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Texas

August
is World
Breastfeeding Month

WIC NEWS

Special Supplemental Nutrition Program for Women, Infants and Children

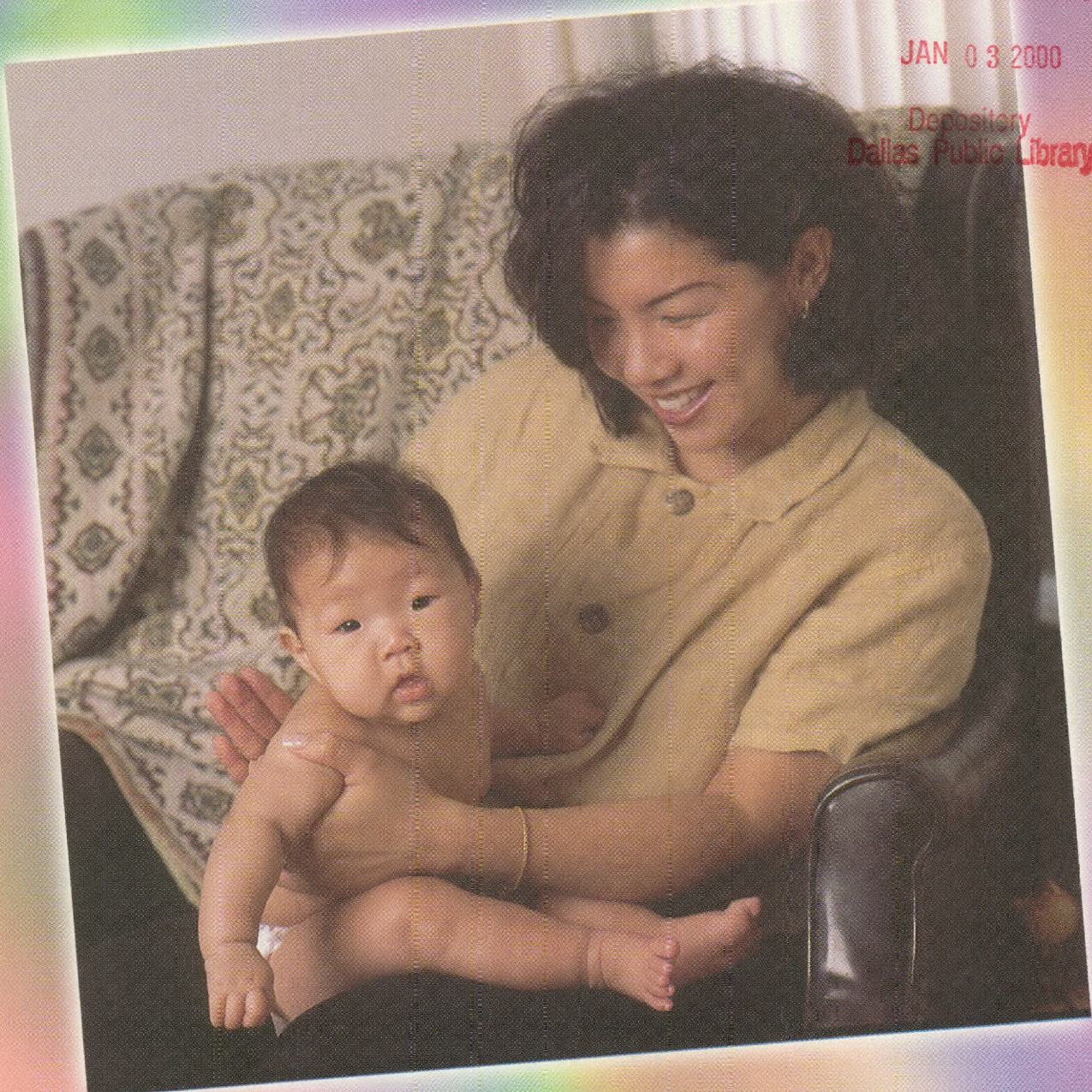
August 1999
Volume 8, Number 7

Breastfeeding

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A Smart Start for Your Baby

Breastfeeding promotion

Texas WIC encouraging more moms to nurse their infants

By Mike Montgomery, Chief
TDH Bureau of Nutrition Services

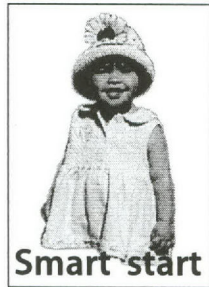
I would like to take this opportunity to thank all WIC staff for your active support of breastfeeding. Because of your commitment, breastfeeding rates in Texas WIC have increased in the past decade. In 1990, 31.2 percent of Texas WIC moms were nursing their newborns at the time of hospital discharge; by 1997, the percentage had increased to 48.8. The number of Texas WIC moms who are still breastfeeding when their babies are 6 months old has more than doubled, from 6.6 percent in 1990 to 13.5 percent in 1997. Texas WIC is immensely proud of all of your efforts to support breastfeeding.

Findings from our nutrition-education and breastfeeding evaluation conducted last summer revealed that:

- ◆ Participants view Texas WIC as a primary source of breastfeeding information.
- ◆ WIC plays an important role in helping women decide to breastfeed.

