

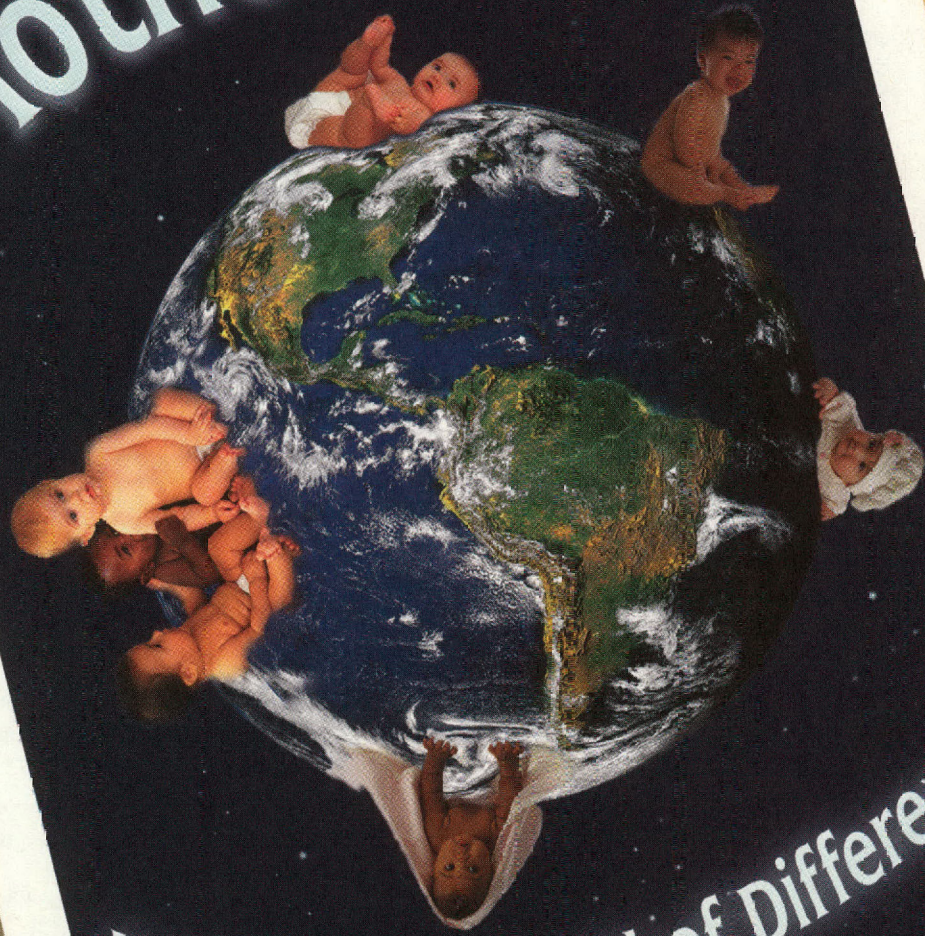
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# Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children  
August 2001 Volume 10, Number 4

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## Mother's Milk



### It Makes a World of Difference

August is World Breastfeeding Month

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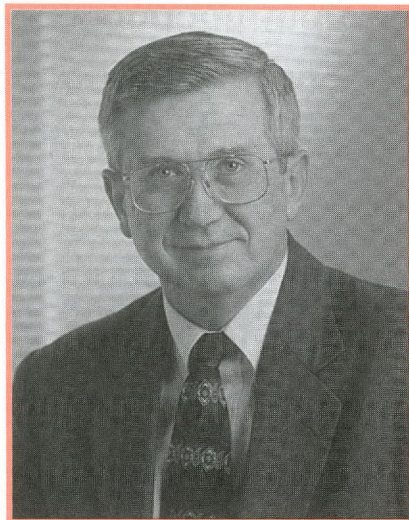


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# Thanks for supporting the Texas WIC Breast Pump Program

By Gerald D. "Gerry" Cannaday  
Texas WIC Director



Since the theme of this *Texas WIC News* is World Breastfeeding Month, it seems like the perfect opportunity to thank each and every one of you for your support of the Texas WIC Breast Pump Program. During the first 15 months of this program, the number of women who were breastfeeding at their first postpartum WIC appointment increased from 24 percent to 35 percent. Although it's difficult to say for certain, we do attribute much of this success to the availability of the breast pumps.

Earlier this year, we surveyed all the local agencies to get their feedback on the breast pump program. Comments were overwhelmingly positive. Although there were too many comments to mention here, we heard the same themes over and over:

- ❁ The breastfeeding moms are very appreciative of the pumps.
- ❁ The pumps have increased the local agency's breastfeeding rates.
- ❁ More premature and sick babies are receiving breast milk than ever before.

But success always has a price - and the price of the pump program has been more work on top of your already hectic clinic schedules. We do realize it takes a lot of time to determine which type of pump a mom needs and then to teach her how to use and care for the pump. And needless to say, keeping close tabs on your breast pump inventory is also very time consuming. Somehow you've managed to squeeze the extra work in, and because of your extra efforts, we have healthier babies in Texas.

I'd also like to take this opportunity to thank Tracy Erickson, our breastfeeding coordinator here at the central office, for her contributions to the breast pump program. You've probably talked to Tracy on more than one occasion or responded to her faxes or emails. For the past 18 months, Tracy has done an outstanding job behind the scenes making the pump program work.

To the WIC staffers at every local agency and to Tracy Erickson, thank you for making the breast pump program a success! We couldn't have done it without you.



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## Local agency spotlight: Hidalgo County

By Doug Jumper

Texas WIC News Publication Coordinator

Local Agency #12 in Hidalgo County is experiencing a 10 percent increase in its Born to WIC Infants Breastfeeding at Certification over the past 18 months. WIC Director Norma Longoria credits the growth from 63 percent to 73 percent to staff teamwork, coordination of strategy, full-time peer counselors, and special "maternity days" for both pregnant and postpartum clients.

"All of our clients are very receptive to breastfeeding," said Norma. "We give tips on how to make breastfeeding easier and we involve the whole family for support."

Norma, a 23-year veteran at Local Agency #12, also credits her seven full-time breastfeeding peer counselors and the WIC breast pump program with helping mothers continue to breastfeed after they have returned to work or school.

"Our peer counselors are the fundamental part of our breastfeeding program," noted Norma. "Besides calling mothers before and after delivery and offering home visits to help with any questions or problems, our peer counselors also perform community networking by holding monthly classes in doctor's offices and with the high school teen parenting program."

"The WIC breast pump program allows mothers to continue breastfeeding after they go back to work. Doctors and hospitals are now telling new moms to go to WIC for breast pumps."

Even with the successes enjoyed by Local Agency #12, there continue to be obstacles in getting women to breastfeed.

"The biggest barrier to breastfeeding is the lack of updated information moms receive at the hospital and the lack of support breastfeeding moms receive from hospitals in the first 24 hours after birth," lamented Norma.

Norma is also very proud that 17 of her 22 WIC clinics, along with the health department, are designated as Mother-Friendly Worksites.

"Right now we are targeting the county courthouse and different businesses to become Mother-Friendly Worksites," stated Elizabeth Cardenas, a certified lactation consultant with almost 10 years service at Local Agency #12. "What is great is that we have people calling us wanting information."

"We have a great team here and our numbers show it," commented Elizabeth. "And we have a great and very supportive director!"

“  
We  
have a great  
team here and  
our numbers  
show it  
”



# Janet Rourke: A visionary for breastfeeding in Texas

By Chan McDermott  
Perinatal Health Coordinator  
Bureau of Women's Services

A person can go through his or her whole life without meeting a visionary. Or at least, without interacting with one up close. But I am very lucky, because I have met and interacted with several visionaries. And Texas WIC, and the moms and babies of Texas are lucky as well, because for a long while now, they have had a visionary working on their behalf. Janet Rourke is a visionary. She is a person who dares to dream big. Her motto is, "The sky's the limit!" She is fascinating to watch in action, because she is such a visible thinker. As ideas take a hold of her, her eyes dart around, her tone quickens and excitement permeates her very being. You know something has grabbed her - or she has grabbed it - and you just hope you can keep up.

