- Cunningham, E. Protect your health with immune-boosting nutrition. AND website. Available at <http://www.eatright.org/resource/health/wellness/preventing-illness/protect-your-health-with-immune-boosting-nutrition>. June 2016. Accessed January 11, 2017.
- Moore, M. How Vitamin C supports a healthy immune system. AND website. Available at <http://www.eatright.org/resource/food/vitamins-and-supplements/types-of-vitamins-and-nutrients/vitamin-c>. December 2016. Accessed January 11, 2017.
- Drake, VJ and Angelo, G. Immunity. Linus Pauling Institute website. Available at <http://lpi.oregonstate.edu/mic/health-disease/immunity>. Updated October 2015. Accessed January 11, 2017.

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, Katie Oliver, at Katie.Oliver@dshs.texas.gov or 1-512-341-4596.

Taking One for the Team: Our Pilot Agencies

by Candace Stohs-Krause
Communications Manager, TXIN Project

The Beginning of the End

The system is complete; the development is done, the growth charts are created, the reports are ready, and the USDA has *officially* given us permission to proceed! All that's left, aside from some last-minute prep and minor tweaking, is to officially switch over from TX-WIN to TXIN at our pilot agencies. After our 3-month pilot, we'll start rolling out TXIN to the rest of the state.

What Does it Mean to Be a Pilot?

Essentially, our pilot agencies are our guinea pigs, except we are not conducting scientific experiments on them (that I know of...). Rather, they themselves are the ones conducting an experiment, of sorts – the TXIN experiment. They are the first ones to switch over to the new system, the first to discover its strengths (and weaknesses), the first to come up with short-cuts, and the first to experience any lingering issues that need fixing before we roll out to the remaining WIC local agencies.

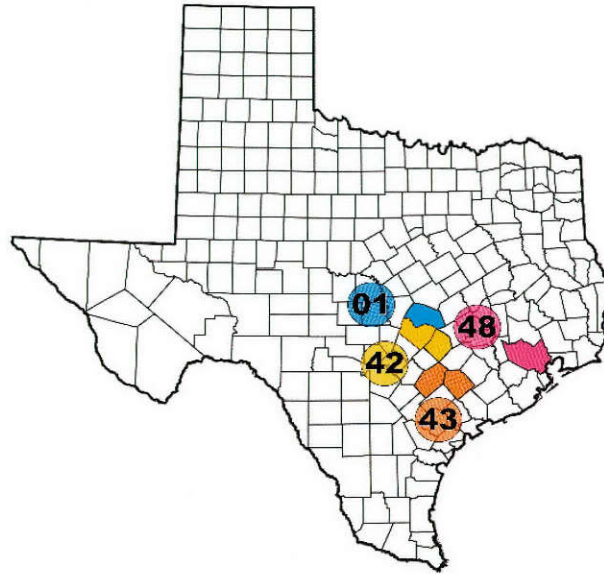
Why Should I Care About the Pilot?

Yes, the pilot agencies are the first to get our brand-new, state-of-the-art system BUT they are also the ones who will have to deal with any inconsistencies, unresolved issues, and hidden bugs. They are like the first climbers to ascend Mount Everest — they are the first to see the magnificent view, but they also have to deal with any potential pitfalls, thereby paving the way for all future climbers (aka the other 62 LAs). The pilot agencies' patience and feedback will make the full rollout much, much smoother and easier for everyone else.

Who Are Our Pilots?

We have four pilot agencies going live over a three month period:

- **August 14:** LA 43, Community Health Centers of South Central Texas



- **September 18:** LA 1, Austin/Travis County Health & Human Services and LA 42, Williamson County and Cities Health District
- **October 9:** LA 48, Harris County Public Health & Environmental Services

Why Are They Our Pilots?

These four agencies were chosen for several reasons:

- **Range:** We chose agencies with differently-sized participant bases to ensure a range of perspectives and scenarios.
- **Proximity:** We'll start in one general service area and then radiate out from there.
- **Contingency Planning:** If we find bugs in the system, we can quickly provide support from nearby Austin.

