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Texas

WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children
July/August 2000 Volume 9, Number 3

August is World Breastfeeding Month. • Agosto es el mes mundial de la alimentación con el pecho.

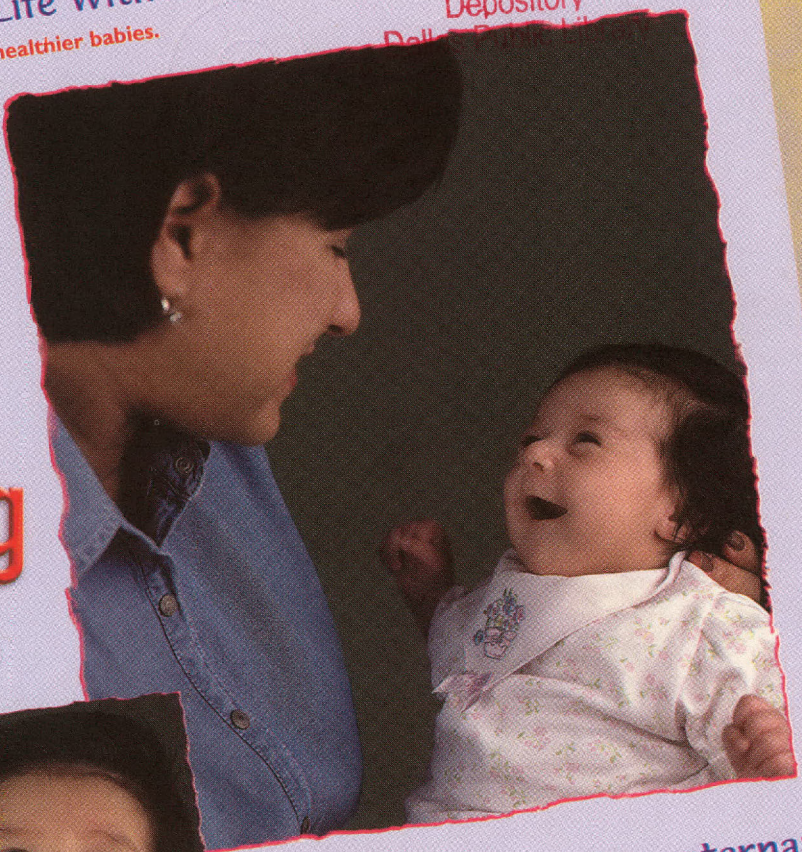
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Mother's Milk:
Don't Start Life Without It.
Breastfed babies are healthier babies.

August
is World
Breastfeeding
Month



La leche materna:
No comiences la vida sin ella.
Alimentar con el pecho es más saludable para los bebés.



For breastfeeding help
and information,
call 1-800-514-6667.



Para recibir información y asistencia
sobre la alimentación con el pecho,
llame al 1-800-514-6667.



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igual en el empleo y servicios a todos.

4/2000

Mother's Milk: Don't Start Life Without It!

By Laurie Coker

Breastfeeding Promotion Specialist

"Mother's Milk: Don't Start Life Without It" is the theme chosen by Texas WIC local agencies for this year's World Breastfeeding Month. Texas WIC joins the World Alliance for Breastfeeding Advocacy, UNICEF, the World Health Organization, La Leche League, and other breastfeeding-advocacy groups in a global recognition of the merits of human milk.

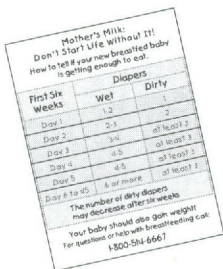
World Breastfeeding Month is a significant way to heighten public awareness about breastfeeding and educate WIC participants about the benefits of breastmilk.

Eighty Texas WIC local agencies have planned activities around this year's theme. Those who ordered materials received the following items:

- 16" x 24" bilingual poster.
- 3" x 5" refrigerator magnets with a wet-diaper and dirty-diaper table showing how to tell if your baby is getting enough milk.
- Channing-Bete pregnancy calendars with breastfeeding information.
- *Ways I Can Help Mommy With the New Baby* coloring sheets.
- Ideas for promoting breastfeeding during August.
- Sample press release to announce local World Breastfeeding month events.

Staffers at Texas WIC agencies which have not yet received these materials should contact Laurie Coker at (512) 458-7111, extension 3573, for information on availability. Sorry, non-WIC and out-of-state orders are not being taken. Local agencies are invited to share photos and articles about their World Breastfeeding Month events by sending them to Doug Jumper at Texas Department of Health.

BREASTFEEDING MATERIALS

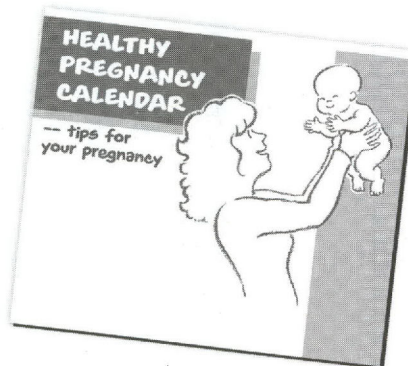


La Leche Materna:
No Comiencen La Vida Sin Ella!
Como saber si tu recién nacido está
comiendo suficiente leche materna.

Los Primeros Seis Semanas	Mojados	Sucias
Día 1	1-2	1
Día 2	2-3	2
Día 3	3-4	al menos 3
Día 4	4-5	al menos 3
Día 5	4-5	al menos 3
Día 6-10	al menos 6	al menos 3

El número de pañales sucios va a disminuir después de seis semanas.
Tu bebé también debe de aumentar peso!
Si tiene preguntas acerca de como alimentar a tu bebé,
1-800-514-6667

Magnets



Calendar



Coloring Sheets

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Texas WIC NEWS

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Texas WIC News (USPS 0016-975) is published in January 2000, June 2000, July 2000, September 2000, and November 2000 by the Texas Department of Health, 1100 W. 49th St., Austin, TX 78756. Subscriptions are free. Periodicals Postage Paid at Austin, Texas.

POSTMASTER:

Send address changes to: Texas WIC News,
1100 W. 49th St., Austin, TX 78756.