For more than eight years I was fortunate enough to work with Janet, truly a woman of vision, integrity, enthusiasm and dedication. In that time, I saw her build a breastfeeding training program so impressive that she has been asked to bring it to other states and other countries.

The first time I ever talked with her, in June of 1991, she mentioned wanting to form a statewide breastfeeding coalition. And the Texas Healthy Mothers, Healthy Babies Breastfeeding Task Force has been going strong ever since.

Janet wanted to help working mothers to continue breastfeeding. And now we have the Mother Friendly Workplace Program, which recognizes employers and worksites who make provisions for their breastfeeding employees. Just recently a company from another state submitted an application to be rec-



ognized. When it was time for the Texas Department of Health to submit its application to become the first worksite recognized as Mother Friendly, it was a breeze. Thanks to Janet, the agency had been operating a pump room for several years in a remodeled storage closet.

Until Janet, La Leche League of Texas and TDH had never partnered before. As a result of that partnership, several excellent conferences were presented.

Mom's Place, a collaborative effort of the City of Austin WIC Program and TDH, is a special resource center that serves everyone from new WIC-eligible mothers learning the basics of breastfeeding to health care professionals learning how to support their clients. Mom's Place was nothing but a thought until Janet and Phyllis Day, Sheree Scudder, and Phyllis Speranza willed it into being.

The Texas Breastfeeding Initiative, and the Breastfeeding Summit have all become a reality thanks to her drive. She recruits everyone she talks to, infecting them with her boundless enthusiasm, always seeking ways to get each person working for breastfeeding.

Janet doesn't do it herself, and she would never have you believe that she does. None of these accomplishments could have ever happened without the support of many individuals and various funding sources. But Janet is who lights the spark, and then fans the flames to keep it going.

Janet has been talking of retiring since she started working at TDH when she was age 18. And Janet is considering new ways to be busy and new projects to tackle when retirement finally comes in November.

If you see Janet this fall, give her a big hug, ask her what she's got planned, and wish her well. If you already know her, it will be a wonderful time to connect with her before she moves on to new adventures. If you've never met her, it will be your chance to interact with a visionary.



# Breastfeeding support builds mom's self confidence

By Laurie Coker

Breastfeeding Promotion Specialist

You have created a breastfeeding-friendly WIC clinic with colorful posters, a waiting room video on family support, breastfeeding pamphlets in full view, a peer counselor program, and no signs of formula. Your pregnant clients all agree they will breastfeed. Will your efforts and moms' decisions guarantee they will be breastfeeding in six months? Three months? Or even when they bring their babies home from the hospital or birthing center?

A woman may decide early on in her pregnancy to breastfeed, but this does not guarantee she will breastfeed exclusively, or that she will breastfeed beyond the first few days. Factors influencing her decision to wean early are almost always related to a lack of breastfeeding support. Hospital staff, the baby's pediatrician, a WIC breastfeeding counselor or lactation consultant, and the family that mom and baby go home to all play prominent roles in breastfeeding outcomes. Without good support, the mother's belief that she can produce enough milk for her baby dwindles, and so do WIC breastfeeding duration rates.

Studies indicate that encouragement from the baby's father may be the single most significant determinant of the mom's success to nurse. It is strongly recommended that prenatal instruction for support persons, especially the baby's father or grandmother, be given as early as the first trimester.

## Self-Efficacy

Breastfeeding support for the new mother begins as soon as she seeks prenatal care. Her first prenatal visit should include a subtle suggestion from her doctor that she can breastfeed. Peer counselors, who can easily identify with the mother's concerns, address this issue early on, demonstrating the ease and practicality of breastfeeding. Education begins with WIC classes for both the mother and her support person(s) about:

- ◆ the benefits of breastfeeding for mother and baby
- ◆ milk production and how to know if you have milk
- ◆ how to tell if your baby is getting enough milk
- ◆ correct positioning and latching-on and preventing common problems
- ◆ who to call for help

Although prenatal education has a significant effect on the mother's decision to breastfeed, postnatal support is needed to reinforce what she learned during her pregnancy.

## In the hospital or birthing center

Studies have shown that postpartum care, individualized professional support in the hospital or birthing center, and later follow-up visits in the home significantly increase breastfeeding duration. WIC peer counselors encourage hospital nursing staff in their communities to take Phase I and II training and provide them with current breastfeeding protocols. Without current breastfeeding information, well-meaning hospital staff may undermine a mother's confidence in her ability to breastfeed by:

- ❖ supplementing or giving pacifiers instead of taking the hungry baby to mom
- ❖ creating a general atmosphere of doubt about the mother's ability to feed her child
- ❖ leaving an unspoken message that breastfeeding is difficult

A recent study of hospital nursing staff in Scotland concluded that even though the staff intended to promote breastfeeding, their lack of knowledge was a detriment to the mother's efforts.



Peer counselors and breastfeeding coordinators are encouraged to work with local hospitals in helping them become Texas Ten Step hospitals. Texas has 40 birthing centers and approximately 400 hospitals licensed to deliver babies. Of these, Texas boasts 22 Texas Ten Step hospitals. For a list of these hospitals and birthing centers, see <http://www.tdh.texas.gov/lactate/TXfact.htm#item6>.

**At home**

This is the crucial time for a consultation with a lactation consultant or peer counselor. Although less than one percent of women are physiologically unable to produce enough breastmilk for their babies, the most common reason for early weaning is insufficient milk. Family members, worried that the mother is not producing enough milk, may convince the mom to discontinue breastfeeding. Women who have temporary problems

initiating breastfeeding may quit without getting help. In addition to helping the mother breastfeed, the counselor helps families understand the progress of colostrum, mature milk, and the natural weight loss and gain as the baby recuperates from labor and delivery, alleviating unnecessary fears that lead to supplementation.

In Texas, many local WIC agencies offer breastfeeding support groups to help the new mom during the first few weeks. Recognizing the signs of milk production and her baby's satiety help convince the new mom and her support system that nature knows what it's doing. As the family sees the newborn thrive on mother's milk alone, mom is more likely to continue breastfeeding successfully.

**Breastfeeding Support Ideas**

indicates WIC support

Pregnancy				
<b>1st trimester</b>	OB/GYN counsels moms and dads to think about how they will feed their new baby and recommends breastfeeding.	WIC presents a pregnancy class on breastfeeding benefits and invites dads and/or other family support to attend.	WIC clinics should display posters and distribute handouts on breastfeeding benefits (e.g. stock #13-14).	Invite pregnant and breastfeeding clients to a World Breastfeeding event, a health fair, a reception for breastfeeding moms, or a community forum on breastfeeding.
<b>2nd trimester</b>	OB/GYN mentions to moms at a prenatal visit that their breasts are perfect for breastfeeding.	Remind moms that they will receive enhanced WIC food packages if they breastfeed.	WIC staff should help moms set their breastfeeding goals.	
<b>3rd trimester</b>	OB/GYN recommends a pediatrician who is supportive of breastfeeding.	In a WIC instructional class, nursing moms show new moms how to breastfeed. New moms receive resources to call if they need help in the first few days or weeks.	Give moms the crib card (#13-25) or magnet reminding families to count the number of wet or dirty diapers to determine food intake.	
In Hospital or Birthing Center				
<b>1st day</b>	Peer counselor or LC visits new mom and baby.	Moms receive a congratulatory note from WIC with a phone number to call if they need help with breastfeeding.	Give new moms the discharge packet containing breastfeeding materials (e.g., #13-22, 13-53).	Peer counselors and LC should advise new moms if there are special circumstances.
<b>2nd day</b>	Peer counselor or LC visits new mom and baby.	Moms receive a Baby Bundle as a discharge packet.		
<b>3rd day</b>	Peer counselor or LC visits new mom and baby.	Moms receive a follow-up phone call from WIC.		
Home from Hospital or Birthing Center				
<b>1st week</b>	Peer counselor will call or visit.	Moms get follow-up call from WIC.	If there are problems, provide moms with assistance and support with appropriate WIC handouts.	Provide moms with assistance and a referral to a local LC or doctor if problems arise.
<b>2nd week</b>	Peer counselor will call or visit.	Moms get follow-up call from WIC.		
<b>3rd week</b>	Peer counselor will call or visit.	Moms get follow-up call from WIC.		
Continuing Support				
<b>4th - 13th week</b>	Peer counselor continues to provide support or refers moms to an appropriate breastfeeding support group.	Encourage Moms to call WIC counselors for support and consultations on breastfeeding questions as they arise.	Provide moms with the appropriate materials to meet breastfeeding needs of the family.	Continue to support moms facing any circumstance that hinders breastfeeding. These include separation of mom and baby, teething, nursing strikes, mom returning to work, multiple births, and weaning the older baby.