I'm Not a Pilot, But I Want to Stay in the Loop!

You will. Throughout pilot, we will have regular "Pilot Highlights" updates — stories from staff, photos of TXIN in action, tips and tricks, screenshots, and more.

Stay tuned to WIC News and the Mosaic Integrated Insider Newsletter for more information, and contact TXIN@DSHS.Texas.gov with any questions.

Local Agency Breastfeeding Stories

— Who Supported You?

I could not have breastfed without my mother. She helped me get my son to latch, taught me how to self-express and gave me the confidence to breastfeed anywhere. She was my biggest advocate.

— CONTRIBUTED FROM MELANIE SMITH, WIC COMMUNICATION STRATEGIST, STATE AGENCY

Breastfeeding my son was difficult — painful, a poor latch, and a month long nursing strike could have stopped us, but with dedication and a supportive family, we made it to 22 months. I am so blessed for that time we shared together!

— CONTRIBUTED FROM BRIDGET RAK, RDN LD-WIC HIGH RISK DIETITIAN, LA 34

I would not have a breastfeeding success story if it wasn't for my mother and husband's support at the beginning. They knew how much it meant to me and kept me positive through latch difficulties, engorgement and mastitis. I breastfed my baby girl for over a year and donated over 800 ounces of breastmilk to Mother's Milk Bank!

— CONTRIBUTED FROM MEHGAN WHITE-NUTRITIONIST, LA 21

I exclusively breastfeed my son because of its undeniable health benefits, and the strong bond it forms between mother and baby. There's nothing like it. My big support is my partner.

— CONTRIBUTED FROM BRANDY HOUSTON, DALLAS TX

This mom came to the office almost ready to give up, she was sore and with pain. She received a pump from another provider which didn't come with extra large flanges, she was still pumping and that caused damage to her nipples. I was able to help her with the latch, I fixed the position of her baby and her hands and she breastfed for 15 minutes with no pain. Baby was able to latch, and she left the office with A Purely Yours pump with larger flanges and ready to keep breastfeeding and pumping for as long as she can.

— CONTRIBUTED FROM ESTHER LOZANO, BREASTFEEDING PEER COUNELOR, LA 35-01

I tried to breastfeed my children before and I wasn't as successful. With this baby I feel I have the resources and support to be successful and stay on a better track to breastfeed. Reyna, the Peer Counselor, has given me so many tips and useful information to stay on the path to breastfeed my daughter.

— GINGER CAMPBELL, LA31-02

I am very fortunate to have WIC to support breastfeeding! WIC helped build my confidence and to be a role model! Without WIC I would have never breastfed in public.

— KRISTIE LAWSHEA – WIC BREASTFEEDING/PC COORDINATOR, LA 27

I have been blessed with the best husband in the world. He gives me confidence, advocates for me, and helps my cause. Without his endless support, I would have still breastfed, but it would have been a very long bumpy ride!

— AMBER OLTMANN RDN, NE COORDINATOR, LA 31-01

I was encouraged to continue breastfeeding because of the encouragement of my family and friends. My mom, husband and best friend supported me. I also joined a Facebook group for breastfeeding support to ask questions and see other people's journeys.

– AMANDA BIGELOW-CLIENT, LA 71-02



My Baby was born premature, He was in NICU for 2 weeks. I was very happy that I could pump my breastmilk so he can have the best food and start in life in spite of his prematurity. My husband was a great support as he constantly said he was proud of me.

– KAVITHA KOUNDER, LA 71-02

I am grateful for WIC. I breastfed my first child for a month and stopped because of oversupply and little knowledge on how to manage it. Thankfully for WIC I have learned so much and feel confident to be an exclusive breastfeeder with my second baby to come.

– LIZ, LA 43

Breastfeeding is the purest Love I could show my baby, and made possible by my supportive husband and the help of lactation support from WIC.

