

# TEXAS WIC News

September/October 2017  
Volume 26 Number 5

**Now We're Cookin'!**  
Meet the 2017 Texas WIC Dietetic Interns



Special Supplemental Nutrition Program for Women, Infants, and Children



## Providing Ideas, Resources, and Support to Local Agencies

**T**his month we begin this issue about a sensitive topic; infant loss. Pregnancy and birth of a healthy baby is a big goal for WIC. Unfortunately, not all pregnancies have that fairytale ending.

October is Pregnancy and Infant Loss Awareness Month. On page four you will learn strategies to help moms and families cope when a new life ends prematurely. On page 10 we show you some additional resources available to families facing infant loss.

This edition of Texas WIC News also aims to provide local agencies with resources for outreach. We invited other state agencies and non-profits to share how they can help local agencies with their individual goals. Those articles begin on page eight.

The next generation of graduates from our WIC dietetics program and scholarship are ready to become resources for

clients and clinic staff. Through specific projects and tasks, they are prepared to head back to their local agencies, ready to address the challenges our clients face. You can meet them on page 15.

You will see there is an underlying theme of resources in this edition. Whether it's coping with tragedy or establishing new referrals, the state agency's goal is to provide local agencies ideas, resources and support to achieve your objectives. We hope this issue puts you one step closer.



**From the desk of Edgar Curtis — Texas WIC Director**



in this issue

**A  
Recipe  
for  
Success!**

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**TEXAS**  
Health and Human  
Services



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# Pregnancy and Infant Loss Awareness Month



by Katie Coyne, MS, IBCLC  
Breastfeeding Coordinator

*“When a child loses his parent, they are called an orphan. When a spouse loses her or his partner, they are called a widow or widower. When parents lose their child, there isn’t a word to describe them.”*

—PRESIDENT RONALD REAGAN

About 30 years ago, President Reagan declared October to be Pregnancy and Infant Loss Awareness Month. Because miscarriage and infertility remain personal and private topics, many women feel very alone in their journey. What women may not realize is the unexpected number of women surrounding them who have also experienced miscarriage. American College of Obstetricians and Gynecologists recognizes that 10-20 percent of known pregnancies end in the first trimester. Infant loss is yet another heartbreaking statistic, with the Centers for Disease Control and Prevention reporting for every 1,000 babies born almost six die within the first year of life. The largest factors for infant death are birth defects, preterm delivery, maternal complications of pregnancy, Sudden Infant Death Syndrome (SIDS), and other injuries. I share these statistics to illustrate how often these tragedies happen.

But families who experience pregnancy and infant loss don't simply feel like a statistic. Instead, they feel their world collapsing. When anyone loses someone they love, there seems to be a void that cannot be filled — especially when that someone is your child. Miscarriage and infant loss come with a unique type of grief. Many women who miscarry may feel as though they don't have proof of that loss, or that no one really understands the depth of their loss. When families lose an infant, there may not be years of memories to cling to, but instead the loss of a life imagined. Anything that was dreamed for that child, like



playdates on the swing set, watching them play sports, or walking them down the aisle, will now never come to fruition. There may also be an immense amount of guilt around these types of loss. Mom may replay everything she did during her pregnancy to figure out how things could have turned out differently. It doesn't matter the science behind the infant's death, the mom guilt starts even before that baby is born.

When working with these moms in the WIC clinic there are a few things for you to consider.

1. It is painfully difficult to be in a clinic surrounded by pregnant women, babies, and children after loss. This mom may seem disconnected and want to get in and out as soon as possible. Be sensitive to this. She may see a car seat that she ordered for her infant, but it is sitting empty at home. She may see an older sibling loving on their newest addition and feel like her older child will never get to experience that. Try your best to not make her wait too long in the waiting area because it's hard to be anywhere near these triggers.
2. Do not ignore what happened. As a new WIC employee, fresh out of college, I clearly remember the first client I saw who was postpartum but didn't have a baby. I was slightly confused at first and then it clicked. I had no idea what to say, so I didn't say much. I wish I knew then what I know now. If you don't have the words, it's okay, here are a few simple things you can say:

*"I'm so sorry for your loss."*

*"I don't always know the right thing to say, but I'm sorry. We are here for you."*

If you feel more comfortable in these situations, it means the world to ask mom about her baby, in the case of infant loss. Ask her if she named her baby and use her baby's name. She may appreciate the gesture and recognize that her baby will not be forgotten. She may even offer to show you a picture.

3. If you have experienced a miscarriage, or even the loss of an infant, I would not recommend saying "I know how you feel." It is so tempting to share your story hoping it will help this mother, and there is nothing wrong with that. Merely keep in mind that even if you have been through exactly what this mom has been through, those words are painful to hear—because honestly, no one really knows how she feels. All of our stories are unique.
4. Share resources with her. On page 10 we have a list of helpful websites, agencies, and support groups that can help families of loss navigate through their grief. Be sure to do your own research as well. Your local community may have many more resources for your moms. Most women don't know where to go for help, and after loss they lack the energy to weed through all the websites out there. WIC can serve as that bridge to get our mothers the support they need.

This month, take the time to educate yourself. Find local resources. Ask friends or family members who have been through pregnancy or infant loss what was helpful to them, keeping in mind that everyone grieves differently. I challenge you to consider hanging a sign in your clinic in honor of Pregnancy and Infant Loss Awareness Month. Host a support group at your WIC clinic that allows for time to honor their lost babies and discuss local resources for your moms. Finally, remember that these families are not just statistics, but are grieving possibly the largest loss they will ever experience. Your kindness and compassion has a lasting impression in a very dark time of their lives.