# What's in that cabbage?

By Tracy Erickson, R.D., L.D.  
WIC Breastfeeding Coordinator

**C**abbage has been used in the treatment for breast engorgement since 1892, when *The Glory of Women* recommended the use of the "young cabbage leaf to treat the caked breast." Studies have shown that cabbage is just as effective as cold packs in reducing swelling with breast engorgement.

---

Although numerous theories abound, no one knows for certain how cabbage works.

Kathryn Roberts in 1995 compared the effects of chilled cabbage leaves versus chilled gelpaks on self-reported pain of engorgement and found that while both resulted in a statistically significant decrease in reported pain, most women preferred the application of cabbage leaves. Subsequent research by Roberts concluded that room temperature cabbage leaves have the same effect. Cabbage has also been used topically to treat sprains, burns, rashes, open sores, and to reduce swelling and bruising after surgery or accidents, arthritis, and hemorrhoids. The perineal area after childbirth has also responded to cabbage treatment.

There are several conflicting theories on how to use cabbage. Some theories say that cabbage should be crushed to break the veins, pounded to release the juices, or warmed to release the "secret ingredient" when used to reduce swelling. Other theories state that cabbage does its job whether or not it is crushed, warmed, chilled, or used at room temperature. Even with all of the theories on how to use cabbage, no one has been able to figure out how or why cabbage works. We just know it works for many women.





In their natural state, cabbage leaves are the same shape of the breast, cool to the touch, convenient, inexpensive, user-friendly, and disposable. The leaves can be easily worn inside the bra, won't drip, and mom won't be tied down holding on to cold packs. On the downside, they can stain the bra and emit an odor of cooked cabbage leaves.

There are no documented cases of cabbage completely drying up a mother's milk supply in an actively nursing mom. However, cabbage has been successfully used to dry up the milk supply in a non-nursing mom. Because of the potential for cabbage to affect milk supply, a mother should be told to discontinue the use of cabbage when the affected area begins to soften, the breasts begin to feel different or "tingly," or milk begins to flow from the nipples.

When counseling a mom with engorgement, both cabbage and cold packs should be suggested as options to reduce swelling and ease pain between feedings. A mother who needs immediate pain relief may not have cabbage at home, but she will, most likely, have ice or a bag of frozen vegetables she can use.

**If a mother is interested in using cabbage, she should be given the following guidelines:**

- Wash the leaves to remove pesticides.
- Remove the large center vein and cut a hole for the nipple.
- Wear leaves inside the bra until wilted and replace with fresh leaves if needed.
- Discontinue use of cabbage when breasts begin to soften, feel "tingly," or milk begins to drip from her nipples.

Many lactation specialists also use cabbage as part of the treatment for plugged ducts and breast infections. The cabbage leaf can be cut to cover only the affected area, thereby reducing the mother's risk of compromis-

ing her milk supply. The cabbage piece can also be warmed, which may be more soothing to a mom with a plugged duct or breast infection.

Cabbage leaves can be an effective and affordable way to manage the swelling and pain associated with engorgement, plugged ducts, and breast infections. Because there is no scientific evidence to confirm that cabbage leaves reduce swelling, they should only be used in addition to the scientifically proven treatment for engorgement, plugged ducts, and breast infections. This includes frequent nursings, moist heat and massage before and during feeds, and correcting or improving positioning and latch-on.

If an infection is suspected, the mother should be referred to her doctor or health care provider. Signs of infection include having a temperature at or above 101 degrees, general body aches, tiredness, nausea, vomiting, pus or blood in her milk, or red streaks from the infected area back into the breast.



# Texas WIC celebrates 10 years of the Peer Counselor Program

By Jewell Strempler  
Peer Counselor Coordinator



*Ruiz: I love my mothers and my job*

If you had the opportunity to meet Patricia Moehn and Janette Ruiz, you would quickly understand why the Peer Counselor Program in Texas has been so successful. For the past 10 years, these women, and hundreds of others across the state, have shared their experiences and skills to help mothers and babies experience the joy of breastfeeding.

Ruiz has a multitude of qualities that help her in assisting other mothers. Two that stand out are a gift for story telling and a generous heart. Moehn's wonderful qualities are quiet patience and the soft-spoken voice of authority and caring. Moehn and Ruiz are two of 12 very special women who became the first WIC breastfeeding peer counselors in Texas when they graduated from the first Peer Counselor Training in May 1991. We congratulate them both on their tenth anniversary of service as breastfeeding counselors with the Austin/Travis County WIC Program.



Ruiz counsels and teaches in WIC clinics and assists moms at Brackenridge Hospital. "I love my mothers and my job. I love doing what I do. It makes you feel good inside when you help someone," said Ruiz. "The next time I see them they say, 'Thank you,' and it makes me feel good. They come back to see me, I think it's good to get to know the moms and to let them know you are there for them. It gives them someone to ask when they have questions." Ruiz spends her time between several clinics and Brackenridge Hospital and is also taking classes to further her education. She wishes there was a peer counselor for each clinic. Ruiz says her clients always have lots of questions and you have to spend time with them to give them the help and support they need. Ruiz has lots of wonderful stories and experience to draw from including breastfeeding her twins.



## **Moehn: I love the work**



"I didn't have a clue when I started that I would still be here in 10 years and that I would pursue this as a career," Moehn said. "I wanted a job where I could be with my baby, who was about 8 months old when I started. I stayed with it because I love the work," she says. At first, Moehn worked in the WIC clinics counseling and teaching classes. Then

she counseled moms at Brackenridge Hospital for several years.

Now she works at Mom's Place Breastfeeding Resource Center, where she has worked for about seven years. She earned her International Board Certification

as a lactation consultant in 1999 and is now one of three LCs who

staff Mom's Place. Moehn says she has seen a lot of changes in WIC since she started. "At first, the other staff really didn't know who we were and what we were supposed to do and now they rely on the peer counselors," she said. "The best thing is the increase in the numbers of mothers who breastfeed their babies."

These two outstanding counselors are examples of why the program is such a success. Their stories represent hundreds of other peer counselors throughout Texas who each have their own individual skills, talents, and stories, but who all share a strong desire to help others.

### **Celebrate program growth**

The success of the first peer counselor pilot program at the Austin/Travis County WIC Program inspired other agencies to duplicate the program across the state. The

program grew very quickly with trainings in Houston and Dallas within the next few months. Today, approximately 300 counselors are employed by 55 WIC agencies and serve approximately 50 hospitals. They work an approximate combined total of 14,600 hours or 91 full-time equivalents. Peer counselors may work anywhere from four to 40 hours a week. When the program started, most counselors worked approximately four hours per week. Today, 15 local agencies employ full-time peer counselors, and many others have full-time positions where the hours are split between peer counselor and clerk duties.