– WENDY CONNER-CLIENT, COLLIN COUNTY WIC, LA 71-03

I had my first child at age 21, he is now 13 years old, he was breastfed for 2 years! I know it is a long time, but is good for our kids because they acquired all the necessary vitamins. My other child I only breastfed for 5 months! And now I have two beautiful babies (twins) and I'm thinking of breastfeeding until my breasts finish producing breastmilk. My advice: do not stop providing breastmilk to your babies, it is very good. In my country Cuba, it is normal to breastfeed, and this was my personal decision with my twins. WIC has been a great support.

– LETY LOPEZ, LA 071-01

I love that my body is able to breastfeed my children. My 3-year old was a year old when I took her off my breast. She just recently got sick because she is in daycare with other sick children, but before this my daughter was never sick. Breastfeeding is the best and I wish formula was not an option for those who are able to breastfeed.

– SAMANTHA, LA 43

Breastfeeding is something I always wanted to do. I was always told if I felt pain I was doing something wrong. Sure enough I had a bad latch. I came into the WIC office and received a lot of help and fixed baby's latch.

– GABBIE CAMACHO-PEER COUNSELOR, LA 89

Breastfeeding is the best because I was able to provide my children with the best nutrition that will have life-long benefits; not only for them but for me too! It has been an incredible experience and the most precious gift to my daughters.

– MICHELE, LA 43



It has been such a wonderful experience breastfeeding my son. It has given us a mother and child bond that will last a lifetime, and has provided me with a life lesson I'll never forget. With the help of WIC staff I continuously learn more about breastfeeding each day. It's been awesome.

– LA DAYZA PRYOR- WIC BREASTFEEDING PEER COUNSELOR, LA 27

I could not have breastfed without my friends and coworkers. My mom didn't breastfeed, so I just had the other people around me. Several of my friends had breastfed and they helped me get him to latch and my coworkers gave me the encouragement to keep it up even when things got rough.

– MEGAN SMITH-WIC
NUTRITIONIST, LA 31– 03

I decided to breastfeed when I understood that it was the best nutrition for my daughter. Even though she is my second baby, I had no breastfeeding experience. I had plugged ducts due to my overproduction of milk, and my daughter only wanted my right breast. A year later, I am still breastfeeding and I have no regrets. I have a healthy, active, full of energy, happy daughter. I have been able to nurse on only one breast thanks to the support of my Peer Counselor, Reyna, my husband, my mother and my perseverance. I am a happy breastfeeding mom.

– ZAHIRA CRUZ-VAZQUES, LA 31– 02

Four beautiful babies and four different breastfeeding experiences. I must say that with my now 7-month-old, who was born at 31 weeks I would have never been able to achieve exclusive pumping for three months that turned into latching baby at four months without the phenomenal support from my family, friends, medical staff, and most of all my co-workers.

– VANESSA A. WILLIAMS- WIC CERTIFICATION SPECIALIST, LA 31– 04

My son was born with congenital heart defects. My husband requested a medical leave from his naval command to provide the support that I needed to breastfeed while tending to my son's medical needs in the hospital. My mother also came from San Antonio to Corpus Christi to handle my daily tasks so that I could focus on breastfeeding.

– CARMEN GOODWIN-NUTRITION COORDINATOR, LA 5

Breastfeeding was new to me being a first time mom so I did not really know what a good latch was or what it should feel like. I thought the pain was normal and took it like a champ for my baby girl. Once I learned how to get a good latch from the breastfeeding consultant at WIC, breastfeeding was a breeze from there on.

– SARAH SAENZ-CA/NUTRITIONIST, LA 89

From the very beginning I was having trouble latching my son on (first time mother) and not producing the amount that I need. Thanks to my spectacular support system — my mother and an amazing lactation consultant who have gone above and beyond — I can be comfortable with supplementing for the happiest baby on the block.

– AMANDA HAYS WIC PARTICIPANT
LA 56 (SAN ANGELO)



Breastfeeding kept my family closer, more bonded. My husband was my hero while I breastfed our son. He kept me nourished. I got feet massages and back rubs. He also let me know how happy and proud he was with our decision of exclusively breastfeeding. He encouraged me not to give up. Here I am now breastfeeding our 2-year-old son.