As women learn and understand the importance of breastmilk, they are increasingly deciding to initiate and continue breastfeeding.

Texas WIC's peer-counselor program has been successful in expanding its efforts and funding to local agencies. Today, about 350 active peer counselors are working in 61 local agencies and 57 hospitals. In addition, several Texas WIC local agencies have contracted with lactation consultants in their communities to offer even more specialized support to breastfeeding moms.



The breastfeeding hot line of the Texas Lactation Support Network, begun last year, further supports and assists breastfeeding moms. The hot line is staffed by breastfeeding experts during normal work hours; on evenings and weekends, callers receive an automated listing of lactation experts in their community.

Any health professional or lactating mother in Texas can use this service free of charge by dialing (800) 514-6667.

Staff and resources from Texas WIC have been instrumental in the initiation and success of the Texas Breastfeeding Initiative, a campaign to increase breastfeeding rates in Texas.

Under the guidance of William R. Archer III, M.D., Texas commissioner of health, the Texas Breastfeeding Initiative works with other programs, agencies, and organizations to support breastfeeding. It develops materials to educate physicians, encourages baby-friendly policies at hospitals, helps workplaces become mother-friendly, and provides community support for breastfeeding.

We are also proud of our successful efforts to train health professionals from WIC and other agencies through our many breastfeeding training programs and conferences. More than 5,500 people have received breastfeed-

ing training from Texas WIC since 1992.

WIC staff and other health professionals throughout the state use TDH-developed educational materials to guide and support breastfeeding moms. The newest TDH-produced breastfeeding video, *The Best Thing/Es Lo Mejor*, will be distributed this fall to doctors' offices and to WIC clinics around the state.

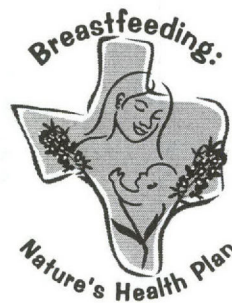
To further boost breastfeeding initiation and duration, we are increasing efforts to ensure that electric breastpumps are available to all Texas WIC moms who need them to provide breastmilk to their infants, either because their baby is in the hospital or because the moms are returning to work. You will learn more about this effort in the coming months.

The most recent data indicate that 57 percent of Texas women breastfeed their newborns at the time they're discharged from the hospital, while only 18 percent are still breastfeeding their infants six months later. Although we've come a long way, we still have a ways to go to reach the *Healthy People 2000* objective of having 75 percent of moms breastfeeding at hospital discharge and 50 percent still nursing six months later.

We need to continue our hard work and effort to promote breastfeeding to every Texas WIC participant. This task is not something to leave to the certification staff and to the breastfeeding counselors; every single WIC staff member can play an active role in this important endeavor.

Thanks to you, many infants in Texas are now receiving breastmilk, the very best nutrition available.

Your efforts are successfully promoting the health and well-being of Texas families. I am proud of what Texas WIC has accomplished, and I'm honored to be a part of this team.



The logo of the Texas Breastfeeding Initiative

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Texas

WIC NEWS

Special Supplemental Nutrition Program for Women, Infants and Children

Volume 8, Number 7

August 1999

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Cover: Breastfeeding is a smart start for your baby. Front-cover and back-cover designs by Brent McMillon. Front cover's photograph by Jennifer VanGilder.

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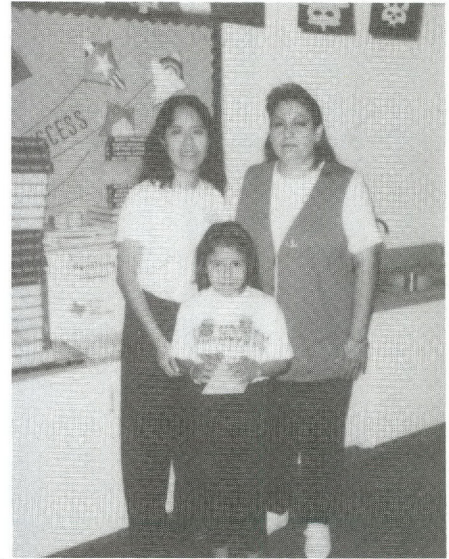
Project 3