In addition, 65 of the women who started their careers with WIC as peer counselors have moved into other full-time positions with WIC. Several have been hired by hospitals as breastfeeding educators and many have attained their IBCLC certification.

### **Celebrate community support**

One of the program's goals is to provide a network of community support for breastfeeding. WIC local agencies in Texas have trained more than 2000 mothers since the program began and many graduates of the program have been identified as breastfeeding experts in their communities. Even those who no longer work for WIC continue to provide information and support for their friends, relatives, and neighbors.

### **Celebrate the past and the future**

As part of our World Breastfeeding Day celebration this year in Austin, we will have some special events to recognize the tenth anniversary of the Peer Counselor Program in Texas. We encourage you to help us celebrate and remember to honor your peer counselors during your World Breastfeeding celebrations. We have plenty of milestones and major accomplishments to be proud of in the first 10 years of the program and we are looking forward to even greater success in the future.



# Austin Area Quilt Guild members make 100 quilts for Baby Bundles project

By Laurie Coker,  
Breastfeeding Promotion Specialist



**W**hile I have watched with enthusiasm the grateful faces of WIC mothers and pregnant teens when they receive the beautiful quilts in our Baby Bundles, I had never met the generous women who make these quilts. In July, I attended one of their monthly meetings with Beverly Rawlings, coordinator of the Baby Bundles project. In a north Austin church multi-purpose room, dozens of women went to work with fabric, sewing machines, ironing boards, quilts in various states of completion, and a contagious energy.

Without introduction, I was given labels to hand-sew on otherwise finished quilts, while the quilters quickly organized themselves. Soon there were sewing machines humming, hemmers hemming, ironers ironing, and counters loading up the finished product for Beverly to take back to her office and distribute to Austin-area WIC participants who breastfeed their babies. The work did not stop while Guild President Susan Tennison and Project Coordinator Carmen Vasquez made announcements and members showed off hand-quilted items they created in individual bees. Bee members reported on their activities and histories while the women continued working on Baby Bundles quilts.

Over 100 quilts were given to Beverly during the three-hour meeting. The quilts are made available each year for distribution to Austin-area WIC clinics as part of their August 2001 World Breastfeeding Month activities honoring breastfeeding WIC moms. To learn more about Baby Bundles, see <http://www.tdh.texas.gov/volunteer/bb.htm>.





## Solving the soupy cereal mystery

By Tracy Erickson, R.D., L.D.  
WIC Breastfeeding Coordinator

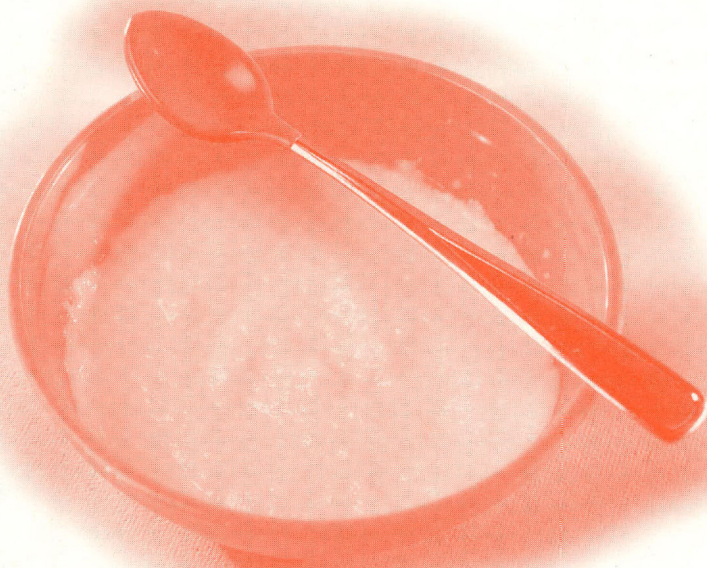
**T**oday is the day that baby Preston is starting cereal. Preston has been exclusively breastfed for six months and has been trying to sneak food from his daddy's plate for the past two days. His mommy, Rachel, is mixing cereal for the first time. Rachel stirs some of her breastmilk into the cereal to get the right consistency, then picks Preston up to get him settled into his high chair. She turns around to grab the bowl of cereal and... what?... SOUP! Rachel adds more dry cereal to thicken it again and the phone rings. After a five-minute phone conversation, the cereal is soupy again. "What is going on?" she thinks to herself.

The culprit is amylase. Amylase is one of at least 44 enzymes present in breastmilk. Amylase breaks down starch making breastmilk easily digested. Newborns have inadequate amounts of amylase until they're about 6 months old, so the only way they get it is through breastmilk.

When breastmilk is mixed with cereal, the amylase immediately begins to break down the starch in the cereal to sugar and water. If enough cereal is added, the amylase will eventually get "used up," but by this time, the cereal will be very sweet and more concentrated than the baby needs.

To avoid soupy cereal, heat breastmilk just up to or below boiling to deactivate the amylase. Bringing breastmilk to a full boil should be avoided to keep other beneficial components of the milk from being destroyed.

Watery cereal may not be a bother to many moms, especially if their babies are fast eaters. But deactivating the amylase in breastmilk before mixing it into cereal can make a box of cereal last much longer for babies who are slow eaters. More importantly, deactivating the amylase may be crucial for breastfed babies with severe swallow disorders who must have cereal added to their milk to thicken it.





# Drawing blood can be a sticky situation without proper planning

By Marie Garland, R.N.  
WIC Clinical Nurse

Fingersticks and heelsticks hurt! Don't believe for a moment that a fingerstick is less painful to a child than drawing blood from a vein. Kids are treated a bit differently when venipunctures are required. But a finger or heel is preferred for a capillary specimen because the procedure is convenient and easy. However, for the parent, a finger or heel stick to a child can be traumatic. And for the child, it is sometimes the worst thing that could possibly happen. For this reason, both the child and parent may have to be mentally prepared.

## Preparing child and parent

Have all equipment out of sight before approaching the parent or child. This includes lancets, gloves, and capillary tubes. These are distractions and the child will tend to focus on these items and not listen to what you are saying.

The person performing the test must keep in mind that both child and parent will undoubtedly be anxious. The child will be afraid of the needle and the parent will be afraid of hurting the child. Greet both with a smile and an introduction. Be friendly, maintain direct eye contact, and remain calm but speak with confidence. This approach will help to break the ice, build confidence, and reduce the initial anxiety.

Discuss the procedure with the parent and ask her to help. Let the parent know that she can be of great assistance in just comforting her child. You can also use her help in steadying or restraining her child's arms. Don't force her to help if she is hesitant. Enlist assistance from clinic staff. It's better than having a parent pass out while you're trying to draw her child's blood.

Next, tell the child what you are going to do if she is old enough to understand. Be honest and let her know that there will be a "pinch." Tell her it is fine to say "ouch" or to cry, but it is most important to hold still.

Make sure she knows that you will be very quick and it will be all over soon. Try to make a game of it if the child is old enough. You might tell her that you'll be done by the time she can count to 20.

After the procedure is done, try to get a buy-in from the child that it really didn't hurt that much. If she accepts this, tell her to remember this just in case she ever needs to have it done again. Reinforce the fact that you would never hurt her if you can help it. Even after all this physical and mental preparation, you may still encounter a child that requires more restraining than the parent alone can offer. Get help. If additional assistance is still inadequate, do not perform the procedure. Notify the clinic supervisor or local agency director of the situation.