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Project 1

Breastmilk: the ideal infant food

When it comes to breastfeeding, Phillipa Adebo practices what she preaches to her clients.

A native of Nigeria and a WIC supervisor with Project 1 in Austin, Phillipa believes in the nutritional value of breastmilk. Her mother nursed seven children and Phillipa has breastfed her four children. During labor with her youngest child, Tobi, she told the hospital nurses of her desire to breastfeed and to not give her newborn any formula.

Phillipa believes the excellent health and perfect school attendance of her older children, ages 10, 9, and 7 years, can be attributed to the benefits of breastfeeding.

Phillipa works full time and because her WIC site is mother and breastfeeding-friendly, she is able to express breastmilk while at work and store it for use later by her baby. She breastfeeds in the morning before leaving the house for work, later in the day and evening, and on weekends.

She enjoys breastfeeding her baby and is glad WIC now gives electric breast pumps to breastfeeding WIC clients returning to work or school.



WIC Supervisor Phillipa Adebo knows the importance and benefits of breastfeeding.

Project 9

Staff participates in Starr County Fair

Rio Grande City WIC staff recently participated in the Starr County Fair Children's Play Day by handing out literature, videos, posters and information to parents.

Also, WIC clinics in Starr, Duval, Jim Hogg, and Zapata Counties now hold their monthly meetings by telecommunication. This new arrangement allows participants to see and hear speakers, ask questions, and interact with staff in the other clinics at the same time. It also eliminates long drives to meetings.



Participating at the Starr county Fair Children's Play Day are WIC/Immunization employees Leticia Trevino, LVN and Dalinda Escobar and volunteer Dolores Flores.



Conducting a meeting on immunization is Grace Flores, RN, supervisor border initiative immunizations from T.D.H. Region 11 Harlingen, Texas.



Enjoying the new telecommunication system is Tobacco Prevention Control Program Manager, Dora Del Toro from T.D.H. Region 11 Harlingen, Texas.



WIC director, Joel Salinas welcomes employees to the new telecommunication system, encouraging them to participate in the question and answer session.

Project 21

Possible clients are not always mothers

Project 21 staffers in Wichita Falls know that possible WIC clients are not always mothers. In this case, it was a great-grandmother.

While visiting the owner of an Asian grocery store to receive permission to display WIC materials, Maureen Klein and Leah Gray learned of an 82-year-old Japanese immigrant who was taking care of her two great-grandsons because her granddaughter's new husband did not want the two boys in his house. She does not speak English and lives on her \$500 per month Social Security check. She is also terrified of "the authorities" like the police, the Immigration and Naturalization Service, or anyone associated with the government.

Maureen and Leah took her the forms to sign up for WIC, along with food from their food pantry program.

While the great-grandmother is becoming less reluctant, she still has not signed up for WIC because she remains terrified she will lose her great-grandsons to "the authorities."

Maureen and Leah point out that through their concern for the great-grandmother and her two boys, WIC has made important inroads with the Asian community in Wichita Falls.

Project 31

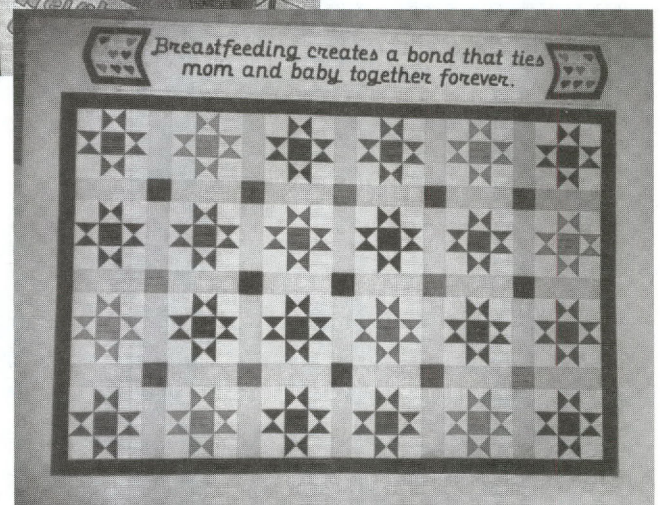
Nutritionists participate in Healthy Baby Fair

Nutritionists Amy Parrent and Terra Kettwig of Project 31 participated in the Bell County Healthy Baby Fair in Temple with a display depicting normal weight gain for a healthy baby and a demonstration on counseling clients on prenatal nutrition. The fair was held in January in conjunction with National Birth Defects Month.

The Project 31 nutritionists also created a bulletin board honoring the client mothers who have chosen to breastfeed their children. The display is a quilt featuring the names of all the breastfeeding mothers.



Participating in the Bell County Healthy Baby Fair from left to right, Nutritionists Amy Parrent and Terra Kettwig of Project 31.



A quilt honoring mothers for breastfeeding their children.

"Breastfeeding creates a bond that ties mom and baby together forever."

Project 33

Celebration makes food and fitness fun

Stickers, ribbons, bulletin boards, coloring pages, and a heart-healthy luncheon were all ways the Project 33 WIC staff in El Paso celebrated National Nutrition Month in March.

Each clinic displayed colorful bulletin boards featuring the National Nutrition Month theme of "Food and Fitness: Health for a Lifetime." Children received stickers and coloring pages containing healthy and fun recipes for their families.

Health Department employees were given ribbons to wear throughout the month. They also received nutrition information to help them live healthier lifestyles.

The highlight of the celebration was a heart-healthy luncheon prepared by WIC nutritionists and registered dietitians for the Board of Health on March 15. During the luncheon, WIC Director Donna Seward introduced the WIC dietitians and nutritionists and gave a presentation about the WIC program and performance measures.



Each El Paso clinic displayed colorful bulletin boards for National Nutrition Month in March.

PROJECT 48**Project 48 honors employee of the quarter, clinic of the year**

Edna Alaniz has been named Employee of the Quarter, and the Decker Drive WIC Center named Clinic of the Year for Project 48 in Harris County.