Cameron County schoolchildren get peek at career as WIC nutritionist

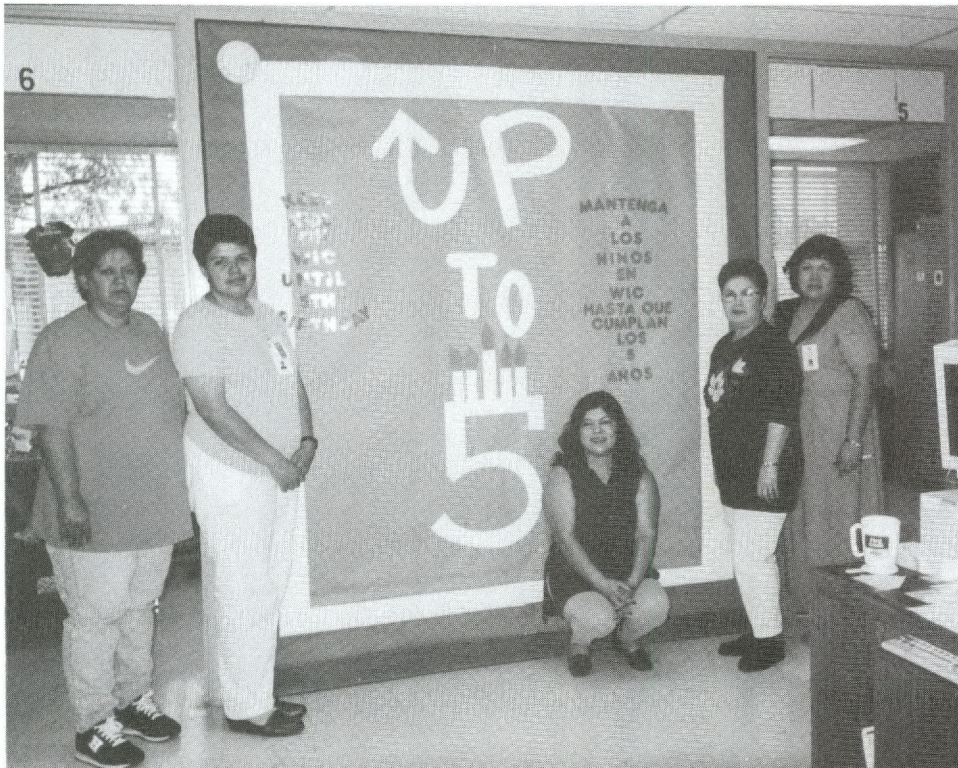
Second-graders at Sam Houston Elementary School in Harlingen got a visit this spring on their school's "career day" from Project 3 nutrition-education coordinator Dalia Lovera. With assistance from VISTA worker Lucy Rock, Lovera used the USDA food-guide pyramid as a prop to teach the children about nutrition and to explain the responsibilities that a WIC nutritionist has.

As part of a "Kid's Club" activity, the children created pyramids of their own, cutting out pieces and pasting them together. "The kids would take out a food model and decide where it goes in the pyramid," says Lovera. "And they'd show how many servings a day we need."

Other teaching tools for the children included the showing of two educational videos, *Tickle Your Appetite* and *Different Foods*.



Second-grader Norma Castillo holds her handmade pyramid. Behind her are WIC nutritionist Dalia Lovera, left, and substitute teacher Leticia Canales.



Project 3 staffers Alma Limon, left, Laura Marin, Isabel Munoz, Irene Trevino, and Rosalinda Garcia assembled the large 'Up to 5' display in the San Benito clinic.

Up to 5

Staffers at the San Benito WIC clinic put up two eye-catching displays recently.

An imposing 8-foot-square display in the clinic showcased the colorful "Up to 5" logo. It reminds WIC clients to keep their children on the program up to the age of 5. Laura Marin, a breastfeeding peer counselor with artistic talent, created the display's distinctive paper lettering by mimicking it from an "Up to 5" brochure.

Marin's paper roses were used in another large display in the clinic's certification room. This second exhibit made use of nutrition-education materials and ideas from seasonal WIC bulletin boards.



Marlissa Rivera, 13 months old, was breast-fed for a full year. Her mom, Melba Rivera, was encouraged by Texas WIC staffers to nurse her third baby. The granddaughter of Irene Trevino, supervisor of Project 3's San Benito WIC clinic, Marlissa and her good health are proof that breastfeeding is a smart start for your baby. A simplification of this photo is used throughout this issue of 'Texas WIC News' as an icon to indicate that an article is about this month's theme, breastfeeding.

Project 21

Power outage in Wichita Falls fails to keep WIC from working

When damage to an underground cable caused a power outage at the Wichita Falls Public Health Department on June 15, the WIC clinic at the facility continued to work with clients despite being unable to issue food vouchers until the following day.

"In the meantime," says Janna Kaelin, director of Project 21, "WIC staff got on the ball and called all clients scheduled for the day to inform them of the new situation and to reschedule their

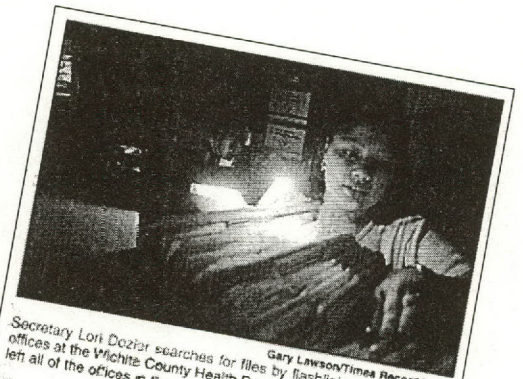
appointments. Staffers were also able to schedule appointments for new clients."

Clients were told to come in, if necessary, to be given emergency infant formula.

Many staff members made the best of the situation, says Kaelin, by conducting a day of WIC outreach to doctors' offices, day-care centers, emergency food-distribution centers, etc.