– LYSETTE MARTINEZ WIC BREASTFEEDING PEER COUNSELOR, LA 59

Without Natalie Hill, IBCLC, recognizing a potential lip tie I would have likely given up after a month of pain and frustration. After fixing it, my baby latched beautifully. Having a husband who supported me did wonders. I could not have gotten through all of the late nights and growth spurts these past six months without him. Last but not least I have to give a standing ovation to my employers, Grayson County W.I.C.

– MORGAN PENN, WIC CLERK/NUTRITIONIST,
LA 10

We had a very rocky start with Isaiah. We were told that he might want to feed every hour or two as a newborn. It seemed more like every 30 minutes. My husband is a WIC Peer Dad and he explained that some latches were just for comfort and bonding and our son may not be eating. We joked that I was a human pacifier. One month later Isaiah smiles when he sees his father or sister and when he sees me he makes an “O” face.

– ELISA LOPEZ AND JULIAN WYMAN-PEER DAD,
LA 89

After seeing my 8-year-old daughter hospitalized due to allergies I decided my future babies would not be formula fed. A local hospital made that extremely difficult to achieve due to the pediatric doctor pushing for formula. With all the frustration I was ready to do what the doctor ordered however, with the support of Christus WIC, the IBCLC visited my son in the NICU and assisted with the latch. The WIC staff were available 24/7 and after numerous texts, phone calls and visits to the office my baby and I mastered the latch and exclusively breastfed. He gained the weight needed for the doctor to release him and discontinued periodic weigh in visits. Now on my 3rd child, this office continues to support my goal to not formula feed. Lots of love to my Christus Santa Rosa WIC staff!

– BERTHA CHAVIRA-PEER COUNSELOR/WCS, LA 89

Iove starting out with breastfeeding to Sue Lamb who was a WIC IBCLC when I was a teen mother on the WIC program. She encouraged me to attempt giving my breastmilk to my 5-pound baby and since then we continued. I am currently holding the Breastfeeding Coordinator, IBCLC, and peer counselor position with the San Angelo WIC Office. I am a mother of 4 and nursed all of my children due to the breastfeeding support and knowledge that I have received.

– PETRA ORROSQUIETA, BF COORDINATOR
LA 56 (SAN ANGELO)

I have worked for WIC for almost 24 years now. My four children have been around nutrition and breastfeeding information all of their lives. My son who is now 15 years old and stands very tall at 6 feet 8 inches, always tells me that if I were to put his picture next to my desk it would encourage all moms to also breastfeed so their children might grow up to be giant like him! Also, he tells his sisters that they don't have a choice when they become mothers that they will breastfeed his nieces and nephews.

– JUANITA A. VILLALOBOS WCS, LA 27

Breastfeeding the Newborn with Special Needs

by Linda Zeccola, RN, IBCLC
Former WIC Training Specialist



New mothers with full term healthy infants usually have a lot to learn about breastfeeding. When the newborn however, has a challenge like cleft palate, congenital heart defect, or down syndrome, breastfeeding may not seem possible. The benefits of human milk are especially important for the infant with medical problems. Human milk helps the baby fight infection, and develops the brain, nervous system and vision. Since mother's milk is like a medicine for a baby with special needs, parents need to be given education about human milk so they can make an informed decision.

The new parents probably get some information during the pregnancy about the baby's condition, but there are still surprises and adjustments when it comes to caring for the infant. Since the baby may go into the neonatal intensive care unit right away, mom would need to start and maintain a milk supply without her baby.

The baby may also remain in the hospital for a long time, or face multiple surgeries in the coming months. Mothers can become discouraged, and stop their efforts to breastfeed. Let's look at some of these challenges and how they affect breastfeeding. It is important to refer these moms to an International Board Certified Lactation Consultant (IBCLC) for assessment, feeding plan, and support. Texas WIC has four lactation support centers with IBCLC's if the mom does not have access to an IBCLC in her area. WIC staff need to give mom continuing help, and check in to see how the mother is coping, and feeling.