Edna, who works at the Decker Drive WIC Center in Baytown, was cited as Employee of the Quarter for the fourth quarter of 1999 because of her dedication to coworkers and clients. She was also praised for her punctuality and excellent customer service during her 18 months with Project 48.

The Decker Drive WIC Center was honored as the first Clinic of the Year in Project 48. The award was started to identify the clinic in Project 48 with the best customer service as determined by increases in the number of clients at the clinic and by increases in the clients keeping their WIC appointments. Myrtis Patterson, site supervisor, accepted an engraved crystal vase and plaque on behalf of the clinic staff at the December professional staff meeting.



Left to right: Amelia Angton presents Edna Alaniz with Employee of the Quarter Award.



Happy coworkers from left to right: Amelia Angton, Maria Rocriguez, Edna Alaniz, site supervisor Myrtis Patterson, Adriana Moreno, and Dora Rocha.

Project 84

WIC staffers answer need for nutrition counseling

Two WIC staffers at Project 84 are working together to answer the need for statewide high-risk medical nutrition counseling.

Veronica Brown, WIC director for TDH Region 6, and Dianne Gertson, regional nutritionist, have developed an intensive training program for WIC nutritionists and registered dietitians on how to provide high-risk medical nutrition therapy to clients who are at increased nutritional risk due to a medical, physical, or social condition. Each workshop is designed to sharpen the clinical skills of those giving high-risk nutrition counseling.

The workshops are intended to provide a thorough review of medical nutrition therapy in relation to high-risk cases. Workshop topics

include nutrition assessment skills, adult and childhood obesity, failure to thrive, prematurity, enteral feedings, diabetes, reflux, constipation, colic, diarrhea, feeding of special needs children, and innovative counseling techniques. The American Dietetic Association has approved the workshops for continuing professional education credits for registered dietitians.

In addition to Dianne and Veronica, workshop presenters include Wazir Morrow, Region 6 WIC dietitian, and members of the faculty and staff of Baylor College of Medicine and Texas Children's Hospital.

The workshops are videotaped thanks to Linda Brumble and the WIC Training Division. Videotapes are available to all Texas WIC projects by contacting Project 84 at (713) 767-3481.

Texas Breastfeeding Initiative

– An Update

By Janet Rourke, M.S.H.P., L.D., C.L.E.
Texas Breastfeeding Initiative Coordinator
and Nutrition Training Program Coordinator

The Texas Breastfeeding Initiative is alive and well and moving right along. The TBI goal is to have 75 percent of Texas moms breastfeeding at hospital discharge and 50 percent still breastfeeding at six months postpartum.

The latest statistics show that 63.1 percent of Texas moms are breastfeeding at hospital discharge, and 24.9 percent are still breastfeeding at six months postpartum. In the WIC population, 51.9 percent are breastfeeding at hospital discharge, and 16 percent are still breastfeeding at six months postpartum.

The rates have risen since 1990, when 49.6 percent of Texas moms were breastfeeding at hospital discharge, and only 14.2 percent were still breastfeeding at six months postpartum. In the WIC population in 1990, 31.2 percent were breastfeeding at hospital discharge, and only 6.6 percent were still breastfeeding at six months postpartum.



The Texas Breastfeeding Initiative was created by William R. Archer, M.D., Texas commissioner of health, to increase breastfeeding rates in Texas. TBI activities are designed to increase the awareness of the general public about breastfeeding; increase the breastfeeding management skills of health providers; expand the peer-counselor program; encourage hospitals to become baby-friendly; encourage businesses to become mother-friendly; provide extensive training in breastfeeding management; develop breastfeeding-promotion materials and resource packets; identify barriers to breastfeeding to better target materials, media campaigns, and trainings; and evaluate all activities to determine the effectiveness of each.

TBI activities for the year 2000 include:

1. Updating the TBI webpage. It is currently being updated.

2. Drafting a bill to license lactation consultants. TBI committee members are working with local lactation-consultant groups to draft an appropriate bill for the next legislative session. If your local task force is interested in participating in this process, please contact Janet Rourke at janet.rourke@tdh.state.tx.us.

3. Publishing breastfeeding diagnosis codes and reimbursement information for insurance. This information has been added to the TBI webpage and has been inserted in *The Physician's Pocket Guide to Breastfeeding*, a component of a breastfeeding packet prepared for physicians by TBI.

4. Providing grants for community-based breastfeeding projects. A community pilot project is currently being conducted in Houston. The TBI committee is working on developing a "mini" request-for-proposals to be released in the fall for grants of up to \$5,000 for community breastfeeding projects.

5. Involving medical organizations in TBI. Medical organizations have been contacted about supporting the Texas Breastfeeding Summit and other TBI activities.

6. Sending the breastfeeding packet to physicians in Texas whose clients are pregnant and breastfeeding mothers. This packet will include an educational video and continuing-medical-education monograph to update physicians and their staffers about breastfeeding, as well as a video for moms to be shown in waiting rooms, a pocket guide to breastfeeding, information on available breastfeeding training, and information on the Texas Lactation Support hot line. This packet is scheduled to be mailed to physicians this summer.

7. Expanding the breastfeeding peer-counselor program to include volunteer organizations. The first training for volunteer organizations was held in Austin in early June.

8. Developing a media campaign. A public-service announcement is being developed and will be aired in the fall.

9. Developing a "Texas Ten Steps for Physicians." This program, which certifies physicians and their offices as being breastfeeding-friendly, is currently in the early stages of development.

10. And last, but not least, is the third annual Texas Breastfeeding Summit. This year's summit will be held in Houston on Oct. 13-14, 2000. Registration fliers were mailed in July. Consider entering a poster session to share your many outstanding efforts in breastfeeding promotion. For more information on this year's summit, visit the TBI website at www.tdh.state.tx.us/lactate/summit/.

Texas Breastfeeding Promotion Projects Presented at CDC Conference

By Laurie Coker
Breastfeeding Promotion Specialist

Texas WIC was one of four state WIC agencies invited by the Maternal and Child Nutrition Branch of the Centers for Disease Control and Prevention to present new ideas for promoting breastfeeding at their March conference in Atlanta, Ga. Conference attendees included staffers from more than 40 state WIC agencies.