Staffer's article published

An article written by Vanida Tuttle, a clerk at Project 21, was



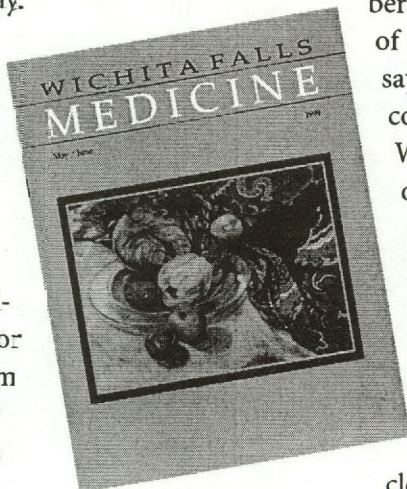
Secretary Lori Dozier searches for files by flashlight inside the WIC offices at the Wichita County Health Department after a power failure left all of the offices in the dark Tuesday.

Health Department left in dark Tuesday

City agency back in business after outage

printed in the May/June 1999 edition of *Wichita Falls Medicine*.

The two-page article, entitled "WIC: The Best-Kept Secret in Wichita and Clay Counties," described the history, benefits, goals, and advantages of both the local WIC program and the 25-year-old national WIC program.



Project 12

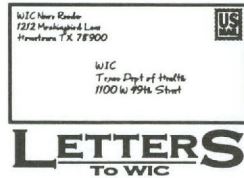
Hidalgo County WIC opens second new clinic in Pharr

The redcoats were certainly out in force on April Fools' Day in Pharr, but they came as friends, not enemies. In fact, they served as a sort of legion of honor.

About a dozen red-jacketed agents of the Pharr Chamber of Commerce participated in ribbon-cutting ceremonies at the grand opening of Texas WIC's second clinic in the Hidalgo County town of Pharr.



Project 12 WIC director Norma Longoria, left, shares a commemorative plaque with Betty Bajarias, nutritionist at the new Pharr clinic. At right is Ray Pepe, an agent of the Pharr Chamber of Commerce.



Mission mom thanks WIC

Staffers at the Alton WIC clinic in Mission know that they're making a difference in the lives of their clients. They recently received the following appreciative letter from WIC mom Christina Alonzo:



Red-coated Pharr Chamber of Commerce greeters surround WIC officials and staffers at the ribbon-cutting ceremony held April 1 for Pharr's new WIC clinic. In the center are Alma Vaniel in her capacity as "Miss Pharr," Project 12 director Norma Longoria, and WIC nutritionist Betty Bajarias.

To whom it may concern:

I think that the WIC clinic is a great program that the government has for the women and children of Texas. I hope that we will not have any changes and that the program continues to provide free to us who need the extra help.

My children and I are thankful to those who put their all into serving us. This clinic has a great staff that cares about our children of the next generation. I also hope that they continue to look out for our children.

Thank you for your time and effort.

Sincerely,

Christina Alonzo, and my children who are enrolled in WIC Mission

Projects 17, 26, 48, 84

Houston-area WIC sites given tippy cups for their toddlers

By Sandy Tesch, R.D.H., M.S.H.P.
Dental Program Specialist

This summer, 11 Houston-area WIC clinics in Projects 17, 26, 48, and 84 received a total of 1,450 tippy cups for their older babies. The cups were donated by the Greater Houston Dental Society and by the Alliance to the Texas Dental Association. Distribution was coordinated by the TDH regional dental hygienist, Diana Beeman, R.D.H., and by William Gray, D.D.S., dental director. Cups were given to WIC clinics in five sections of Houston as well as in the nearby towns of Bellville, Cleveland, Columbus, Katy, Liberty, and Prairie View.

Tippy cups are baby-sized cups with a snug-fitting lid, two handles, and a spout for easy drinking. Each of the donated cups has a bright, pretty dinosaur print on it. Children enjoy drinking from a colorful cup, and parents like them because their lids prevent spills.

WIC recommends that your baby start drinking from a tippy cup at about the age of 6 months. By the time baby becomes 1, a tippy cup can begin to replace the bottle. This is important to do to prevent baby-bottle tooth decay, which happens when a baby is put to bed with a bottle containing milk, infant formula, breastmilk, juice, or sweetened liquids. These liquids pool around the baby's teeth and decay them. If your baby



Project 48 staffers at the Northwest Assistance Ministries clinic in Houston happily accept a tippy cup. From left are nutrition assistant Rachel Guzman, site supervisor Regina Rhea, nutritionist Teralyn Jackson, nutrition assistant Jamandra Shepherd, field supervisor Carol Harris, and nutrition assistant Dao Le. Behind them is an enchanting Noah's Ark mural painted on their waiting-room wall.

cannot fall asleep without a bottle, fill it with water only.

When your toddler wants juice, always give it in a cup, never in a bottle. Never put anything in the baby's bottle except water, infant formula, or breastmilk. Total weaning from the bottle to a cup should occur when the baby is 12 to 18 months old. WIC recommends that breastfeeding continue for as long as possible. An older baby can alternate between cup-drinking and nursing from the breast.

Tips to remember

- ◆ To replace your child's bottle, buy a bright, pretty tippy cup that is eye-catching and attractive.