#### Resources

- Centers for Disease Control and Prevention. Infant Mortality. September 28, 2016. <https://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality.htm>
- American College of Obstetricians and Gynecologists. Practice Bulletin: Early Pregnancy Loss. May 2015. <http://www.acog.org/-/media/Practice-Bulletins/Committee-on-Practice-Bulletins—Gynecology/Public/pb150.pdf>



## Pregnancy After Loss



Every day in WIC Clinics, pregnant and postpartum women are provided information on prenatal nutrition, ways to reduce nausea, heartburn, weight recommendations, and breastfeeding. These are relevant topics during a woman's pregnancy, as she is experiencing physiological changes in her body and planning the arrival of a baby. The excitement and anticipation of a new baby is shared by the entire family.

But when a pregnancy ends in the loss of her infant, emotions quickly transition from excitement to extreme sadness. Women may struggle with the thought of going through another pregnancy with feelings of uncertainty, fear, anxiety and sometimes guilt.

This month we focus on pregnancy and infant loss awareness. To better understand concerns surrounding pregnancy after loss, and how to support these moms, I interviewed Dr. Pamela Berens, Professor of Obstetrics and Gynecology, McGovern Medical School at UTHealth and attending physician at Children's Memorial Hermann Hospital.

### **How long should a woman wait to conceive again after experiencing infant loss, stillbirth, or miscarriage?**

- The recommended interpregnancy interval is at least 18-23 months but less than 60 months. This recommendation comes from data that suggest that short interpregnancy intervals are associated with an increased risk of preterm birth, low



birth weight, small for gestational age infants, increased neonatal mortality risk/still birth risk, increased maternal anemia and increased risk of uterine rupture for women with a prior cesarean delivery.

- For a woman who has experienced an infant loss, I recommend individualizing. There is often a risk versus benefit balance. For instance, if she had a preterm birth and newborn loss — I recommend waiting at least 18 months. On the other hand, if a woman is over 40 then I probably wouldn't want to have her wait that long as her fertility may be reduced and she may be at greater risk for other age related pregnancy complications.
- For women who have experienced miscarriage, there is little data to recommend waiting. Traditionally people had said “6 months” but this is probably more of a psychological issue for the mother rather than a risk for the future pregnancy. Overall miscarriage is pretty common (one in five pregnancies). The woman needs to be emotionally okay as there is a risk miscarriage could happen again. I typically recommend that my patients can attempt pregnancy again after their next normal menstrual cycle when they have had a prior miscarriage.

**What tips do you provide to women wanting to conceive after loss that would help her have a healthy pregnancy?**

- Continue to take prenatal vitamins if planning pregnancy soon.
- Take a folate supplement for three months prior to pregnancy.
- For obese women, try to lose weight prior to pursuing pregnancy.

- Refrain from recreational drugs (including marijuana) and excessive alcohol.
- Decrease cigarette smoking (or stop if possible).
- Avoid eating fish with high mercury levels.
- Review medications for safety prior to pregnancy and address any medical conditions that impact pregnancy. For instance, diabetes needs to be well controlled when considering pregnancy. A high hemoglobin A1C (indicative of poor sugar control) is associated both with miscarriage, stillbirth and birth defects. Women with hypertension need to make sure their blood pressure is well controlled and that they are on a medication that is best for pregnancy.

**Do you find unique characteristics of pregnant women who have previously experienced loss that changes how you would approach their care?**

Yes, these women often have more anxiety in future pregnancy. I do feel that it changes my approach. I am more likely to screen them earlier in their pregnancy for depression. I am also more likely to have them come to visits a bit more frequently if they desire to hear the baby's heartbeat to reassure them. I typically will do an ultrasound around six-seven weeks to show them there is a heartbeat. We also routinely perform an ultrasound at 20-22 weeks to look at the baby's anatomy, which is not different from our usual care.

**What do you feel WIC can do to help mothers through their pregnancy?**

I think a support group and literature about

*(Continued on page 8)*



## **Pregnancy After Loss**

*(Continued from page 7)*

where to go for help if they need it is very important. We actually have a support group in our clinic, once a month, that we offer mothers who have experienced a loss. Giving mothers resources for where they can turn is critical! Different mothers need different assistance. I take care of a large number of women who have babies with anticipated problems and having social workers, support groups, increased depression screening during the pregnancy and postpartum time and WIC support if needed can be very valuable. The Edinburgh Postnatal Depression Screen (EPDS) can be used to screen moms and then be able to refer moms with a positive screen to a healthcare provider who could help them. Our OB and pediatric clinics use the EPDS. Anyone with a positive screen is offered a visit with our social worker and also a home visit program.

Occasionally, I have a mom who has lost a baby who wants to pump breastmilk and donate it. It really depends on the mom, but I have had women tell me it has helped them.

It can be so hard to know what to say to a mom who has experienced loss. Here are a few helpful counseling tips when she visits the WIC clinic:

- Listen to the mother as she shares her experience, you may be the only person with whom she has shared her feelings. Be sensitive to the fact that this pregnancy comes with emotions and concerns that she may have not had in her previous pregnancy.
- Use the name of the infant if the mother

has shared that with you.

- Often, when a mother is emotional, you don't need to use VENA counseling. It is okay to document the situation. Most importantly, provide a listening ear and any resources she may need.
- Use the Edinburgh Postnatal Depression Scale as a tool to help refer mothers who are at risk for postpartum depression to her health-care provider. Remember that we cannot diagnose depression, but we can always refer and provide support.

Many women come to WIC, each with a unique situation. Providing individualized counseling for the different experiences can help a woman navigate through a rough time in her life. WIC benefits such as counseling and referrals can make a difference. WIC helps connect moms to local programs and obstetricians.

In addition to the resources for pregnancy and infant loss on page 10, here are a few more resources:

- Pregnancy After Loss Support [https://pregnancyafterlosssupport.com/wp-content/uploads/2015/07/Tips\\_For\\_Professionals.pdf](https://pregnancyafterlosssupport.com/wp-content/uploads/2015/07/Tips_For_Professionals.pdf). This handout provides tips and tools for health-care professionals who are working with pregnancy after loss.