Congenital Heart Defect (CHD): Any functional or structural defect in the

heart or major blood vessels. 40,000 infants are born each year in United States with CHD.

- Cyanotic infants (turning blue) generally have more interventions: longer use of ventilator, longer hospital stay and delays in achieving feeding milestones.
- Colostrum as the first feed is very beneficial; if the infant is not allowed oral feedings, the parents can dip a sterile swab in mother's milk and coat the inside of baby's mouth with it.
- Infants with complex cardiac conditions are at risk for long term feeding challenges and growth failure.
- Skin-to-skin care is helpful to both baby and parents: it helps the baby have a more stable heart rate and respiratory rate, better rest, and faster weight gain. Skin-to-skin helps the parents bond with their baby and often mothers are able to pump more milk after skin-to-skin time.
- Suckling at the breast is not stressful to babies, but a baby may have limited energy, and not transfer enough milk.
- CHD infants may need tube feedings for a prolonged period.
- Moms need to pump often to protect their supply.

Cleft Lip: An opening in the lip: if this is the only cleft, breastfeeding is often successful. Moms often need help with latch and position.

Cleft Palate: The roof of the mouth (palate) is formed between the sixth and ninth weeks of pregnancy. A cleft palate happens if the tissue that makes up the roof of the mouth does not join together completely during pregnancy. For some babies, both the front and back parts of the palate are open. For other babies, only part of the palate is open. Each year in the United States, about 2,650 babies are born with a cleft palate.

- Refer to the cleft palate team — surgeon, orthodontist, dentist, speech language pathologist, audiologist, nurse, ear, nose and throat doctor (ENT) and others.

- Many babies with cleft palate are unable to form a seal on the breast, and generate suction to breastfeed effectively. Feeding can take a long time. Poor feeding skills are common and can last for many months. Milk can come back up through the nose.
- It's important for mom to begin pumping right away: make arrangements to get a multi-user hospital grade pump for home use.
- Skin-to-skin time in the hospital and at home helps with bonding and milk supply.
- Parents will likely need to learn to feed their baby with a special bottle like the Haberman feeder or other bottles that are squeezable.
- After corrective surgery, the baby may be able to learn to fully latch and suckle effectively at the breast. However, the surgery may not happen for several months.

Down syndrome: is a genetic condition that is usually caused by an extra copy of the twenty-first chromosome. It occurs once in every 700 to 800 live births, and is not related to race, nationality, religion or socio-economic status. While the age of the mother can be a factor, 80 percent of people with Down syndrome are born to parents under the age of 35 (the average age is 26).

- Common medical issues for children with Down syndrome (many of which are corrected through surgery or medical treatment) include hearing deficits, congenital heart disease, intestinal abnormalities, cataracts, hypothyroidism, and sleep apnea.
- Babies with Down syndrome usually have developmental delays. Early intervention like occupational and speech therapy helps babies meet their milestones.
- Most babies with Down syndrome have low muscle tone at birth. This usually improves with time, and physical therapy can help. Low muscle tone can lower the effectiveness of the newborn's suck, and the ability to take enough milk at the breast. The mom may

(Continued on page 20)

Breastfeeding the Newborn with Special Needs

(Continued from page 19)

need to pump after her baby breastfeeds to remove more milk, and give her baby the extra milk with a bottle.

Counseling: If you are counseling the family with a special needs infant, you might be tempted to suggest using supplemental devices like the Supplemental Nursing System (SNS), cups, spoons, droppers, and syringes with babies who need to get more milk than they are able to transfer from the breast. However, feedings with these devices can take a long time and exhaust the mom and baby. The SNS requires the infant to create suction, which is very difficult for the baby with cleft palate. Spoons, cups and syringes do not provide the baby with the opportunity to suck and do not teach the baby how to use the tongue properly. After day five of life, infants need to steadily gain weight, and need to eat at least two ounces per feeding, eight times a day. It is very difficult to provide this amount via a spoon, dropper or cup. If a baby needs to get extra milk at every feeding beyond the first week, offer an option that is safe, affordable and efficient, such as a Haberman feeder for a cleft palate infant or a bottle for a Down's syndrome baby.