## Selecting a site

Sites used for capillary blood sampling include fingers and heels. On rare occasions, the walking surface of the big toe may be selected. In any case, the age and size of the participant must be considered. The site should be warm, pink, and free of bruises, scars, or rashes. Do not use sites that are cold, swollen, or cyanotic. To improve blood flow of any collection site, try warming the site with a warm, moist towel no warmer than 107° Fahrenheit for three to five minutes prior to puncture. Do not use too high a temperature, because infant skin is thin and susceptible to thermal injury. The heel of the foot, big toe, and fingers are the main choices for sites to puncture. Heel sites are generally deeper than toe sites and toe sites are generally deeper than finger sites. With infants and children, the length of the lancet is the biggest concern. Select the correct length of lancet to avoid a puncture that penetrates bone or cartilage.

In children ages 1 to 5 years, fingers are the most practical puncture sites. Use the middle or side of the



palmar surface of the middle or ring finger. It is recommended that the index finger not be used since children use this finger frequently and will be reminded of the pain more often. A lancet less than 2.4 mm should be used.

Do not puncture the tip or extreme side of the finger or the little finger. The bone is too close to the surface of the skin in these areas. Caution should be used when performing a finger puncture on infants or slender children since the bones may be very close to the surface of the skin. When alternative puncture sites are needed, refer the participant to a primary care physician. Do not use any other site than those listed above.

When certifying premature infants older than 6 months, consider their adjusted age. For example, an infant age 7 months, born at 30 weeks gestation, has an adjusted age of four and a half months. It's best to refer these infants to their primary care physician for the bloodwork.

### Required equipment

**Minimum equipment used in blood collection should include:**

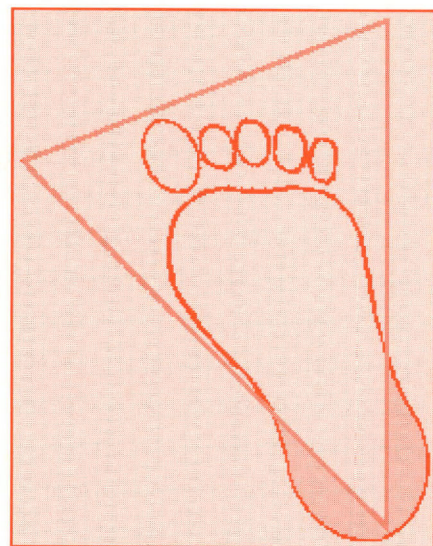
- ✓ alcohol preps
- ✓ 2" X 2" sterile gauze pads
- ✓ gloves
- ✓ lancet device
- ✓ capillary tube or cuvette
- ✓ adhesive bandage strips
- ✓ marked container for bio-hazard waste products
- ✓ sharps container

### Blood collection on infants

Generally, the recommended location for blood collection on an infant is the heel. The shaded area on diagram to the right indicates the proper area to use for heel punctures for blood collection.

Clean the site to be punctured with an alcohol prep. Dry the cleaned area with a sterile gauze pad and hold the infant's foot firmly to avoid sudden movement. Using a sterile lancet, puncture the side of the heel in the appropriate area. Do not use the central portion of the heel because you might injure the underlying bone, which is close to the skin surface. Make the puncture across the heelprint lines so that a drop of blood can well up and not run down along the lines. If the puncture site does not bleed, clean and bandage the site. Using a new lancet, stick another site. Wipe away the first drop of blood with a piece of clean gauze. Since infants do not often bleed immediately, use gentle pressure to produce a rounded drop of blood. Do not use excessive pressure or heavy massaging because the blood may become diluted with tissue fluid. Fill the capillary tube(s) or cuvette as needed. When finished, elevate the heel, place a piece of clean, gauze on the puncture site, and hold it in place until the bleeding has stopped. Small objects, such as gauze pads or adhesive bandages, may cause infants and small children to choke. Remove them before they leave the lab.

Be sure to dispose of the lancet in the appropriate sharps container. Dispose of contaminated materials in appropriate waste receptacles. Remove your gloves and wash your hands.





## News to Use

By Tracy Erickson, R.D., L.D.  
WIC Breastfeeding Coordinator

### Breastfeeding promotion for teens

A study evaluating the knowledge and attitudes of high school girls in the United States regarding infant feeding was published in the *Journal of Human Lactation*, 16(1) 2000. The study sought to determine if the high school girls might be effective targets for breastfeeding promotion strategies.

The survey was administered to 100 teenagers in two suburban high schools in the United States. Results of the survey show:

- I. Seventy-nine percent of the girls expected to have children, but only 52 percent planned to breastfeed.
- II. Girls who were breastfed as infants were more likely to plan to breastfeed, as were girls with exposure to breastfeeding.
- III. Girls exposed to breastfeeding were more likely to see breastfeeding as beneficial to both the mother and the infant and to be interested in breastfeeding education.

The study concluded that teenagers might be an important target group for breastfeeding promotion because many consider the choice of infant feeding before planning pregnancy and have not yet decided whether to breastfeed.

### Additional item to How to Support A Breastfeeding Mother in the Childcare Center packet

A full-color 8"x11.5" handout has been added to the childcare trainer packet, *How to Support A Breastfeeding Mother in the Childcare Center. 10 Steps for a Breastfeeding Friendly Childcare Center*, adapted from a similar handout by the Chilean National Board of Nursery Schools, has been added to the packet, which offers 1.5 continuing education credits for childcare workers who attend the training. *10 Steps for a Breastfeeding Friendly Childcare Center* lists 10 ways the

childcare provider can be supportive of breastfeeding. It may be posted in the center for easy referral by staff, or used as a staff handout. Anyone in Texas who trains childcare workers may order the trainer packet by calling Elaine Greiner at (512) 406-0744 or emailing your request to Elaine.Greiner@tdh.state.tx.us. Or, you may contact the training coordinator at the Department of Human Services, special Nutrition Programs, and request the 1.5 hour training at Deborah.Simpson@dhs.state.tx.us. The contents of the packet may be downloaded from the Texas Breastfeeding Initiative web page at <http://www.tdh.texas.gov/lactate/childcare.htm>.

### BIBBs are back

Breastfeeding Interactive Bulletin Boards (BIBBs), which were mailed to all Texas local agencies several years ago, are again available in limited supply. Please send a fax to (512) 458-7446, attention: Forms Coordinator, if you would like to order one of the following BIBB packets. Please specify if you want an English or Spanish packet.

*You Can Make a Difference: Reach Out to Your Community* - This packet gives a variety of ways WIC participants can become breastfeeding advocates in their communities, including participating in the National Breastfeeding MediaWatch campaign, promoting Texas 10-Step Hospitals, and advocating breastfeeding to family and friends.

*Breastfeeding Issues* - Informs women of ways to handle nursing strikes, teething or biting, and weaning. It also gives moms an opportunity to share their ideas of what worked for them.

*No Finer Investment* - Educates about the many health benefits of breastfeeding as well as cost benefits and benefits to employers. It uses handouts that help working moms continue breastfeeding.

*Breaking Down Breastfeeding Myths* - Corrects misinformation about breastfeeding and helps expectant parents determine how they will feed their newborn.

### FDA alerts public to possible health risk associated with certain tamarind candy lollipops from Mexico

The United States Food and Drug Administration (FDA) is warning consumers to avoid purchasing or con-



suming Dolmas brand tamarind-flavored candy lollipops labeled "Bolorindo" because of high levels of lead that may be associated with the product - especially in the wrapper. People, especially children, who consume high levels of lead can suffer serious damage to their central nervous systems, sometimes leading to permanent neurological damage. Routine lead testing of children conducted by the California Department of Health Services revealed at least three cases where 2-year-old children may have suffered from elevated lead levels as a result of contact with this candy. These findings led the California Department of Health Services and FDA to analyze this product for lead contamination. Although sampling and analysis of this product continues, preliminary findings indicate that at least the lollipop wrapper's exterior may have exceedingly high concentrations of lead of 21,000 parts per million.