Links to downloadable Edinburgh Postnatal Depression Scale (EPDS)

- Edinburgh Postnatal Depression Scale Spanish [https://colorado.gov/pacific/sites/default/files/PF\\_EPDS-Spanish\\_0.pdf](https://colorado.gov/pacific/sites/default/files/PF_EPDS-Spanish_0.pdf)
- Edinburgh Postnatal Depression Scale English <https://pesnc.org/wp-content/uploads/EPDS.pdf>



# Services Provided by Early Childhood Intervention

by Jean Origer, MSW

Interagency Coordination Specialist, Early Childhood Intervention  
Health and Developmental Services

The Health and Human Services Commission (HHSC), Early Childhood Intervention (ECI) program is a state-wide comprehensive system of services that provides early intervention for infants and toddlers age birth to 36 months of age who have developmental delays, disabilities, or a medical condition likely to lead to a developmental delay.

## ECI and Infant and Toddler Development

ECI helps babies and toddlers learn skills that typically develop during the first three years of life. ECI services address enrolled children's growth across all developmental domains such as:

- Cognitive (thinking, learning, solving problems)
- Language (talking, listening, understanding)
- Fine and gross motor skills (reaching, grabbing, rolling, walking, sitting)
- Social/emotional development (interacting with others, controlling emotions, feeling secure)
- Self-help skills (eating, dressing)

## ECI Services

ECI provides a variety of services through a diverse set of professionals. Examples of services include:

- Hearing and vision educational services
- Speech, occupational and physical therapy services
- Nutrition services
- Specialized skills training
- Counseling
- Assistive technology
- Case management

Parents are involved in every part of the ECI service from developing an annual Individualized Family Service Plan (IFSP), revising the IFSP to ensure it is responsive to their needs and actively participating in services with ECI professionals.

## Eligibility for Services

ECI determines eligibility for infants and toddlers living in Texas who are birth to 36 months of age based on one or more of the following criteria:

- A medically diagnosed condition
- An auditory or visual impairment
- A developmental delay

## Important Information to Know

### • *How do I find ECI services in my community?*

ECI provides services in every Texas County through a variety of organizations such as Community Health Centers, private non-profits, independent school districts and Educational Service Centers. To find a local program in your area go to the ECI Program Search.

### • *Who can refer children to ECI?*

Anyone can make a referral to ECI who suspects a child may have a developmental delay. Professionals who provide services to families and children often refer children to ECI. When referring families to ECI, the best approach is to explain ECI services, make the referral together or inform the family a referral will be made on their behalf.

### • *How can I find a list of medical diagnoses for ECI?*

Certain medical diagnoses that can lead to a developmental delay can qualify children for ECI. These can be found on the ECI website under "Medical Diagnosis."

### • *Does ECI have publications I can share with families?*

ECI brochures are available to the public and can be ordered through the ECI online ordering system at no charge. The system is user-friendly and allows orders to be placed quickly and efficiently. Organizations or individuals can create their own "public ordering" account to order materials.

- Learn more about ECI from families who participated in ECI services by viewing "Texas ECI: Family to Family" video.

For more information about ECI services, please contact the ECI state office at 512-424-6754 or visit the HHSC Early Childhood Intervention website.



# Resources for Pregnancy and Infant Loss

Submitted by Katie Coyne, MS, IBCLC | Breastfeeding Coordinator

There are many support groups and online resources for women who experience pregnancy and infant loss. After such a tremendous loss, it is so difficult to even know where to begin. There are a lot of resources, so we have provided a basic list you may want to share with your moms—or use to do more research yourself.

Again, we encourage you to dig further to find your local resources. On top of the websites below, a good place to begin would be your local hospitals — many offer support groups. It takes time, but searching “pregnancy loss support” or “infant loss support” with your city name can surface so many other organizations that we haven’t listed here.

## **Hand to Hold | [www.handtohold.org/support/grief](http://www.handtohold.org/support/grief)**

Hand to Hold is an organization that provides an immense amount of support, education, and resources for parents of NICU infants. They also provide help for bereaved parents, with planning memorials and remembrances, finding support groups, and sharing other parent’s stories of loss. This website is a rich resource for WIC staff.

## **Share Pregnancy & Infant Loss Support | [www.nationalshare.org](http://www.nationalshare.org)**

“Share” is a place for parents, grandparents, and siblings to find help after loss. This is a national organization that provides phone support, group meetings, online communities, help with memorial planning, and more. There are currently only two chapters in Texas.

## **M.E.N.D. | [www.mend.org](http://www.mend.org)**

Mommies Enduring Neonatal Death (M.E.N.D.) is a non-profit and another place for women to find support groups with at least 4 chapters in Texas and Facebook support groups. Their site also has a very large list of infant loss organizations.

## **National Suicide Prevention Lifeline | 1-800-273-8255**

It can be very difficult to tell the difference between normal grief, clinical depression, and postpartum depression. If mom is having trouble with basic functions, feels completely hopeless, she needs to call 9-1-1 for immediate help. For free confidential and emotional support, she can contact the National Suicide Prevention Lifeline. If she is looking for a counselor, another option would be to contact her health plan to see what is covered for mental health.

## **Faces of Loss | [www.facesofloss.com](http://www.facesofloss.com)**

Here, moms can simply read other women’s stories. Their stories of miscarriage, of stillbirth, and of infant loss. They can also submit their story if they feel it would help in healing.