Information on both the Texas Breastfeeding Initiative's Community Action Kit and the Texas Lactation Support Network was presented by Laurie Coker, a breastfeeding promotion specialist with Texas WIC. The Community Action Kit, mailed to 1,000 breastfeeding promoters in 1999, is used in hospitals, clinics, schools, businesses, and at community health events. The Lactation Support Network includes Mom's Place, a resource center in Austin; a 24-hour, toll-free telephone hot line; and the *Lactation Support Resource Directory*, printed in 1998 and updated on the Texas WIC webpage. The majority of the hot line calls are from breastfeeding moms, followed by WIC breastfeeding coordinators, doctors, and other health professionals.

Cathy Carothers, Mississippi WIC director, summarized the success of their Loving Support campaign. Sponsored by a special project grant, the Mississippi pilot program was one of 10 states using the Best Start campaign strategies. The Loving Start campaign has increased state breastfeeding numbers by educating breastfeeding moms and their families, using public service announcements, involving health professionals in promotion efforts, and utilizing community partners. Peer counselors, programs involving grandparents and fathers, and a promotional video, *Breastfeeding: Another Way of Saying I Love You*, were also important tools.

Wisconsin WIC Breastfeeding Coordinator Mary Pesik presented the breastfeeding-friendly Workplace Initiative, a pilot project in Sauk County, Wisconsin, where 85 percent of the women in their child-bearing years are in the workforce. Her presentation included a sample written policy for businesses, tips for establishing a breastfeeding/pumping room, a review of work-hour accommodations, information for employees on resources, professional lactation consultation services, and an employer and employee manual. Seventeen businesses participated, all of which said they would recommend the Workplace Initiative to other businesses. When asked how their businesses benefited from the program, 67 percent noted increased job satisfaction; 60 percent said it helped with employee retention, decreased absenteeism and made for healthier employees; and 53 percent stated it allowed the women an earlier return to work.

Nexy Quiñones Toyos discussed Puerto Rico's 1998 administrative order requiring training in breastfeeding for all health professionals who treat pregnant and postpartum women. Secretary of Health Carmen Feliciano de Melecio has ordered all health professionals to receive breastfeeding training and required them to take at least three hours of training as a requirement to obtain or renew their professional licenses. This regulation is an amendment to a Puerto Rican law enacted in 1912, which stipulates "the Secretary of Health has the faculty to take any measure deemed necessary to prevent disease and promote health." The purpose of Administrative Order No. 129 is "to achieve the maximum development of infants by promoting breastfeeding, and to increase breastfeeding knowledge and improve skills between clients and primary health care professionals."

Listening to African-American women

By Laurie Coker
Breastfeeding Promotion Specialist

Of all the ethnic groups served by Texas WIC, African-American women are the least likely to breastfeed their babies. To find out why — and to help determine how to increase their breastfeeding rates — Texas WIC conducted a study last summer to determine the women's views, attitudes, and experiences with infant feeding.

The study

Researchers targeted urban and rural areas in and around Dallas, Tyler, and Austin with high percentages of African-American WIC clients. They conducted one-on-one interviews with a random sampling of 161 African-American women, all Texas WIC participants. Interviews were also held with 12 African-American WIC staffers who work in clinics with a largely African-American clientele.

Interviews lasted for 20 minutes. The women were ages 17 to 45. They represented a diverse mixture of longtime and new WIC clients; married, divorced, and single women; and grandmothers, breastfeeding mothers, and formula-feeding mothers.

Research questions addressed the women's perceptions of infant feeding and why they frequently choose to not breastfeed. Participants were also asked how WIC might better meet the specific needs of African-American clients and what would be effective strategies in targeting them.

The charts on this page indicate some attitudes about breastfeeding that the study revealed.

Recommendations

Researchers found that the breastfeeding rates of African-American WIC clients could be increased if the following recommendations were instituted:

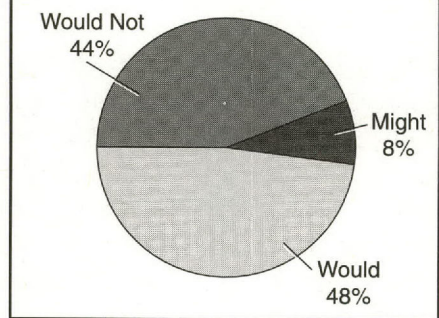
- * Assign breastfeeding peer counselors to provide one-on-one counseling for each pregnant African-American participant, regardless of the client's stated preference about how she intends to feed her baby. Findings showed that women who chose to formula-feed their babies had made uninformed decisions because they had received little education on breastfeeding.

- * Provide in-hospital and postpartum intervention by breastfeeding peer counselors. Many women in the study told the researchers that they had received no practical in-hospital care or instruction on breastfeeding. They also complained of a lack of privacy and the "roughness" of hospital nurses.

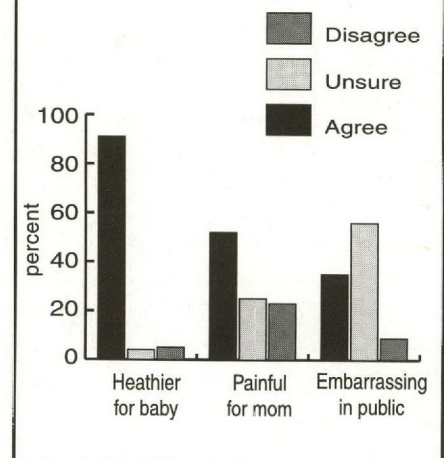
- * Provide WIC breastfeeding materials that offer tips on returning to work or school and leaving children in the care of others. The women said that they need information on nursing in public, support issues, and the economic advantages of breastfeeding.

- * Provide information on breastfeeding and intelligence. Most of the women surveyed said that they most wanted good health and a good education for their children. Nevertheless, they had not been made aware of the correlation between these goals and breastfeeding.

Would moms who exclusively formula-feed consider breastfeeding?