- ◆ Choose a tippy cup with two handles to make it easier for baby to hold.
- ◆ When introducing the cup, start using it at mealtimes only, and fill it with just a small amount of liquid.
- ◆ Always give your toddler juice in a cup, never in a bottle.
- ◆ Start weaning your baby by replacing her between-meals bottle-feedings one time each day with a cup-feeding. Replace her favorite feeding time last.
- ◆ When your baby is 1 year old, try giving her only the cup; a bottle should no longer be needed.

Project 76

Mineral Wells quadruplets end 5 years with WIC

Five years ago, they were four little handfuls of love: four squirming, mewling, premature infant girls. Today, they're active and healthy 5-year-old sisters, each strong and full of confidence.

When Laura Mallory gave birth in 1994 to her quadruplets, the event made the local news in Mineral Wells. Singa Bernon, a competent professional authority at the town's



Clockwise from upper left, the four Mallory sisters are Christina, Katlyn, Lesa, and Adelheid.

WIC clinic, read about the babies in the newspaper and telephoned their dad, Mark Mallory, to let him know about WIC.

"He had never heard about WIC before," says Amber Chavira, L.V.N., of the Mineral Wells WIC clinic. "He had lots of questions. He couldn't believe that there was a program like WIC that would help his family by providing infant formula, healthy

foods, and nutrition counseling." At the time of the girls' birth, the Mallorys already had a 2-year-old son, Mark. They discovered that they qualified for WIC, and they signed up promptly with the program.

"It's been five years now," says Chavira, "and their time with WIC is ending. We've watched them grow from tiny, premature infants into beautiful, healthy little girls. They're taking karate classes now!" At birth, the girls' weights ranged from 3 pounds, 10 ounces, to 4 pounds, 7 ounces.

All four babies were breastfed, receiving supplemental formula half of the time.

"Laura was breastfeeding two at a time while Mark fed formula to the other two," says Chavira. "When it was time for the next feeding, she would breastfeed the other two babies and Mark would formula-feed the first two. With all of that feeding, they were changing up to 40 diapers a day!"

The Mallory family has touched the lives of the WIC clinic staff, says Chavira. "We're thankful to have been a part of their lives," she says. "It's a great feeling to see an infant come through WIC and then exit the program five years later. You were there for the duration. You see them eating healthier, their iron count is good, their growth is normal, and the family has been educated about nutrition. You realize that what you do is worthwhile and that it *does* make a difference in the lives of your WIC family."

Jacksboro hosts baby shower

More than 30 expectant moms were guests at the Jack County Baby Shower in Jacksboro on the evening of May 26. The event, organized by breastfeeding educators in Project 76, was open to WIC clients and non-clients. It provided the women with an overview of the services and benefits of being on WIC.

"We want to be the community resource that mothers can trust," says Ann Latham, Project 76 nutrition-education coordinator.

The baby shower got lots of local coverage, including announcements in the *Jacksboro Gazette-News* and a lengthy, informative article in the *Jack County Herald*.

Project 88

National Nutrition Month celebrated in Kingsville

A daylong celebration was held March 24 at Project 88's WIC clinic in Kingsville in honor of National Nutrition Month.

Staff members set up nutrition-education booths in the clinic's waiting room and classrooms. They provided nutritious food samples to WIC participants and to other guests from the community. WIC nutritionists conducted cooking demonstrations, such as making low-fat vegetarian quesadillas.

Refreshments were offered, and clients were entertained by gracefully costumed folklorica dancers.

"All of our clinics joined the celebration," says Linda Buck, Project 88 director. "Some sites invited Head Start centers and conducted activities with "Kids' Club" and *Tickle Your Appetite*. We also gave out goody bags to the children. Everyone had a great time!"

Kingsville WIC staffers Mary Jane Dela Garza, left, Alma Taylor, Nora Casteneda, Cindy Loera, Delia Garza, and Belinda Ramos worked hard to make the National Nutrition Month celebration a success.



Her skirts swirling beautifully, a twirling folklorica dancer is accompanied by a foot-stomping charro in the clinic's waiting room.



Project 33

Longtime Texas WIC staffer overlooked

In acknowledgement of the national WIC program's 25th anniversary, a list of longtime staffers was printed on page 27 of the May/June 1999 issue of *Texas WIC News*.

On the list were the names of current Texas WIC employees in local agencies and in the state agency who have been with the program for 20 to 25 years.

However, one name (if not more) was inadvertently omitted: Donna T. Seward, director of Project 33 in El Paso. Seward has worked steadily with Texas WIC for the past 23 years: 18 as the director at Project 33 as well as five years (1976-1981) at Project 36 in San Marcos.

Seward informs us that Project 33 can boast three other staffers

who have dedicated many years to Texas WIC:

- ◆ Bertha Amaya, 17 years.
- ◆ Elvira Diaz, 18 years.
- ◆ Sonya Serna, 16 years.

We'll be happy to correct the listing of longtime Texas WIC staffers by printing the names of any 20-to-25-year staffers mistakenly omitted.

Treating extremely low-birthweight and pre-term infants
Mother's milk a unique, natural medicine

By Lynn Silverman, M.A., R.D.
Nutrition Education Consultant

"It's like giving them a medicine they can't get anywhere else," said Paula Meier, a doctor of nursing science at the Rush-Presbyterian-St. Luke's Medical Center in Chicago. Meier, a registered dietitian and a member of the elite Fellow Accredited Affiliation in Nursing who works in the Rush Neonatal Intensive Care



Unit, was referring to the extremely low-birthweight premature infants she treats at Rush NICU who receive their own mother's breastmilk.