## **Now I Lay Me Down to Sleep | [www.nowilaymedowntosleep.org](http://www.nowilaymedowntosleep.org)**

A non-profit organization that has volunteer photographers across the nation. For families who know they will lose their infant, perhaps of an illness or genetic syndrome, this organization will take beautiful pictures to commemorate the life of the baby—pictures and memories the parents will cherish forever. Their site also has different resources for families, including keepsakes, support groups, and other agencies.



## Amazing Body 101: What Role Does Dietary Fat Play in the Human Body?

CONTRIBUTED BY MONICA SILVA, TEXAS STATE DIETETIC INTERN

It may seem early but the holidays are on their way, this is a time for friends, family, and food! There will be an abundance of good smells and good eats, and because around 15 percent of people may gain five or more pounds during the upcoming holiday season, we have a reason to keep an eye on rich foods. You are more likely to gain weight if you eat fatty foods, because each gram of dietary fat contains about nine calories, while protein and carbohydrate only contain four calories/gram — it's twice as calorie dense. So it's easier to consume more total calories with less food if the food is high in fat.

**Some fat in our diet is necessary and important.** We know that cholesterol and other fats can lead to disease, and so we need to be careful how much fatty food we eat. While too much fat isn't good for our bodies, some fat is needed for storing energy, keeping us warm, and insulating our body organs. Fats also help our body use vitamins A, D, E, and K. These vitamins are “fat soluble” vitamins and must be carried through the body with the help of lipids (fats). Fats are also important for blood clotting, controlling inflammation, and brain development. Healthy fats can even prevent holiday weight gain.

**How does the dietary fat in food become usable in our bodies?** Our digestive system will breakdown dietary fat from food into smaller units, called fatty acids and a glycerol molecule. Digestion starts in the mouth, where food is chewed into smaller pieces and then swallowed (refer to TWN November/December 2016 issue for an overview of digestion). Swallowing helps the esophagus deliver the food from the mouth to the stomach. When the small pieces of food enter the stomach, it is mixed with stomach acid and broken down further. The food then passes through the stomach and is slowly released into the small intestine.

**The fatty acids from food enter the blood stream through the small intestine.** Within the outer layer of the small intestine, fatty acids will be grouped together with cholesterol and pulled into the blood stream by tiny transporters called lipoproteins. Lipoproteins keep cholesterol and fatty acids together so they are delivered to muscles, liver, and fat tissues. The number of lipoprotein transporters present in the body and the delivery of fatty acids are controlled by how much energy the body needs and the length of time since our last meal.

**The body stores fatty acids as fat in the liver and fat tissues.** This process takes place within the fat and liver cells. When other energy sources are used up, the body will start breaking down fat tissue for energy. It takes more energy to breakdown fat tissue into fatty acids than to form it, so the body will not choose to breakdown fat unless extra energy is needed. Exercising regularly tells the body that it needs more energy and uses the stored fat for energy. Knowing about how many calories we need each day helps us know how much fat we should be eating in our diet.



*Healthy fats*

*(Continued on WWW — Insert B)*



## Smart and Mindful Eating

CONTRIBUTED BY: ALEXANDRA MCKEE, TEXAS STATE DIETETIC INTERN

Mindful eating, smart snacking, ranking our food options, and watching portion sizes are some great ways to stay in line with your nutrition goals even when less healthy choices are around you.

### Mindful Eating

Mindful eating is a way to slow down and truly experience our foods by using all of our senses. By doing this we appreciate each bite of food and feel pleased with eating less. By using mindfulness we listen to when our body is full as well as not going too long without eating so that our body is too hungry and we eat too much.

### Smart Snacking

If we are really hungry before we eat (think close to starving on the hunger scale) our bodies tend to want sweet and fatty foods, and we may want to eat too much of those foods. To avoid this, try having a small meal or snack in the hours before the event. Try to include some fiber and a protein source in these meals (almonds + hummus, whole grain crackers + a slice of turkey meat etc.). This will help you feel full for longer and steady your blood sugar to decrease fat creation from sugars.

### Prioritize and Portion Sizes

Plan to bring a healthy dish to the party. This may be a welcome change for other guests and is something you can fill up on. When you are checking out the food options, choose 2 or 3 that are your most favorite and pick out others that you can live without. Start with a small amount of each, small enough to fit in the palm of your hand, then see how you feel after eating that amount. After using mindfulness to check your hunger scale, if you feel like you need more, add a little more at a time. Using a smaller plate or sticking to one plate of food can be another great tip.

## Role of Dietary Fat

*(Continued from WWW — Insert A)*

### Resources

- Clayton D, Stensel D, Watson P, James L. The effect of post-exercise drink macronutrient content on appetite and energy intake. *Appetite* [serial online]. November 1, 2014;82:173-179. Available from: Scopus®, Ipswich, MA. Accessed March 1, 2017.
- Yanovski J, Sovik K, Nguyen T, Yanovski S, Sebring N, O'Neil P. A prospective study of holiday weight gain. *New England Journal Of Medicine* [serial online]. March 23, 2000;342(12):861-867. Available from: Scopus®, Ipswich, MA. Accessed March 1, 2017.
- Hull H, Hesterand C, Fields D. The effect of the holiday season on body weight and composition in college students. *Nutrition And Metabolism* [serial online]. December 28, 2006;3. Available from: Scopus®, Ipswich, MA. Accessed March 1, 2017.
- Stevenson J, Krishnan S, Stoner M, Goktas Z, Cooper J. Effects of exercise during the holiday season on changes in body weight, body composition and blood pressure. *European Journal Of Clinical Nutrition* [serial online]. May 22, 2013; Available from: Scopus®, Ipswich, MA. Accessed March 1, 2017.
- U.S. National Library of Medicine. Dietary fats explained. <https://medlineplus.gov/ency/patientinstructions/000104.htm>. Last updated August 22, 2016.