Some mothers put their baby to breast at each feeding time, and then pump after the baby comes off the breast in order to remove more milk. This provides breastmilk for the baby and protects her milk supply. The mother can try to remain one step ahead: the milk she collects at the end of one feeding can be used at the next feeding time. As soon as her baby wakes for the next feeding, mom can take that bottle out of the refrigerator and warm it, so that it is ready right after the baby is done breastfeeding. Either the mother or a helper can offer the bottle. If a helper is present, mom can pump while her baby is drinking from the bottle, saving time and energy for the mother.

This routine (called triple feeding) is very demanding and hard to continue for any length of time, especially when there are other children in the home. You might suggest this: At night when the baby awakens, dad or another

helper gives the baby a bottle while mom pumps. Then the baby and parents go back to sleep. In the morning, the mom resumes triple feeding. Many mothers say this is the only way they can get enough rest.

Some babies, with time and maturity, or after surgery, are able to latch and effectively remove milk from the breast. Then mom can discontinue using the pump and giving bottles. Other infants with a more complicated course may need feeding tubes or bottles for several months. Breastfeeding or providing a special needs infant with breastmilk can be challenging, but it can offer the special rewards of closeness and better health.

Resources:

- TX parent to parent: peer support for parents of children with special needs: <http://www.txp2p.org/index.html>
- National Down Syndrome Society (NDSS) (800) 221-4602 www.ndss.org
- National Down Syndrome Congress (NDSC) (800) 232-6372 www.ndsccenter.org
- [Navigatelifetexas.org](http://www.navigatelifetexas.org)
- American Association of people with disabilities-www.aspd.com
- www.dars.state.tx.us
- American Cleft Palate-Craniofacial Association (ACPA); <http://www.acpa-cpf.org/>
- Cleft Palate Foundation (CPF); <http://www.cleftline.org/>



Lactation Support Centers: Expert help with breastfeeding, at no cost. Staffed by RN and IBCLC. Call for an appointment.

- Mom's Place – Austin
800-514-6667 www.momsplace.org
- Lactation Care Center – Dallas
214-670-7222 www.lactationcarecenterdallas.com
- Lactation Foundation – Houston
713-500-2800 www.lactationfoundation.org
- Lactation Care Center – McAllen
956-292-7711 www.lactationRGV.com

The Latest Fish Recommendations

Katie Coyne, MS, IBCLC
Breastfeeding Coordinator



Fish is incredibly healthy for us. It is rich in protein and good fats that help with brain development in your growing baby. That being said, there are also healthy limits we want our pregnant and breastfeeding moms to stick to. Let's learn more about the latest recommendations from the Food and Drug Administration below. <https://www.fda.gov/downloads/Food/FoodborneIllnessContaminants/Metals/UCM536321.pdf>

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.*

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?



For an adult
4 ounces



For children,
ages 4 to 7
2 ounces

To find out, use the palm of your hand!

| Best Choices <small>EAT 2 TO 3 SERVINGS A WEEK</small> | | | OR | Good Choices <small>EAT 1 SERVING A WEEK</small> | | |
|--|-----------------------------|--|----|--|----------------------|--|
| Anchovy | Herring | Scallop | | Bluefish | Monkfish | Tilefish (Atlantic Ocean) |
| Atlantic croaker | Lobster, American and spiny | Shad | | Buffalofish | Rockfish | Tuna, albacore/white tuna, canned and fresh/frozen |
| Atlantic mackerel | Mullet | Shrimp | | Carp | Sablefish | Tuna, yellowfin |
| Black sea bass | Oyster | Skate | | Chilean sea bass/Patagonian toothfish | Sheepshead | Weakfish/seatrout |
| Butterfish | Pacific chub mackerel | Smelt | | Groupers | Snapper | White croaker/Pacific croaker |
| Catfish | Perch, freshwater and ocean | Sole | | Halibut | Spanish mackerel | |
| Clam | Pickrel | Squid | | Mahi mahi/dolphinfish | Striped bass (ocean) | |
| Cod | Plaice | Tilapia | | | | |
| Crab | Pollock | Trout, freshwater | | | | |
| Crawfish | Salmon | Tuna, canned light (includes skipjack) | | | | |
| Flounder | Sardine | Whitefish | | | | |
| Haddock | | Whiting | | | | |
| Hake | | | | | | |