Breastfeeding attitudes of African-American WIC women



- * Depict African Americans in educational materials that target grandmothers, mothers, and partners. The study also recommends emphasizing the interchangeability of breastfeeding with formula-feeding, the practical issues of using and storing expressed milk, and the health benefits and financial benefits of breastfeeding.

Breastfeeding News

From the USDA/ARS Children's Nutrition
Research Center at Baylor College of Medicine
by Tracy Erickson, R.D., L.D.
WIC Breastfeeding Coordinator

How much breastmilk does a baby really need?

The protective benefit of breastmilk is dose-dependent, said Judy Hopkinson, M.D., a lactation physiologist with the USDA/ARS Children's Nutrition Research Center (CNRC) at Baylor College of Medicine in Houston. The more your baby breastfeeds, the more he or she will benefit.

Pediatricians recommend that babies receive only breastmilk during the first four to six months of life. They also recommend continued breastfeeding, combined with supplemental foods such as fruit juice and baby foods, during the next six months until the baby's first birthday.

These are excellent goals for parents, said Hopkinson. Also, new parents can be assured that just three months of breastfeeding provides significant protection

against gastrointestinal illnesses and ear and respiratory infections during the first year of life. Breastfeeding for longer periods provides even greater benefits.

Pregnant women should be encouraged to make an initial three-month commitment to breastfeeding. By that time they will have learned a great deal about their baby, which will help them decide how to handle feedings for the remainder of that first important year. Also, many new mothers find it much easier to breastfeed for another nine months after experiencing three months of success.

Keep in mind that babies who must be fed by other caregivers can still receive the benefits of breastmilk if their mothers pump and store their breastmilk for later use.

Tips for coping with a 'happy spitter'

New parents find few things more distressing than having an infant who spits up after feedings. Fortunately, this problem is usually harmless. In fact, some doctors even have a nickname for these babies: "happy spitters."

"Nearly half of all healthy infants under a year old spit up two or more times per day," said Carlos Lifschitz, M.D., an associate professor of pediatrics at Baylor College of Medicine and a pediatric gastroenterologist at the CNRC.

Spitting up is usually a developmental issue, Lifschitz said. The muscle that controls the feeding tube or esophagus, where it joins the stomach, is still developing and may be somewhat weak. As a result, even a tiny burp can cause a small amount of stomach contents to come back up. Fortunately, the problem generally resolves on its own by an infant's first birthday. But, in the meantime, Lifschitz offers the following suggestions:

(1) Avoid overfeeding. Don't worry if the baby doesn't finish every ounce of formula or cuts breastfeeding short. Once an infant's stomach is full, any extra will simply come back up.

(2) Hold the baby upright during feedings and for at least 20 minutes afterward. Slumping in a high chair or laying down for a nap or diaper change puts pressure on an infant's stomach, which can make the problem worse.

(3) Keep a constant flow of liquids into the bottle's nipple if the infant is being bottle-fed. Ingesting excess air can increase burping and trigger a spitting-up incident.

(4) Burp the infant regularly during feedings to rid his stomach of excess air.

(5) While it's common for parents to think their infant's formula is at fault, randomly changing formula rarely helps. However, some physicians may recommend modifying the consistency of formula.

(6) Recognizing the difference between an infant who is a happy spitter and one who is ill is important. Happy spitters are generally healthy and gaining weight. On the other hand, an infant who is excessively irritable, or who has diarrhea, respiratory problems, rashes, vomiting, a poor appetite, or weight loss should be seen by a physician, Lifschitz said.

State-of-the-art infant-feeding guidelines issued by Texas WIC

By Sherry Clark, M.S., R.D.
Public Health Nutrition Coordinator
and
Mary Van Eck, M.S., R.D.
Nutrition Education Coordinator

Have you seen the new materials on infant feeding produced by Texas WIC? If so, you've probably noticed some changes in the recommendations on infant feeding. Most of the changes are small but significant.

The new infant-feeding guidelines developed by Texas WIC nutritionists are based on the latest infant-feeding recommendations from the American Academy of Pediatrics, the American Dietetic Association, and the U.S. Department of Agriculture. Texas WIC considers these recommendations to reflect the state of the art in infant-feeding guidelines.

What is the best food to feed infants?

Breastmilk is recommended for at least the first year of life, and exclusive breastfeeding is strongly recommended for about the first six months.

This recommendation, based on the infant-feeding position statement of the American Academy of Pediatrics, states that exclusive breastfeeding provides ideal nutrition and is sufficient to support optimal growth and development for approximately the first six months following birth.

What if the mom decides to not breastfeed?

If the infant is not breastfed, iron-fortified formula is recommended for the first year of life. This is not a new recommendation, but one that is being re-emphasized.

When should solid foods be introduced?

Introduction of solid foods should be based on the infant's developmental readiness. Generally, full-term healthy infants are developmentally ready for solid foods between the ages of 4 months and 6 months. Here are some signs of developmental readiness:

- ❖ Baby can hold his head up and sit with support.
- ❖ Baby can draw in his lower lip as a spoon is removed from his mouth.
- ❖ Baby can keep food in his mouth, rather than pushing it back out with his tongue.
- ❖ Baby can indicate a desire for food by opening his mouth and leaning toward the spoon.
- ❖ Baby turns his head away when he's full.

What foods should infants be fed?

The first food for an infant should be high in iron. Usually, this will be an iron-fortified infant cereal.

For infants older than 6 months, other iron-rich foods may be given, such as strained meats or pureed, cooked dried beans and peas. Other appropriate foods include strained fruit, strained vegetables, and cooked egg yolks that have been strained. Egg whites should not be given to infants younger than 1 year, because of risk of allergic reaction.

As the infant adjusts to the strained texture of his foods, progression to slightly lumpier foods should take place. At the age of about 8 months, many infants are ready to try foods with more texture. They may start using their hands to feed themselves "finger foods" such as small pieces of crackers, bread, noodles, macaroni, and soft pieces of fruits and vegetables.

WIC nutritionists should continue to advise their clients that only one new food should be added at a time and that five to seven days should pass between the introduction of new foods. Signs of a baby's intolerance to a food may include rashes, vomiting, diarrhea, irritability, or wheezing.