## recipe

### Turkey and Balsamic Onion Quesadillas

Makes 4 servings

These non-traditional quesadillas call for deli turkey but would be great with your Thanksgiving leftover turkey!

#### Ingredients:

- 1 small red onion, thinly sliced
- ¼ cup balsamic vinegar
- 4 10-inch whole-wheat tortillas
- 1 cup shredded sharp Cheddar Cheese
- 8 slices deli turkey (or leftover turkey slices)

#### Preparation:

1. Combine onion and vinegar in a bowl, let marinate for five minute. Drain, you can reserve the vinegar for another use, such as a salad dressing.
2. Warm two tortillas in a large nonstick skillet over medium-high heat for about 45 seconds, then flip. Pull the tortillas to the sides of the skillet, so they are no longer over lapping. Working on one half of each tortilla, sprinkle ½ of the cheese, cover with two slices of turkey, and top with ¼ of the onions.
3. Fold the tortillas in half, gently press with a spatula and cook until the cheese begins to melt. Flip and cook until the second side is golden, one to two minutes more. Repeat three more times.

#### Nutrition Information Per Serving:

333 calories, 12 g total fat (6 g saturated fat), 51 mg cholesterol, 33 g carbohydrate (2 g dietary fiber), 21 g protein, 8 g sugar

Source: From EatingWell.com

<http://www.eatingwell.com/recipe/252104/turkey-balsamic-onion-quesadillas/>



### Texas Seasonal Produce

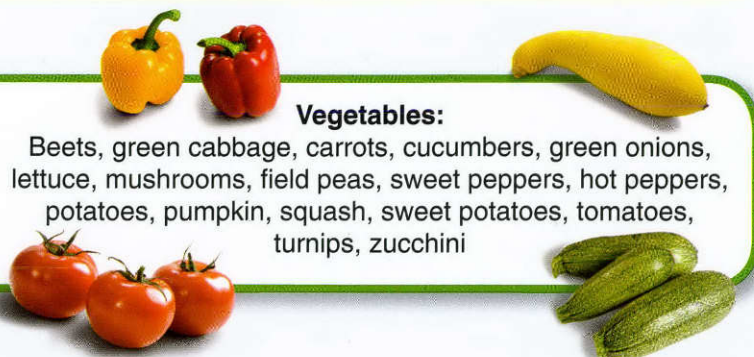
#### Fruits:

Apples, cantaloupe, honeydew, oranges, pears, persimmons, watermelon



#### Vegetables:

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





## Local Agency Spotlight

A big CONGRATULATIONS to Local Agency 56 staff members in San Angelo, who participated in a 10 week weight loss challenge. The six team members lost a total of 111.3 pounds with an average weight loss of 9.91 percent. The ladies competed against 13 other city teams. The team plans on continuing to live a healthy life style and set a good example for our clients and their families. Way to go!



*From left to right: Crystal Solis, Becky Guerrero, Katie Fairchild, Martha Taylor, Lorena Espinosa, and Noemi Benson.*



## Mind Games

**Try this quick mindfulness exercise before your next meal and before a party:**

- Take a moment to close your eyes and think about how hungry you are — are you even hungry? Describe your hunger from 1 to 10.
- Where do you feel hunger? In your stomach, your mouth, your brain?
- What are you hungry for? What food do you want to nourish your body with?
- Say a thought of thanks (silently if you want) for the food in front of you.
- Open your eyes and enjoy your meal, taking time to chew well, and try to make your meal time at least 15 minutes. Take time to sit and think about how the meal has helped you and try not to run off right away, but continue mindfully into the rest of your day.

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@hhsc.state.tx.us](mailto:Katie.Oliver@hhsc.state.tx.us) or 1-512-341-4596.



# Providing Access to Justice: One Call at a Time

by Scott Constantine, Managing Attorney, and Crystal Leff-Piñon, Staff Attorney


Having an open Child Protective Services (CPS) case or investigation can be one of the scariest, most stressful events in a parent or family member's life, yet many people don't know where to turn to ask their legal questions about the CPS process. Often, people don't have a lawyer to call due to the stage of the case, their particular relationship to the child, or their income, and they don't know where to go to get the information they need. The Family Helpline, a statewide free legal service provided by the Texas Legal Services Center and generously funded by the Texas Access to Justice Foundation, the Children's Commission, and the Children's Justice Act, was created in order to fill that gap and answer those questions. The Helpline provides free legal information and education to callers regarding any part of the Texas Child Protective Services process, even if a case is closed or if there is only the possibility of a CPS investigation, and all calls are anonymous.

Staffed by experienced lawyers familiar with the ins and outs of a CPS case, the Family Helpline will answer questions from anyone, regardless of income, as long as the caller has a connection with a child involved, or potentially involved in a CPS matter. We can also answer questions from pregnant women who think CPS may be involved after they give birth. We believe that knowledge is power, and try to provide high quality objective legal information regarding the Texas CPS process in order to empower people to be better equipped in navigating the Texas CPS system.

The Helpline opened on January 31, 2017, and has already answered calls from almost 50 different counties throughout Texas, and

Helpline staff have spoken with parents, grandparents, great-grandparents, aunts, uncles, God-parents, neighbors, and even grown children. The Helpline staff has given information on a range of topics including what to expect and different options in a CPS investigation, Family Based Safety Services, or a Conservatorship case, as well as provided information on safety plans, Parent Child Safety Placements, visitation with children, relative placement issues, Interstate Compact for the Placement of Children issues, obtaining custody orders for parents and relatives, and appealing final orders. We've spoken with callers who are handling subjects ranging from drug abuse, to domestic violence, to child neglect. We cannot provide direct legal representation or legal advice, but we can refer callers to additional resources in their community, if applicable.