In light of these preliminary findings and reported injuries, the FDA is urging people not to consume these lollipops and to keep them away from their children. Eating the lollipops may expose them to dangerously high levels of lead, especially if the tamarind candy becomes damp or if the wrapper is chewed or eaten. Anyone who suspects they or their child may have consumed these lollipops may want to consult their doctor about having their lead level checked. The product is a soft, dark brown, tamarind fruit candy lollipop on a white or orange stick. It is wrapped in an orange-red wrapper with "Bolorindo" in white lettering and a picture of a brown tamarind fruit. The product is known to be distributed in California, but may also be present in other parts of the country, particularly in Southwestern states.

### Mercury thermometers pose danger risk

Mercury thermometers, which are made of glass the size of a straw, with a silvery-white liquid inside, are no longer recommended because of their high potential for breakage. If mercury spills from a broken thermometer and is not cleaned up, it will evaporate, potentially reaching dangerous levels in indoor air. Mercury affects the human brain, spinal cord, kidneys, and liver. It affects the ability to feel, see, taste, and move. Mercury thermometers should be replaced with safer, non-mercury fever thermometers.

### The Economic Benefits of Breastfeeding: A Review and Analysis

The United States Department of Agriculture (USDA) recently published *The Economic Benefits of Breastfeeding: A Review and Analysis*. This report is a summary of several studies on the economic benefits of breastfeeding. The report states "a minimum of \$3.6 billion would be saved if breastfeeding were increased from current levels - 64 percent in-hospital, 29 percent at age 6 months - to those recommended by the United States Surgeon General - 75 percent and 50 percent. This figure is likely an underestimation of the total savings because it represents cost savings from the treatment of only three childhood illnesses: otitis media, gastroenteritis, and necrotizing enterocolitis. You can get the full report at <http://www.ers.usda.gov/publications/fanrr13/>.

### Breastfeeding may reduce pain experience of immunizations in 2-month-old infants

For most minor painful medical procedures, such as drawing blood and immunizations, infants are separated from their caregivers. This means that they must deal with the stress of these procedures on their own, without any benefit that contact with their caregivers might provide in dealing with painful stress experiences.

Ronald Barr, M.D.C.M., and colleagues at McGill University tested the notion that infants might be able to handle a painful stress experience better when they are with their caregivers, but went one step further. On the basis of previous research with animals and human infants, they predicted that the optimal benefit of caregiver contact would occur if the infant were being breastfed during a painful procedure.

"Breastfeeding engages a number of sensory pathways through taste, the activity of suckling, and the presence of nutrients in addition to the body contact that comes with holding the infant," says Barr. "All of these have been shown to provide access to physiological systems in the infant that would be likely to modify, and probably reduce, the pain and stress of the experience."

The researchers recruited 74 mothers who were willing to hold their infants during the immunization procedure at two months of age, and then breastfeed their infants either during or after the immunization. The



procedures were videotaped. Afterwards, coders scored the crying, the infants' facial expressions indicative of pain, and the amount of flushing during the procedure. Then they compared the amounts of these responses in the infants who were breastfed during the procedure to the responses in the infants who were breastfed only afterwards.

As the researchers suspected, the infants who were breastfed during the procedure had substantially lower amounts of all of the behaviors - crying, facial activity, and flushing - indicative of pain and stress than those who were breastfed afterwards. This was true during the 10 seconds that the injection took place, as well as in the complete minute during and after the needle had been inserted and removed. Most of the behaviors occurred about half as much in the breastfed group.

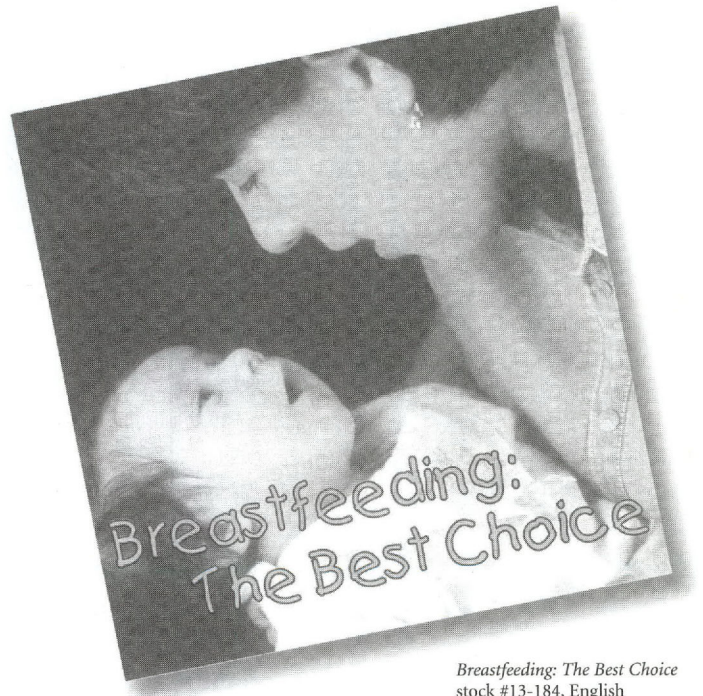
"These results dramatically indicate that breastfeeding substantially reduces the infant behavioral response to a painful stress experience," noted Barr. "If it is reasonable to assume that these responses are indicative of a painful stress, then it is likely that the pain experience is reduced or, in other words, that the infants benefit from 'breastfeeding analgesia.'

"These results may provide a justification for reconsidering the standard practice of requiring that infants undergo the stress of minor painful procedures separated from their caregivers," he adds. "In particular, breastfeeding may provide one of the best forms of caregiver support for the infant."

Ronald G. Barr, Jodi A. Paterson, Lisa M MacMartin, Julie Lessard, Nicole Calinoiu, and Simon N. Young of McGill University's Faculty of Medicine at the McGill University-Montreal Children's Hospital Research Institute conducted the study. The Medical Research Council of Canada (MOP 38100) funded the study.

### New breastfeeding brochure

*Breastfeeding: The Best Choice*, stock number 13-184, English, and stock number 13-184A, Spanish, explains the many benefits of breastfeeding and is illustrated with beautiful photos of babies and families. To order, use the Texas WIC Materials Order Form and fax to: forms coordinator at (522) 458-7446.



*Breastfeeding: The Best Choice*  
stock #13-184, English



*Breastfeeding: The Best Choice*  
stock #13-184A, Spanish



# Diabetes rates rise another six percent in 1999

From the Centers for Disease Control and Prevention

Diabetes rates rose a striking six percent among adults in 1999, according to researchers at the Centers for Disease Control and Prevention (CDC). The new findings are reported in the February issue of *Diabetes Care*, a journal of the American Diabetes Association, and are further evidence that diabetes is a major public health threat of epidemic proportions. Currently more than 16 million Americans have diabetes and about a third do not know they have the disease.

This new report is a follow-up to a study CDC released in September 2000 showing that from 1990 to 1998 diagnosed diabetes, including gestational diabetes, rose 33 percent among U.S. adults. That study also linked the increase in diabetes with the rising rates of obesity, a major risk factor for diabetes. The prevalence of obesity increased significantly from 17.9 percent in 1998 to 18.9 percent in 1999, an increase of 5.6 percent in one year and 57 percent from 1991.

"This dramatic new evidence signals the unfolding of an epidemic in the United States," said Dr. Jeffrey Koplan, director of CDC. "With obesity on the rise, we can expect diabetes rates to increase sharply as a result. If these dangerous trends continue at the current rates, the impact on our nation's health and

medical care costs in future years will be overwhelming," Koplan said.

In 1997, an estimated \$98 billion was spent on health care associated with diabetes. Both the September report and the follow-up data were derived from the Behavioral Risk Factor Surveillance System (BRFSS), an ongoing data collection program conducted by state health agencies in collaboration with CDC.

According to the 1999 survey, increases in diabetes were noted in every category examined including sex, age, race, education, weight and smoking status. Prevalence increased among women, 7.4 percent to 7.6 percent; and men, 5.5 percent to 6.0 percent. Prevalence also increased among all ethnic groups including whites, 5.9 percent to 6.2 percent; African American, 8.9 percent to 9.9 percent; Hispanics, 7.7 percent to 8.0 percent; and all others, 6.6 percent to 7.7 percent.