She spoke last December at the National Association of WIC Directors Nutrition and Breastfeeding Conference in Atlanta.

Meier explained to conference attendees that, at Rush NICU, all mothers with no contraindications feed their breastmilk to their pre-term infants. Infants with birthweights of less than 1,250 grams, or about 2¾ pounds, benefit greatly from receiving their own mother's milk. In such breastfed infants, the following medical advantages have been seen:

- ◆ They more quickly stop tube feedings, which can cost up to \$1,000 a day, thereby reducing medical costs and the risk of infection.
- ◆ They experience decreased incidence and severity of a digestive complication of premature birth called necrotizing enterocolitis, or NEC.
- ◆ They have enhanced development of vision and brain function.

Why it works

What makes mother's milk such a unique, natural medicine for the pre-term infant?

First, extremely low-birthweight babies have very high energy requirements and very low capacity for volume during the first weeks of life.

They need the concentrated calories available in a mother's high-fat hindmilk, the milk that flows during each nursing or pumping session after the lower-fat foremilk has flowed.

Second, these babies' immune systems take weeks or months to develop. During the first 36 hours of milk expression, colostrum from the premie's mother contains vital immunological components that protect the baby from disease.

Third, the baby gets a key ingredient for development of the gastrointestinal tract called "epidermal growth factor," which protects against NEC.

Fourth, the colostrum contains fatty acids concentrated by the pre-term mother's breast tissue to the ratio appropriate to the baby's developmental stage. Had the baby remained in utero, these fatty acids would have been delivered in the appropriate ratio to the fetus from the mother's bloodstream via the placenta. After the baby is born, the appropriate ratio of these fatty acids is delivered to the baby through the mother's breastmilk.

Meier explained that the mothers of pre-term infants at Rush NICU, even those moms who otherwise would not even consider pumping their breastmilk, decide to willingly provide their breastmilk once they

learn about these benefits for their premies.

Electric breastpumps determine success

Meier addressed the need to provide electric breastpumps to low-income mothers of pre-term babies. Immediately putting the mother of the extremely low-birthweight pre-term infant on an electric breastpump makes it possible to:

- ◆ collect the nutrient-rich colostrum during the first 36 hours after birth.
- ◆ stimulate adequate milk production.
- ◆ collect the highest-calorie hindmilk.

Even a small volume of the concentrated hindmilk helps ensure weight gain in the extremely low-birthweight infant.

Touching provides even more advantages

"Kangaroo care," or skin-to-skin contact, is now used with premature babies at the Rush NICU, as well as in many hospitals in Texas. Wearing only a diaper and a cap, the pre-term infant is placed upright between the mother's bare breasts with a baby blanket over the two of them. These infants achieve more stable heart and respiratory rates than when in an incubator. Skin-to-skin contact also promotes the release of growth hormones in the infant.

Perhaps, moms who bottle-feed their low-birthweight babies should be encouraged to provide kangaroo care to achieve similar advantages.

As a result of skin-to-skin contact, the mother's skin becomes colonized with her baby's germs. Mom then begins creating antibodies to these germs. These antibodies pass through the mother's breastmilk to the infant, giving baby even more protection from disease.

Skin-to-skin contact also increases the mother's milk production by stimulating production of two hormones, oxytocin and prolactin. Meier reported incidents in which milk volume during pumping increased by 50 percent during kangaroo care. Rush NICU used this information to increase milk collection by instituting kangaroo care during pumping sessions. The data could be used to encourage kangaroo care in Texas hospitals, too.

Supplemental nursing and suckling

Even though an extremely low-birthweight baby does not have the strength to suck breastmilk from its mother's nipples, Meier explained how supplemental nursing can allow the premature infant to practice an all-important action: suckling the mother's breast.

A supplemental nursing system allows the baby to suckle at the breast and to receive breastmilk with little effort. After pumping, the mother places her milk in a supplemental nurser, which is a plastic container hung around the mother's neck. Soft tubes extending from it are placed so that they extend about a quarter-inch past the mother's nipple. The baby suckles the mother's nipples *and* the end of the soft tubes, thus receiving breastmilk through the nursing system without having to empty milk from the breast.

The suckling has the following four advantages:

- ◆ helping to stabilize the baby's physiology.
- ◆ leading to quicker weight gain.
- ◆ stimulating increased milk production by the mom.
- ◆ increasing the lingual lipase, an enzyme present in the baby's mouth which breaks down fat from the mother's milk, aiding in digestion.

Impact on moms

Meier described the impact on the mothers of feeding their own milk to their extremely low-birthweight infants. They learn to pump their breastmilk, maximize its fat content, track their baby's weight, and determine how much breastmilk their baby is getting. They learn the science and the skill.

The moms become well-trained, well-informed advocates and providers for their high-risk infants.

Meier helped create a supportive hospital environment for these moms and babies. Through the Rush Mother's Milk Club, the mothers meet weekly with nurses, doctors, and other Rush staffers for support, education, problem-solving, and camaraderie.