The Family Helpline accepts calls Monday – Friday from 9 a.m. until 6 p.m., CST. We do take messages and return phone calls within one business day. The Family Helpline can be reached at 844-888-6565. If you would like additional materials for your office — posters, flyers, bookmarks, or cards email your request to [familyhelpline@tlsc.org](mailto:familyhelpline@tlsc.org).

 TEXAS LEGAL SERVICES CENTER

**FAMILY HELPLINE**

Ask a lawyer any Texas Child Protective Services related questions.\*

**(844)888-6565**  
Monday-Friday 9am to 6pm, CST

For more information, visit [texaslawhelp.org](http://texaslawhelp.org)

\*All calls are anonymous.

**FREE LEGAL INFORMATION**





## Setting Health Resolutions Before the Holidays

by Caroline Fothergill, IT'S TIME TEXAS Marketing & Communications Manager

You likely already know in the back (or perhaps in the front) of your mind that your main New Year's resolutions for 2018 will be health related. Most of our resolutions are health related, and more than 90 percent of those resolutions are never achieved. There is nothing magical about January 1. We often set ourselves up for failure with unrealistic goals and set ourselves back even further by overindulging and lounging over the holidays. According to a Psychology & Behavior Review, overweight and obese Americans put on around five pounds over the holidays each year. This New Year's resolution model clearly doesn't work for most of us, so what would happen if we shift the calendar in our minds and set our tangible health goals months before the holidays and continued them during the holidays?

If you're looking to lose weight, eat better, and exercise more, set realistic and measurable goals to start working towards now, like only eating dessert once a week; making your plate look like the MyPlate at every meal; and walking or completing another physical activity for at least 30 minutes a day. Setting additional goals once the holiday season arrives, like increasing your physical activity and drinking more water to account for some unavoidable overindulging, is also a great idea. You can call a Living Healthier Coach at 1-844-26COACH or visit [www.itstimetexas.org/livinghealthier](http://www.itstimetexas.org/livinghealthier) for free help setting these goals and tracking your progress, and when the IT'S TIME TEXAS Community Challenge rolls around in January, you'll already have your healthy habits in place.

In its sixth year, the IT'S TIME TEXAS Community Challenge is a fun, free way to

stick with a healthy lifestyle January through March, and by the end of the competition it will all feel like second nature. The Challenge pits same-sized Texas communities and school districts against one another to see which can demonstrate the greatest commitment to healthy living, and Texans earn points for their communities and districts on the website by tracking their physical activity, uploading Healthy Selfies, organizing healthy workplace activities, and more. In the end, the communities and school districts that earn the most points win grant money to put toward future health-related efforts, along with some serious bragging rights.

At the end of the 2017 Challenge, an active participant named Mark from Trophy Club, Texas, shared his success story, "Both my wife and I are down almost 30 pounds each. We don't eat out nearly as much. I cook with fresh herbs and vegetables, and I am loving it. We actually have had better and more exotic home cooked meals. That is really exciting for us. Joining the IT'S TIME TEXAS Challenge inspired us to stay on track and post pictures. We were feeling really proud because we were sticking to it— even though the Challenge has ended, we plan on staying on track because the results were life changing. I quit smoking, as well. We have had to buy new clothes and that is a good feeling. My XXL shirts are too big and my pants wouldn't stay up." Mark and his wife are two of many Texans who use the Challenge to form healthy habits they fall in love with and continue year-round.

If you're already on track to accomplish your current health goals, come January you'll be





## So You Can Be a Leader in the New Year!

inspired to bring others along with you! Healthy is a lot easier and more fun when you exercise and cook meals together with friends or family, and we all have the power to influence the health of others. If you're competitive (most Texans are), this is also the key to taking home the Challenge title. The winning and runner-up communities in the competition each year are the ones that get everybody involved. Mayors can earn points and must sign the Challenge pledge for a community to be eligible to win. Employers can encourage staff to register and organize healthy activities. Faith-based and community groups can host health-related events for their members, and educators can earn points when leading by example, and leading healthy activities with their students. The competition pushes people from all sectors of a community to connect and form new, strategic relationships centered around health, which creates a stronger sense of community for all residents.

Mark shared that last year's Challenge helped

he and his wife "feel more like a part of our community. We were more involved with our neighbors. I was actually recognized by someone for some of my goofy selfies eating healthy. Sometimes being a part of something bigger can light that fire you've been looking for. It holds you accountable and pushes you to succeed." The Challenge can be that "something bigger" for a lot of Texans, but it's only successful and helpful if it's actively promoted. Get a head start on your health resolutions now, and you'll be ready and energized to activate your neighbors in the New Year!

### Resources

- Hausenblas, Heather. Does the Holiday Season Equal Weight Gain? US News. <http://health.usnews.com/health-news/blogs/eat-run/2015/11/25/does-the-holiday-season-equal-weight-gain>. Published November 2015. Accessed April 2017.
- U.S. Department of Agriculture. MyPlate. <https://www.choosemyplate.gov/MyPlate>. Updated April 2017. Accessed April 2017.

## THE HEALTHIER TEXAS SUMMIT,

A COLLABORATION BETWEEN IT'S TIME TEXAS AND THE UNIVERSITY OF TEXAS SYSTEM

**Where:** The Hilton Austin

**When:** November 6th - 7th, 2017

IT'S TIME TEXAS annual conference, The Healthier Texas Summit, is even bigger and better this year. The Summit is designed to bring health professionals and thought leaders from all sectors together to share best practices, discuss current trends and innovations in population and community health. For more information visit <https://healthiertexasummit.com/contact/>



Substance Abuse Disorder:

## Pregnant and Postpartum Intervention Programs

by Julie Steed, LPC, LCDC, Substance Use Disorder Women's Program Specialist

People who live a life by using drugs and alcohol often can be difficult to work with. The world of substance use is changing and it can be hard to keep up with the new changes and the new protocols.