"Despite these dramatic increases, we are encouraged that maintaining healthy behavior such as controlling weight through nutrition and physical activity can help ease the burden of diabetes and may actually prevent its onset," said Dr. Frank Vinicor, director of CDC's diabetes program.

Approximately 800,000 new cases of diabetes are diagnosed each year.

It is the seventh leading cause of death in this country and a major contributor to serious health problems such as heart disease, stroke, blindness, high blood pressure, kidney disease, and amputations.

CDC works in collaboration with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) in sponsoring the National Diabetes Education Program (NDEP), an initiative involving both public and private partners to improve diabetes treatment, promote early diagnosis, and maintain quality of life for people who have diabetes.

For more information on diabetes, visit CDC's Web site: <http://www.cdc.gov/diabetes> or call toll free: 877-CDC-DIAB (877-232-3422).

For information about nutrition and physical activity, call toll free at 888-CDC-4NRG (888-232-4674) or visit <http://www.cdc.gov/nccdphp/dnpa>. To obtain copies of geographic maps showing diabetes and obesity trends in the United States, call the contacts listed above.



# Ten elements of high performing teams

By Esther Diaz

WIC Training Supervisor

Have you ever worked on a team that appeared dysfunctional, out of sorts, unable to get along, and unable to get the work out? If so, it is probably one of the toughest work situations you have faced. Not only were team members pulling the "team bandwagon" in opposite directions, some of the members had jumped on the wagon so they could be pulled by the rest of the team. If you are on a team that is not maximizing its potential, consider the following:

- ❖ Are there more conversations about individual turf than teamwork?
- ❖ Are there more team members who hold back and let others do the work, or does everyone readily volunteer for assignments?
- ❖ Are meeting agendas focused on past issues and personalities than on current projects and future goals?
- ❖ Does the team spend more time putting out fires than working on planned projects?
- ❖ Are problems resolved by factions or by the entire team?

In Thomas Isgar's book *The Ten Minute Team*, he identifies key elements of high performing teams. Successful teams exhibit the following characteristics.

- ❶ Clear Purpose - Successful teams are clear on how they support the organization's purpose, and that purpose provides daily guidance as well as a path for future success.
- ❷ Trust - Trusting teams care about each other. Team members are supported for taking risks and are able to let go of negative incidents in the past.
- ❸ Problem Solving and Conflict Resolution - Successful teams have a specific problem solving process and make sure they are solving the right problem.

- ❹ Individual Performance - While not everyone on the team is a top performer, training is available for each team member. Each member sees a problem of one as a problem for the entire team. Team members offer resources, ideas, and support that might help.
- ❺ Team Spirit - The team is more than the sum of its individual talents. Teams set challenging goals and regularly assess progress toward those goals. The leader affirms the team and its members with positive support. Focusing on winning often leads to better solutions than focusing on problem prevention. A winning attitude boosts morale.
- ❻ External Excellence - Successful teams focus on external relationships. They identify events that may change the team's ability to succeed.
- ❼ Good Relationships with Team Members - Individual expectations are clarified and timely feedback is provided about performance. This way positive relationships are maintained with fellow team members.
- ❽ Team Performance - Team leaders reward cooperation and work to eliminate divisive behavior. Job rotation and cross training are used to help the team perform at a high level. Participating in social activities as a team benefits the team.
- ❾ Seen as Winners - Winners deliver what they promise. They act positive and have a can do attitude. Winners never talk negatively about their team or fellow members.
- ❿ Leaders Believe in the Team Process - A leader is a competent individual who helps the team remain focused. Leaders clearly communicate expectations about teamwork and only reprimand to support expectations.

You'll find that if you have poor teamwork, you'll leave work frustrated, drained, and dread going to work the next day. However, a good team will make you feel good and you'll leave each day with a song in your heart and a bounce in your step and you'll be anxious to go to work every day. If you would like to improve your team, take time to read *The Ten Minute Team* by Thomas Isgar. You may contact Esther Diaz at (512) 406-0700 ext. 257 for a copy. In the meantime, hold on to this thought: Wouldn't it be great to leave work each day thinking, "way to go, team!"



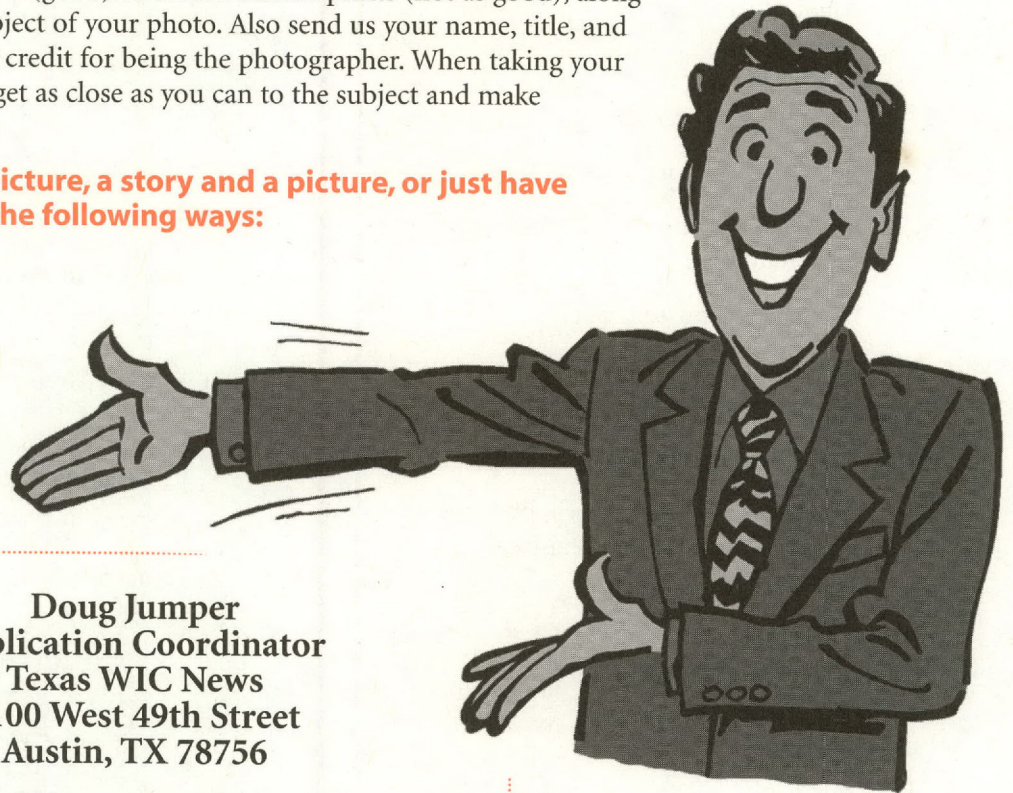
## How to submit news items and pictures to Texas WIC News

Have you always secretly wanted to be a news reporter? Or do you just wish you could get some publicity for the great work being done by your local agency? Submitting a news item to the Project News section of *Texas WIC News* is easier than you think!

If you know of a recent event that you would like to share with WIC people across the United States, write us a short news story and we will run it as soon as we can. If you are uncomfortable about writing a news story, just send us the facts and we will write it for you. Either way, **please make sure your submission includes "the five Ws" of a news story - who, what, when, where, and why - along with your name, title, and phone number.**

We also love to get pictures of your people and events. E-mail us your digital photographs (best), or send us your 35mm glossy-finish color prints (good) or color Polaroid prints (not as good), along with the names, titles, and subject of your photo. Also send us your name, title, and phone number so you can get credit for being the photographer. When taking your pictures, please remember to get as close as you can to the subject and make everyone stand close together.