Fruit juice may be introduced to infants when they show signs that they are ready to drink from a cup with assistance, usually at about 6 months of age. Juice should *not* be put in a bottle. Parents should limit fruit juice to 2 or 3 ounces a day for 6- to 8-month-old infants, and to 4 ounces a day for 8- to 10-month-olds.

Should infants be given water to drink?

Healthy infants fed adequate amounts of breastmilk or infant formula in the first six months of life generally do not need any plain water added to their diet. Research has shown that the water in breastmilk meets the hydration requirements of healthy, exclusively breastfed infants in hot, humid climates.

When a breastfed infant starts consuming solid foods or some infant formula, it may be appropriate to offer about 4 to 8 ounces of water in hot or normal weather.

Formula-fed infants in a hot climate should be offered about 4 to 6 ounces of water per day unless otherwise indicated by a health-care provider. Also, formula-fed infants who begin eating a variety of solid foods should be offered about 4 to 8 ounces of water each day.

Do infants need fluoride supplementation?

The American Academy of Pediatrics recommends that infants ages 6 months to 3 years should receive 0.25 milligrams of fluoride supplement per day if their water supply contains less than 0.3 parts per million of fluoride.

To find out the level of fluoride in the drinking water of a particular community, parents can be advised to call the local health department or to check with an area dentist.

How do these changes affect WIC?

You've probably already noticed some of these changes. All of the new infant-feeding materials recently sent to Texas WIC local agencies use these guidelines to teach about infant feeding.

New materials include:

- ◆ the video *Look Who's Eating*, and lesson IF-000-10;
- ◆ Lesson IF-000-09, called *Infant Feeding Bingo*;
- ◆ the pamphlet *Let's Eat! (Vamos a Comer)*, stock Nos. 13-168 in English and 13-168A in Spanish; and
- ◆ the pamphlet *Food For Your Baby's First Year*, stock Nos. 13-61 in English and 13-61A in Spanish.

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News to Use

By Rachel Edwards, Nutrition Education Consultant
and Laurie Coker, Breastfeeding Promotion Specialist

2 breastfeeding videos viewed at NEBF workshop

The Texas WIC Nutrition Education and Breastfeeding Promotion workshop, held in Austin in April, provided local-agency staff the opportunity to view *Valerie's Diary*, a new breastfeeding video from Injoy Productions. *Valerie's Diary* and its accompanying lesson, BF-000-26, were mailed to local agencies earlier this year. The video includes information on managing common breastfeeding problems, pumping and storing breastmilk, and much more. Additional videos may be purchased from Injoy Productions by calling 1-800-326-2082.

Another video previewed by attendees at the workshop was Mississippi WIC's highly motivational video, *Breastfeeding: Another Way of Saying 'I Love You.'* This 21-minute video features five families of breastfeeding moms testifying to the benefits and joys of breastfeeding. Available only in English, the video may be borrowed from the TDH Audiovisual Library by calling (512) 458-7260 or sending the library a fax at (512) 458-7474. Local agencies may purchase their own video by mailing their requests to:

Cathy Carothers
Mississippi WIC
3000 Old Canton Road
Jackson, MS 39215.

Breastfeeding brochure revised

The brochure entitled *Thinking About Baby? Think About Breastfeeding!*, stock No. 13-14, has been revised to include information on changes of the breast during pregnancy and lactation. The brochure's illustrations have been replaced with photographs. It may be ordered directly from the TDH warehouse. Fax your order on a form AG-30 to (512) 458-7413.

Weaning

A new pamphlet, also available from the TDH warehouse, is *Weaning Your Baby from the Bottle*, stock No. 13-170 in English and stock No. 13-170a in Spanish. A corresponding lesson, *Weaning Your Baby from the Bottle*, IF-000-14, is available from the state agency. To order, fax your request on a WIC order form to Forms Coordinator, (512) 458-7446. The lesson can also be downloaded from the Texas WIC webpage at <http://www.tdh.texas.gov/wichd/nut/lesson-nut.htm>.

Fact sheets for staff only

Breastfeeding and Contraception (WIC No. 18) has been revised and may be ordered using the WIC order form, faxed to Forms Coordinator, (512) 458-7446. Another fact sheet for staff only, *Weaning from the Bottle—How to Handle Both the Typical and the Slow-to-Wean Child* (WIC No. 16), has been available for some time.

Summing up WIC

The *Texas WIC Reference Guide*, a two-color, 11 x 8½-inch flier, provides a bulleted summary of WIC services and information on eligibility criteria, program benefits, and services. Local agencies can provide this guide to outreach workers, program partners, and community-based organizations that might come in contact with potential WIC participants.

To order the guide from the TDH warehouse, use form AG-30 and refer to stock No. 13-55. For more information on the guide and how to order it, contact Dolly McArthur at (512) 406-0700, ext. 289, or email her at dolly.mcarthur@tdh.state.tx.us.

Pamphlet focuses on gestational diabetes

Gestational Diabetes: Four Keys to a Healthy Baby is a 24-page pamphlet developed by Scott and White Hospital and the Department of Health and Kinesiology at Texas A&M. Printed in 1999, it focuses on diet, physical activity, blood-sugar control, and insulin use. To order the free pamphlet, available in English or Spanish, call the Texas Diabetes Program/Council at (512) 468-7490.

Mother's knowledge of health and nutrition affects quality of child's diet

A recent study conducted by the USDA's Economic Research Service showed that the more a mother knows about health and nutrition, the better the diet quality is for her preschooler, but not for her school-age child.

“Understanding the relationship between a mother's nutrition knowledge and her children's diet is essential to effectively target health and nutrition information to groups most in need,” says ERS administrator Susan Offutt.

The study was conducted in two phases. The first phase studied the diets of households using the Healthy Eating Index and the USDA instrument for measuring overall diet quality incorporating 10 recommended nutritional guidelines. Children ages 2 to 17 were included to find out whether parental influence decreases as children grow older.