Did you know telling a pregnant woman to just stop using heroin and/or prescription painkillers can be damaging to her and the fetus? If women are using heroin or prescription painkillers, the best course of treatment for her is to get on a medication called Methadone or Buprenorphine. This is a daily dose of medication that allows the pregnant women and her fetus to not be in withdrawal. Women who are maintained on Methadone can still breastfeed and do skin-to-skin contact with her baby.

Keeping mother and baby together during the hospital stay and after is essential in reducing symptoms of Neonatal Abstinence Syndrome.

We have programs in Texas that specialize in helping pregnant and postpartum females. These programs will provide case management, counseling, and transportation to help support women who may have a substance use disorder or at risk for developing a substance use disorder.

For more information about Pregnant and Postpartum Intervention Programs in your area, please call Julie Steed at 512-838-4373 or e-mail [julie.steed@hhsc.state.tx.us](mailto:julie.steed@hhsc.state.tx.us).

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## Texas Council on Family Violence

by Krista Del Gallo, Policy Manager

The Texas Council on Family Violence (TCFV) is one of the largest domestic violence coalitions in the country. We promote safe and healthy relationships by supporting service providers, facilitating strategic prevention efforts, and creating opportunities for freedom from family violence.

TCFV is a membership organization and includes survivors, family violence service providers, business professionals, communities of faith and concerned individuals. We do not provide direct services, but can serve as a direct link to our member programs. We offer expertise in primary prevention efforts, legal and policy issues and working with survivors, their children and perpetrators.

TCFV has a Service Directory of local domestic violence programs on our website and can facilitate introductions between WIC clinics and local programs. We respond daily to requests for information on domestic violence related issues and assist with planning and development of practices relating to working with survivors of domestic violence and their families. TCFV also serves as a conduit of information to our pro-

grams across the state. For more information on the Texas Council on Family Violence visit [www.tcfv.org](http://www.tcfv.org) or call 1-800-525-1978.

October is Domestic Violence Awareness Month (DVAM). This month provides a ripe opportunity to generate awareness and partner with your local domestic violence program on awareness and prevention efforts. TCFV created a Go Purple Toolkit with everything you need to raise awareness and inspire action for DVAM. The toolkit includes social media graphics and follow-along calendar, posters, infographics, activity kit, and media tools. Learn more at [www.tcfv.org/gopurple](http://www.tcfv.org/gopurple) or contact Danielle Ohlemacher ([dohlemacher@tcfv.org](mailto:dohlemacher@tcfv.org)) to request a toolkit. Within DVAM there is a day dedicated specifically to the health community's response. Health Cares about Domestic Violence Day falls on Wednesday, October 11, 2017. See [www.futureswithoutviolence.org/health/health-cares-about-domestic-violence-day/](http://www.futureswithoutviolence.org/health/health-cares-about-domestic-violence-day/) for more information about how to get involved.



# The 2017 Texas WIC Dietetic Internship – A Recipe for Success!

by Ann Sullivan, MPH, RDN, LD  
Texas WIC Dietetic Internship Coordinator

The 2017 Texas WIC Dietetic Interns enjoyed the perfect blend of training and hands-on experiences as they progressed through the 7-month program in preparation to become registered dietitians. The 2017 class sizzled with energy and excellence, thanks in part to Melissa Mouton, MS, RDN, LD, Dietetic Internship Director. Melissa, now in her third year as director, added several new ingredients to the program mix in 2017: a culinary nutrition education project and a nutrition education research project, both focused on improving the WIC client experience.

## **Culinary Nutrition Education Project**

With the nationwide trend towards integrating culinary and nutrition education experiences, Melissa wants the interns to be well-equipped to deliver effective nutrition education with a culinary component. “I feel dietitians should be able to teach their clients how to make easy, healthy and affordable meals at home. I brought this new assignment to the internship to achieve that purpose.” As part of the requirements for the project, the 2017 interns conducted two cooking demonstrations at WIC clinics. They used WIC foods and focused on a specific nutrition message during the two classes.

## **Nutrition Education Research Project**

As Texas WIC keeps evolving, the internship staff wants graduates to know how to conduct a needs assessment and evaluate nutrition education methods in WIC. “The new research project trains interns to research best practices in nutrition education,” explained Melissa. “They learn how to conduct focus groups with staff and participants in an effort to identify the most desirable and effective nutrition education methods. The interns then relay this information back to State WIC for consideration.”

All in all, the new projects were an appealing success, most certainly deserving of blue ribbons! Melissa agrees, “I am so impressed with the 2017 interns and all they were able to accomplish!”

*(Continued on next page)*

*Ruby Garcia* earned her Bachelor of Science in Nutrition from the University of Texas in 2012, and then began her WIC career with the Cameron County WIC Program (LA 003) in 2013. The internship reaffirmed Ruby's desire to stay in the Valley where she can serve as a key resource in the area, as well as spend time with her “big, fun family.” For Ruby, the internship confirmed that “the study of nutrition continues to be the food that feeds my soul.” Speaking of which, Ruby's favorite go-to recipe is a garbanzo and black bean salad with cucumber, tomato, cilantro, lime juice and olive oil. Her favorite kitchen utensil is a rubber spatula, noting that she gives them as house-warming gifts “because everyone should have one!”