**If you have a story, a picture, a story and a picture, or just have questions, contact us in the following ways:**



Doug Jumper  
Publication Coordinator  
Texas WIC News  
1100 West 49th Street  
Austin, TX 78756

Phone (512) 406-0700 ext. 238#  
Fax (512) 406-0722  
E-mail [doug.jumper@tdh.state.tx.us](mailto:doug.jumper@tdh.state.tx.us)



# WIC breastfeeding training schedule for 2001

## Intensive Course in Breastfeeding, Phase I

Sept. 6 - 8      Houston, Texas  
Memorial Hermann Northwest Hospital,  
1635 North Loop West,  
Conference Rooms A-C  
Oct. 24 - 26      Waco, Texas  
Providence Health Center, Auditorium,  
6901 Medical Parkway

## Intensive Course in Breastfeeding, Phase II

Sept. 26 - 28      Victoria, Texas  
Citizens Medical Center, Central Classroom,  
2701 Hospital Drive  
Oct. 15 - 17      Houston, Texas  
The Woman's Hospital of Texas,  
Classroom 150, 7600 Fannin  
Oct. 17 - 19      Austin, Texas  
Rosewood-Zaragosa Neighborhood Center,  
2800 Webberville Road, Gymnasium.  
Nov. 7 - 9      Lubbock, Texas  
University Medical Center,  
Health Education Classroom, 602 Indiana  
Dec. 5 - 7      Waco, Texas  
Providence Health Center, Auditorium,  
6901 Medical Parkway

## Peer Counselor Trainer Workshop

Sept. 11 - 13      Austin, Texas  
Texas Department of Health, M652,  
1100 W. 49th Street

## Mini Breastfeeding Management Program I (6 hour training)

Sept. 11      Temple, Texas,  
King's Daughter Hospital  
Oct. 22      San Antonio, Texas,  
Santa Rosa Hospital

## Mini Breastfeeding Management Program II (6 hour training)

Sept. 18      Temple, Texas,  
King's Daughter Hospital  
Oct. 11      Temple, Texas,  
Methodist Hospital  
Nov. 12      San Antonio, Texas  
St. Luke's Hospital

## Physicians Breastfeeding Course (4 hour training)

*Available by request*

## Texas Breastfeeding Summit

Nov. 1-3      Dallas, Holiday Inn Select

For more information on these trainings,  
check our website <http://www.tdh.state.tx.us/lactate/courses.htm>. To obtain a registration flyer,  
please call (512) 406-0744, fax (512) 406-0722 or  
email [hellen.sullivan@tdh.state.tx.us](mailto:hellen.sullivan@tdh.state.tx.us)



# Breastfeeding experts to speak at Summit

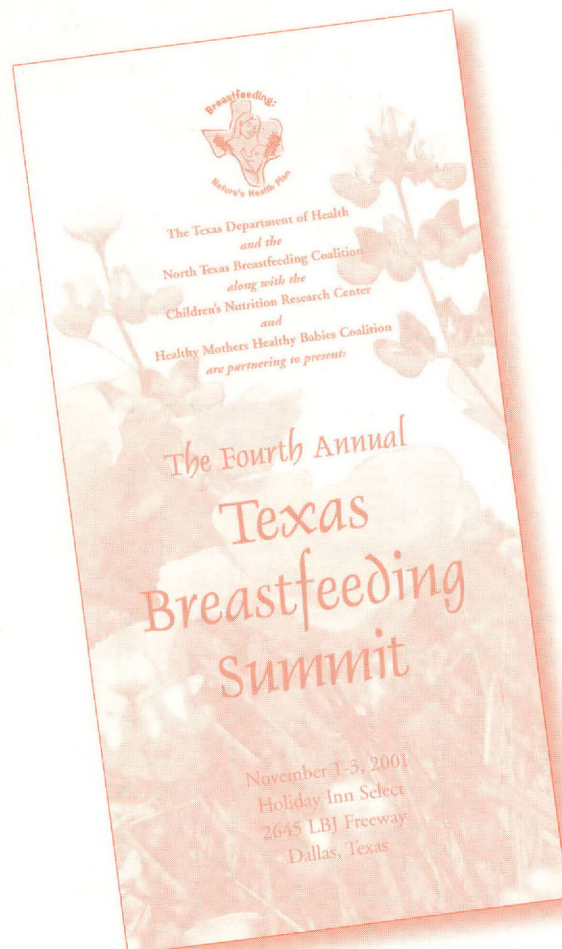
By Janet Rourke, M.S.H.P., L.D., C.L.E.  
Nutrition Training Program Coordinator

If you are interested in expanding your breastfeeding knowledge, we've got a great slate of breastfeeding experts scheduled for the Fourth Annual Breastfeeding Summit, Nov. 1-3, at the Holiday Inn Select in Dallas.

## The list of experts includes:

- ▼ Dr. Jack Newman, an outspoken Canadian physician
- ▼ Paula Meier, founder of the Rush's Mother's Milk Bank
- ▼ Dr. David Page, a dentist and very staunch breastfeeding advocate.

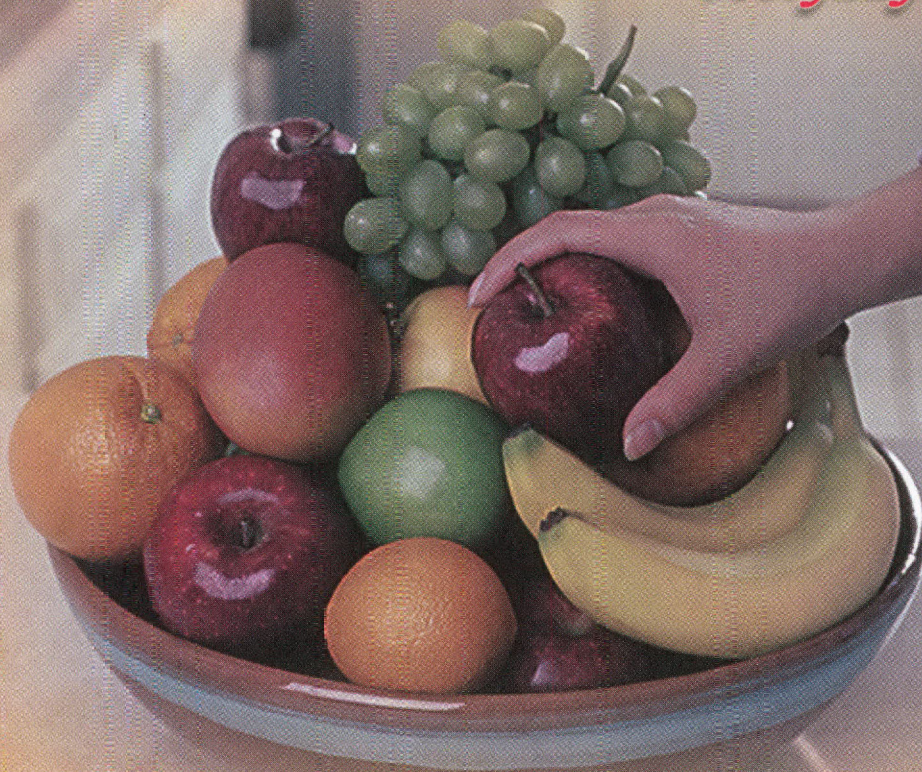
Visit our website at [www.tdh.state.tx.us/lactate/summit.htm](http://www.tdh.state.tx.us/lactate/summit.htm) for a complete agenda and more details on hotel, registration, exhibits, and the poster sessions.





Coming in next issue... **5-A-Day**

*Eat five servings of fruit  
and vegetables  
everyday.*



For information about subscriptions to *Texas WIC News*, e-mail [doug.jumper@tdh.state.tx.us](mailto:doug.jumper@tdh.state.tx.us), or call (512) 406-0700 ext. 238#.



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