Rush provides a milk-club brochure with detailed information on starting similar breastmilk programs for extremely low-birthweight babies in other neonatal units. To order copies of the \$20 brochure, call Meier at (312) 942-4932.

Texas WIC has a new handout called *Mother's Milk for Premature Babies* (stock No. 13-46). This pamphlet may be ordered on the WIC order form found in the *Texas WIC Materials Catalog*.

Anyone with questions about this handout is welcome to call Laurie Coker at (512) 458-7111, ext. 3573.

Readers from out of state may order one copy and *do* have permission to make duplicates.

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Texas 10-Step Hospital Program

Breastfeeding goals set for new moms

By Jeanne Mitchell, M.S.N., R.N., I.B.C.L.C.
Breastfeeding Promotion Nurse

Most of us know about the Texas two-step. Now we'll learn about the Texas 10-step.

The Texas 10-Step Hospital Program is a new way to recognize hospitals that promote breastfeeding as the best nutritional choice for the infants and mothers they serve. The new program encourages these breastfeeding-friendly hospitals to reach the goal of having 75 percent of their new mothers breastfeeding at the time of hospital discharge.

The program provides model policies which, when implemented, support mothers before, during, and after delivery. The program also encourages hospitals to support their own staffers' needs by becoming mother-friendly worksites.

The Texas 10-Step designation is granted to hospitals which support the



health of future Texans and which provide care to their patients that is sensitive to the needs of the breastfeeding family. Hospitals that receive the Texas 10-Step designation will be well on their way toward also receiving the Baby-Friendly Hospital certification sponsored by WHO/UNICEF.

The Texas Hospital Association and the Texas Department of Health have worked together to develop the Texas 10-Step Hospital Program in an effort to improve the health of Texas mothers and infants by promoting breastfeeding.

For more information about the Texas 10-Step application and evaluation, feel free to call Jeanne Mitchell at (512) 406-0744 or to e-mail her at jeanne.mitchell@tdh.state.tx.us.

Success story

Austin teen glories in challenges of premature multiple motherhood

By Laurie Coker
Breastfeeding Promotion Specialist

Shamica Stone has a family history of kidney problems. When she went to her first prenatal visit, she was three months pregnant, underweight, and dehydrated. She remained in bed through most of her seven-month pregnancy before delivering twin girls.

Her premature babies — Quintavia, born at 2 pounds, 15 ounces; and Shontavia, born at 2 pounds — remained hospitalized when Stone was discharged three weeks after delivery.

Stone had not wanted to breastfeed her daughters. Although her mother had breastfed Stone for a short time and her younger sister for more than a year, Stone balked at the idea. “It just wasn’t something I wanted to do,” she says. “I was afraid it would hurt and be embarrassing. I didn’t think people really did that anymore! But my mother said, ‘Why not try it? You might like it.’”

Staffers at Seton Hospital in Austin also encouraged her to nurse. “Because my babies were premature and low-birth-weight, the nurses said they would really need my milk,” Stone recalls.

Stone pumped her breasts every day to provide mother’s milk for her twins. “The hardest part was leaving them in the hospital, and finding transportation,” she says. Insurance and the hospi-

tal provided her with a pump. Mom’s Place Lactation Center helped with transportation. She relied on WIC for support and information.

Shontavia was hospitalized for five weeks. As soon as she went home, Stone began to breastfeed her. Her other daughter, Quintavia, remained hospitalized for three more weeks. Stone

continued to pump diligently every day, transporting her milk to the hospitalized baby.

Her babies now receive both mother’s milk and formula. “I was afraid they wouldn’t nurse since all they’d had was my milk from tubes and bottles,” she says, but the babies learned to latch on and breastfeed. At the age of 5 months, Shontavia now



Shamica Stone successfully breastfeeds her now-healthy premature twins, Quintavia and Shontavia.

weighs 8 pounds, and Quintavia is a hefty 9 pounds, 1 ounce.

“I nurse them during the day and on weekends,” Stone says. “Mom gives them expressed breastmilk or formula when I’m at school. They really like the breast better, but they go from breast to bottle easily.”

Responsibilities of parenting

A confident and competent parent, Stone responds to her babies immediately, and seems to know what they are thinking. She takes the twins to bed with her to avoid getting up at night. “I hate to be away from them,” she says. “When I’m at school, I think about them and I can feel the milk come in!”

Stone was 15 when her babies were born. Now 16, she attends a self-paced night school. She wants to become a registered nurse. “My dad put money away for college, but I used it for the babies,” she says, “but I still want to go to nursing school after graduation.” She also plans to return to her job at a fast-food restaurant. “They keep calling me to come back to work,” she says, “but I have to wait until things are more settled.”

Though unfamiliar with the term “kangaroo care,” Stone made use of it. Her babies were often placed on her chest, skin to skin, during their hospital stay. “The best thing a mom of premature babies can do is spend time with them — talk to them, touch them, hold them when you can,” she says. “The babies I saw get well were the ones whose moms were right there with them. The ones who didn’t have their moms nearby just didn’t do as well. By loving my babies and being there for them, it seemed to give them the idea to fight to get well!”