Choices to Avoid HIGHEST MERCURY LEVELS

| | | |
|---------------|-----------|---------------------------|
| King mackerel | Shark | Tilefish (Gulf of Mexico) |
| Marlin | Swordfish | Tuna, bigeye |
| Orange roughy | | |

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH." / ADVICE UPDATED JANUARY 2017

by Eaton Wright, B.S., NUT
Nutrition Expert

Eaton Wright here to write about one of my favorite topics: the awesome goodness of breastfeeding. Not only does breastmilk have nutrients that no “latest-greatest” infant formula will ever have, the act of breastfeeding provides a physical and emotional closeness that is second to none.

Now on with the Test Your Breastfeeding IQ quiz.



Quiz:

1. True or False – Breastfed babies should be weaned when teeth first appear.
2. The consistency of a breastfed baby's stool has been described as all of the following, except:
 - a. Soft-served ice cream
 - b. Scrambled egg
 - c. Cornbread muffins
 - d. Pea soup
3. True or False – Colostrum is the 39th state of the United States of America.
4. True or False – Dad can breastfeed baby too.



Answers:

1. The answer is False. Baby's teeth come in at varying ages. And many babies do not bite at all, but those who do bite may be so startled by mom's reaction that they won't do it again. One tip: When a baby bites do not pull her off the breast. Instead, pull her in close. Her nose will be pressed against the breast and she will open her mouth to breathe.
2. Now that I've spoiled your appetite, I can tell you the answer is C, corn-bread muffins. Not only is the stool of breastfed babies soft and mushy, it can also change color from feeding to feeding — tan, yellow, green — kinda like my old Ford Pinto.
3. False. North Dakota is the 39th state in the union. Admitted in 1889, North Dakota is known as the Flickertail State because... Because? I don't know! I do know that flickertail is another name for Richardson's ground squirrel. The state march is the Flickertail March. Man, you really gotta love squirrels to name your state march after one.

Colostrum is the milk produced by the breasts in the first three to four days of breastfeeding. It is low in fat, and high in carbohydrates, protein, and antibodies that help to keep the infant healthy. Colostrum provides not only perfect nutrition for the infant but also large amounts of living cells which defend against many harmful agents. The concentration of immune factors is much higher in colostrum than in mature milk. Colostrum also contains high concentrations of leukocytes, protective white cells that can destroy disease-causing bacteria and viruses. Colostrum actually works as a natural and 100 percent safe vaccine. It contains large quantities of an antibody called secretory immunoglobulin A (IgA). IgA protects the infant in the places most likely to come under attack from germs, namely the mucous membranes in the throat, lungs, and intestines.

4. The answer is no... and yes. Of course, dad cannot breastfeed. But, once mom's milk supply is established through four to six weeks of exclusive breastfeeding, dad can feed baby breastmilk through a bottle. Take it from old Eaton, there is nothing more satisfying than being a dad with a purpose. I got pretty good at figuring out Orville's feeding... and pooping cues.

As always... Breastfeed your baby for a BIG baby brain and HEALTHY baby body.

And, don't forget Texas Law (Texas Health & Safety Code § 165.002) entitles a woman to breastfeed her baby in any Texas location in which the mother is authorized to be.

About the author: Eaton Wright is a certified NUT based in Austin, Texas.



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.texas.gov/wichd/gi/wicnews.shtm>

next issue:

Get the Scoop on the 2017 WIC Dietetic Interns



For information about subscriptions to Texas WIC News, email WICNewsSubscriptions@dshs.texas.gov or call 1-512-341-4888.