The second phase studied the effect of a mother's knowledge of health and nutrition on a child's intake of total fat, saturated fat, cholesterol, fiber, sodium, calcium, and iron.

The study identified the following:

- A mother's knowledge of health and nutrition significantly influences the quality of her child's diet, and that influence does decrease as the child gets older. The influence decreases because older children will make decisions about food on their own, and they tend to eat away from home more often.

- A higher level of maternal knowledge of health and nutrition translates into lower intakes of total fat, saturated fat, cholesterol, and sodium – and higher intakes of fiber – by 2- to 5-year-old children.

- The health habits of individual family members greatly affect the entire family's diet.

- Although mothers of preschool children who smoke are as informed about nutrition as non-smokers, their children's diet quality is lower.

- Having a family member who is on a vegetarian diet significantly improves the preschooler's diet quality.

The study presented these conclusions:

- Nutrition education should target smokers, especially the main meal planner of the household, to educate them on the risks that their health habits impose on their children's diet.

- Nutrition education may be more effective if geared toward mothers of young children but not toward mothers of school-age children; instead, the school-age children themselves should be targeted.

The full report, *Maternal Nutrition Knowledge and Children's Diet Quality and Nutrient Intakes* (FANRR-1) is available online at <http://www.econ.ag.gov/epubs/pdf/fanrrl/>. To obtain the report by mail, call (800) 999-6779. (News media should call (202) 694-5139.)

Revised dietary guidelines for Americans now available

By Isabel Clark, M.A., R.D.
Clinical Nutritionist Specialist

The fifth edition of *Nutrition and Your Health: Dietary Guidelines for Americans* was released May 30 at the National Nutrition Summit in Washington D.C. The revised guidelines are presented in a new format which is easy to read and understand. A major goal of the new guidelines is to promote health and reduce the risk of developing chronic diseases later in life by presenting advice and information that most Americans can understand and use everyday.

The dietary guidelines were originally released in 1980 by the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA). The guidelines are intended to: (1) help individuals make diet choices to support good health and to prevent or delay the development of diet-related chronic diseases; (2) assist federal, state, and local agencies develop policies guiding nutrition-based programs; (3) help health-care providers in primary disease prevention efforts; and (4) guide for-profit and non-profit domestic and international organizations in the implementation of food, nutrition, and health goals.

Because of the importance of these guidelines, Congress mandates their review every five years. The purpose of the reviews is to incorporate the most current scientific findings into the guidelines, to identify needed improvements in the review process itself, and to prioritize the information gaps identified during the review process.

The Dietary Guidelines Advisory Committee concluded that much of the research since 1995 supports most of the recommendations in the current guidelines. As a result, there are not many changes recommended for the 2000 edition. A few sections, however, have been omitted from the revised guidelines. These omissions include food composition, the basis of body weight, and – due to the continued work on the dietary reference intakes – the recommended dietary allowances. The revised edition makes 10 recommendations, instead of the seven from earlier editions, and have been divided into three groups called the ABCs for good health.

What to look for in the new guidelines

✱ *The ABCs for good health.*

Aim for fitness.

Build a healthy base.

Choose sensibly.

The purpose of the ABCs is to present the guidelines in a way that is memorable and meaningful to individuals.

✱ *A separate guideline on physical activity.* The previous guidelines combined physical activity and a balanced diet to maintain or improve weight. The separate guideline is intended to stress the importance of physical activity for all individuals, regardless of their weight. It also stresses the relationship between physical activity and the health benefits it provides.

✱ *Splitting the current guideline – “Choose a diet with plenty of grain products, vegetables, and fruits” – into two separate guidelines.* The new guidelines are: (1) “Choose a variety of grains daily, especially whole grains” and (2) “Choose a variety of fruits and vegetables daily.” By splitting this guideline, the importance and advantages of each food group is distinguished from the other. Each guideline is intended to help individuals come closer to achieving the recommended intakes of both grains, and fruits and vegetables.

Take Time for Kids aims at parents, communities

By Jere Brewer, C.P.N.P.

Child Health Consultant, TDH Child Wellness Program

* A new guideline: "Keep food safe to eat." This guideline includes:

- (1) Healthy eating requires that food be safe;
- (2) Food-borne illness is a major preventable public health problem in the U.S.; and
- (3) Consumers can apply simple food-handling practices to minimize their risk of food-borne illness. The guideline contains seven messages to ensure safe food in preparation, serving, and storage of food. The inclusion of this guideline emphasizes the importance of safe food and its role in promoting health and preventing disease.

* *Changing the emphasis on reducing the intake of saturated fat and cholesterol rather than recommending a diet low in total fat.* This change emphasizes the relationship between saturated fat and cholesterol and heart disease. A diet that is *moderate* in total fat is recommended and the guideline emphasizes food choices that are lower in saturated fat.

The revised guidelines are available from the U.S. Department of Health and Human Service's web site at: <http://www.health.gov/dietaryguidelines/dga2000/DIETGD.PDF>

Take Time for Kids is the name – and the aim – of the child health and safety program that is implemented through the Child Wellness Division in the TDH Bureau of Children's Health. Take Time for Kids is a public-private partnership of child advocates, state agencies, and businesses to engage the public and to increase parent education and resources in communities. The program focuses on providing parent education and resources, promoting preventive health care, and supporting the efforts of communities to maximize children's resources. The target audience is young children through 4 years of age and all those who affect their lives, such as parents, grandparents, day-care providers, and other child-care providers.

Data show that injury rates of the young child are climbing, children are not properly immunized, and well-child health-care visits are down. Take Time for Kids seeks to make the health and safety of children a priority. The education of child-care providers will enhance their knowledge of child development, health and safety, communication, and nutrition. The result will be healthier children, reduced rates of intentional and unintentional injury, school readiness, and an increase in coordination and collaboration of providers who work with children and families.

In partnership with the Texas A&M Extension Service, Take Time for Kids provides train-the-trainer workshops on parent education. More than 300 professionals have been trained to increase parent education. The one-day workshop addresses child development, nutrition, communication, health and safety, and how to facilitate adult learning. Numerous handouts assist the participant in implementing parent education in the community.