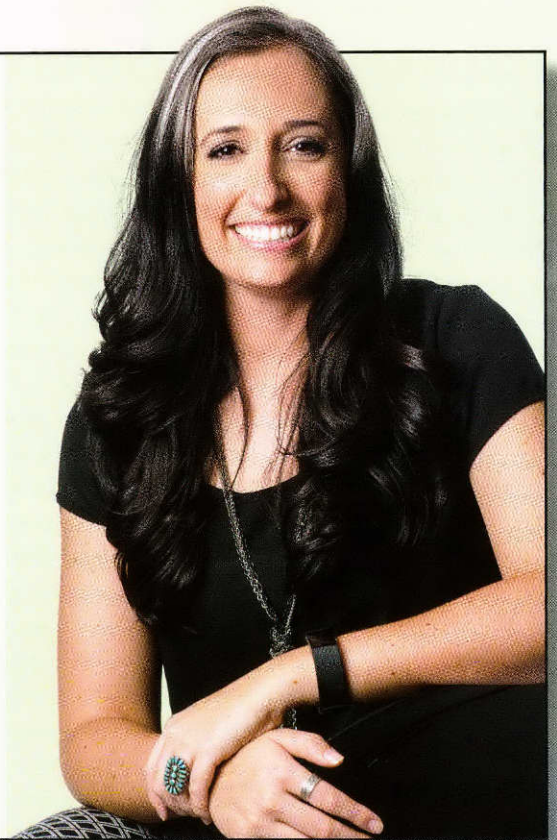






*Susan Nayeri* received her bachelor's degree from University of Houston in 2010 and joined the City of Houston WIC Program (LA 026) in 2014. Susan appreciates art, so it's no surprise her favorite veggie dish is squash and zucchini ribbons. "You can spiralize the vegetables and then quickly sauté them. They go with almost any food and add such a pretty aspect to your plate." Susan has great advice for future interns: "If you have a passion for dietetics and are eager to learn, get involved in your community. In our field, new research is always coming forward, and professionals are constantly learning. The more you network, the more your piece fits into the puzzle."

*Jessica Morton*, who works for the City of Houston WIC Program (LA 026), earned her bachelor's degree from Texas State University in 2010 and completed a post-baccalaureate at the University of Houston in 2014. Jessica says the internship broadened her understanding "that you need to meet people where they're at in order to facilitate change." Jessica suggests having a mentor during the internship application process; someone like a previous WIC intern, or a mentor from the Academy of Nutrition and Dietetics. Jessica enjoys making roasted Brussels sprouts with pancetta and a balsamic reduction, and loves using her great grandmother's wooden spoon. "There were so many meals cooked with love from her kitchen, and her spoon makes me feel like it pours into my cooking as well."





*Jane Jurugo* started with the City of Dallas WIC Program (LA 007) in 2014. She earned her bachelor's degree from Texas Woman's University and then returned to complete a master's in 2016. Growing up, Jane was passionate about food and nutrition. "I believe we need more dietitians in today's world, because the nutrition education and support that RDs provide play an important role in disease prevention and overall health." Jane's message to potential future interns is to "Go for it! You have nothing to lose and so much to gain. This internship is a life-changing opportunity that you don't want to miss out on." Jane's favorite utensil in her kitchen is a good knife – "it's essential when it comes to food prep!"



*Margaret (Maggie) Smith* started working for Waco-McLennan County Public Health District WIC Program (LA 022) in 2012, soon after earning both her bachelor's and master's degrees at Texas Woman's University. Maggie's favorite go-to vegetable dish is stuffed peppers with ground turkey, yellow squash, and brown rice. As for cooking utensils, she loves the versatility of her serving spoons. "I use them every time I'm in my kitchen! Likewise, Maggie has learned how versatile dietetics is. "A person will never be pigeon-holed as a dietitian. Dietetics affords many roles and a sense of freedom." Maggie noted that the WIC internship provides the tools that interns need to succeed in their journey to becoming registered dietitians. "They set you up to succeed; never to fail."







*Hilary Peace* started working in Henderson for the Northeast Texas Public Health District WIC Program (LA 039) soon after getting her bachelor's degree from Stephen F. Austin State University in 2014. Hilary's go-to veggie dish is spinach drizzled with olive oil – "it's just so delicious and nutritious!" For Hilary, the WIC Internship seemed the best path to becoming a registered dietitian. "The perks of being a WIC intern, plus the training we went through to prepare for rotations really set the WIC internship program apart from others." Hilary will always remember attending seminars with the other interns. "The internship was such a bonding experience and I have made life-long friends through it."

*LaTonya Nealy* earned a Bachelor of Science in Dietetics from Texas Southern University in 1998 and then returned to complete a Master of Science in 2001. LaTonya began working with the City of Houston WIC Program (LA 026) in 2015. LaTonya applied to the internship because she wanted to bring her professional skills "to a level where she could better educate people and promote positive attitudes." Among her many hobbies, LaTonya loves trying new foods, restaurants, and food trucks. At home, her favorite kitchen tool is her crockpot "because it's convenient and you can cook almost anything in it!"







*Kryssi Thedford* joined the Austin Public Health WIC Program (LA 01) in 2012, and completed her Bachelor of Science at Texas State University in 2013. Kryssi enjoys gardening and cooking (and watching the Dallas Cowboys!). She loves her citrus juicer for all kinds of things, and her favorite go-to recipe is veggie fajitas. "With all the different vegetables, they're bright, colorful and delicious!" During the internship, Kryssi enjoyed gaining new perspectives and knowledge which she now uses daily in her WIC clinic. Her favorite memory of the internship is graduation! Kryssi's advice to potential interns: "Go for it! This is a once in a lifetime experience where you will learn and grow so much both personally and professionally."

*Courtney Seiz* started working for Outreach Health Services (LA 076) in Decatur in 2013, soon after receiving a Bachelor of Science degree from Texas Woman's University. Courtney's favorite kitchen gadget is her blender because she loves to make smoothies for her family. Courtney applied to the WIC Internship knowing she "wanted to help our WIC clients further and become more knowledgeable overall. I had heard what a great program it was and how much you learn in such a short time." Courtney's advice to intern applicants is to "start studying NOW!" Courtney suggests reviewing the different body processes, as well as nutrition's role in prevention and treatment of disease.





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