The program is working with community groups across the state to bring Take Time for Kids to the local level. Grant funding has been provided to form Take Time for Kids coalitions in communities in Fort Worth, Abilene, Albany, Dallas, Houston, the Valley, El Paso, Longview, Paris, Georgetown, and Corpus Christi. The coalitions address methods of increasing parent education and resources and promoting preventive health care.

Media materials are offered to communities free of charge and are produced in English and Spanish. Visit the Take Time for Kids website at <http://www.tdh.state.tx.us/tfkc/takehome.htm> to view the materials.

For more information about Take Time for Kids, contact program manager Jere Brewer at (512) 458-7111, ext. 2133, or Andrea Smith at (512) 458-7111, ext. 3088.

Listeria monocytogenes and Listeriosis:

What You Need to Know

By Shellie Shores, RD

Nutrition Education Consultant

What is *Listeria monocytogenes* and listeriosis?

Listeria monocytogenes is a bacteria found in soil and water. Listeriosis is an illness caused by eating foods contaminated with *Listeria monocytogenes*.

Who is most at risk for becoming ill from foods contaminated with *Listeria monocytogenes*?

Healthy people rarely become seriously ill after exposure to *Listeria monocytogenes*. Pregnant women, newborns, older adults, and people with weakened immune systems are at risk for becoming seriously ill from eating foods containing *Listeria monocytogenes*.

How does *Listeria monocytogenes* get into food?

Animals can carry *Listeria monocytogenes* in their intestines without becoming sick. As a result, the bacteria may be spread to meat and dairy products. *Listeria monocytogenes* is killed by cooking or by other heating methods, such as pasteurization, used to produce ready-to-eat foods. However, ready-to-eat food can become contaminated in a processing plant or between the plant and the consumer's home.

What foods are most likely to be contaminated with *Listeria monocytogenes*?

Outbreaks of listeriosis are associated with ready-to-eat foods such as hot dogs, luncheon meats, cold cuts, fermented or dry sausage, and other deli-style meat and poultry.

What are the symptoms of listeriosis?

Listeriosis has flu-like symptoms, such as fever and chills. Sometimes people have an upset stomach, but not always. If the infection spreads to the nervous system, symptoms such as headache, stiff neck, confusion, loss of balance, or convulsions can occur.

Infected pregnant women may experience only mild flu-like symptoms. However, the mother's illness can be transmitted to the fetus through the placenta. This can lead to miscarriage, stillbirth, or other serious problems for her newborn child.

It may take up to eight weeks for someone to become ill. At risk individuals and individuals with symptoms should consult a physician. Listeriosis can be successfully treated with antibiotics.

How can at-risk consumers prevent listeriosis and other food-borne illnesses?

People at risk for listeriosis and individuals preparing food for them should:

- ❖ Reheat ready-to-eat foods such as hot dogs, luncheon meats, cold cuts, fermented and dry sausage and other deli-style meat and poultry products until they are steaming hot. If you cannot reheat these foods, do not eat them.
- ❖ Wash hands, cutting boards, dishes, and utensils with hot, soapy water after handling ready-to-eat foods.
- ❖ Do not drink unpasteurized milk or eat foods made from unpasteurized milk.
- ❖ Do not eat soft cheeses such as feta, Brie, Camembert, blue-veined or Mexican-style cheeses.
- ❖ Observe all expiration dates for perishable items that are pre-cooked or ready-to-eat.

Adapted from Listeriosis and Food Safety Tips, United States Department of Agriculture, Food Safety and Inspection Service, Food Safety Education Staff, May 1999.

2000 ECI statewide conference a success

By Kalyan C. Vindhya
Healthcare Administration Resident

The Early Childhood Intervention (ECI) annual statewide conference was held at the Renaissance Austin Hotel May 1 - 3. Clinical and administrative health professionals, as well as families of children with disabilities, attended the conference. The theme of this year's conference was "Partnerships: strengthening connections-linking families, communities, and resources." The importance of working collectively to

The ECI vision was described in one of the welcoming addresses as similar to the quip of the popular cartoon character, Ziggy, who says, "many of us are more capable than some of us, but none of us is as capable as all of us."

ensure that families who have young children with developmental delays have the resources and support to reach their goals was stressed throughout the conference.

A paper chain created by each of the conference participants symbolized this collaborative effort. Each participant signed a link and attached it to another participant's link.

The conference consisted of numerous workshops and sessions, which educated participants on a variety of topics and issues. Some sessions included negotiation and resolution techniques, tips on improving a child's feeding and speaking patterns, stimulating early brain development, and dealing with issues related to siblings of children with disabilities.

The sessions and workshops gave practical advice to families and professionals on the care and treatment of children with disabilities. For example, Sara Rosenfeld-Johnson, M.S., C.C.C./S.L.P., owner of Innovative Therapists International in Tucson, Arizona, gave a presentation in which she explained various feeding, language, and speech milestones in a child's life. She also demonstrated some fun techniques that parents can implement in the home environment. In another interactive session, participants were told about ways to stimulate thinking-type connections in the brains of babies and young children, as well as how to promote the development of language skills.

A powerful session dealt with a topic that is sometimes overlooked by parents. "The forgotten kids: Sibling issues" offered a glimpse into the unique perspectives of siblings who have grown up with a brother or sister with special needs. The speakers, all of whom were the siblings of children with disabilities, offered insight into the dynamics of these sibling relationships. It was enlightening to hear stories and opinions from a group of children who are indirectly, yet profoundly, affected by the disability of a sibling.

The ECI vision was described in one of the welcoming addresses as similar to the quip of the popular cartoon character, Ziggy, who says, "many of us are more capable than some of us, but none of us is as capable as all of us."

Watch for information in future editions of *Texas WIC News* regarding next year's ECI conference. It will take place in Austin April 30 - May 2, 2001.

Visit the Web site of
Early Childhood Intervention at
www.eci.state.tx.us.

Coming in the August/September issue:

Breast Cancer Awareness

For information about subscriptions to *Texas WIC News*, e-mail sheri.moseley@tdh.state.tx.us, or call (512) 406-0753.



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