Stone has changed from a curious teen to a mature young mother. “Getting pregnant is not something I had planned,” she says. “I wish now that I

had waited." But her twins delight her. "I love taking care of my babies," she says. "I don't want to be away from them!"

TDH stats and resources

In 1995, Texas ranked third-highest in the nation in the number of teen mothers ages 15 to 17.

According to national and state data prepared by the TDH Family Planning Program, 22,360 Texas babies were born in 1996 to teens 17 and younger.

Every two hours in the United States, a 15-year-old girl gets pregnant.

A new Texas WIC pamphlet called *Mother's Milk for Premature Babies*, stock No. 13-46, has been designed for moms who want to provide breastmilk for their premature babies. This pamphlet and the *Nursing Multiples* tip sheet, stock No. 13-114, may be ordered on the WIC order form found in the *Texas WIC Materials Catalog*.

In early May, 1999 Texas WIC local agencies received three new breast-

feeding lessons for pregnant teens in nutrition-education classes:

- ◆ BF-000-15: "Why Breastfeed?" (accompanied by video of the same title).
- ◆ BF-000-16: "Starting out Right — Positioning and Latch-On."
- ◆ BF-000-17: "Starting out Right — Hunger Cues, Satiety, Engorgement" (accompanied by *Starting Out Right* video).

For more information, call Laurie Coker at (512) 458-7111, ext. 3573.

Breastfeeding videotapes feature role of dads

By Jocelyn Parsons
Assistant Peer Counselor Coordinator

When you plan in-service trainings for your staff or peer counselors, don't overlook the wealth of information on tape at the TDH Audiovisual Library. You can also borrow these tapes to show to local hospital staff or any other appropriate health-care providers.

Let's look at training videos that focus on someone very important to the mother-and-baby relationship: the father. Dads are often overlooked in the breastfeeding relationship. Sometimes, they aren't quite sure what their role is. Our trainings also tend to overlook how the new baby's arrival will change the family dynamics.

To include fathers in our breastfeeding trainings, Texas WIC staffers could encourage the formation of dads' support groups for their clients' families. Perhaps some WIC dads and/or the husbands or partners of the clinic's peer counselors would be willing to start the groups.



Available videotapes

The library offers the following videotapes about dads and their role with the breastfed baby:

- ◆ Catalog No. 6771 — *Breastfeeding: The How-To Video* is a step-by-step instructional video on breastfeeding, but at the end of the tape is a whole section devoted to dads, what they can do to help, and how they can bond with their babies.
- ◆ Catalog No. 5846 — *Sex, Love, and Babies: How Babies Change Your Marriage* is a video showing a series of discussion groups in which six couples talk about the myths and realities concerning how having babies can change the couples' lives. Dads and moms candidly discuss their relationships. The video mentions breastfeeding in passing, as a natural assumption.
- ◆ Catalog No. 6608 — *Breastfeeding and the Family* is a TDH-produced video that discusses how families can support their new moms and their new babies.
- ◆ Catalog No. 6440 — *Teen Dad's Point of View* is a moving testimonial about the supportive role of dads. The

video shows teen dads, expectant teen dads, and one teen without children who gives a peer's perspective. The 16- and 17-year-olds talk about the responsibilities of becoming a dad and what being a dad really means.

◆ Catalog No. 5407 — *The Dad Film* presents dads discussing the miracle of birth and the permanence of the father-and-child relationship. It includes positive references to breastfeeding.

◆ Catalog No. 6058 — *La Leche League/WIC Conference: Mothering and Fathering* was recommended in the March 1999 issue of *Texas WIC News*. This video offers a great presentation by Tine Thevenin, well-known author of *The Family Bed*.

Any Texas WIC peer counselor can check out these tapes on her own. Many breastfeeding peer counselors have not known that these TDH videos are available to *them*, as well as to their local agency's breastfeeding coordinators.

To check out a tape or to get a catalog from the TDH Audiovisual Library, call (512) 458-7260.

New recommendations guide treatment of sore nipples

By Tracy Erickson, R.D., L.D.

WIC Breastfeeding Coordinator

The standard treatment of sore nipples has changed in the past few years. Something that has not changed, however, is the fact that the best way to treat sore nipples is to prevent them altogether.

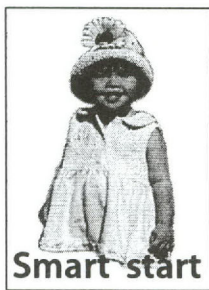
Sore, cracked, bleeding, or blistered nipples can be prevented by applying proper latch-on and positioning techniques when nursing. However, a mother who is already exhibiting these symptoms needs immediate attention to relieve the pain, heal the tissue, and prevent premature weaning.

Past recommendations

◆ *Lubricants.*

Vitamin A and D ointment, vitamin E oil and baby oil, Vaseline, and other petroleum-based products are no longer recommended because of the potential danger if the baby ingests too much of them. Some creams and ointments contain alcohol, which could cause excessive drying of the skin. Ointments containing astringents and anesthetic agents can inhibit the mother's let-down reflex by excessively numbing the nipple.

Other creams or ointments can cause adverse skin reactions on the nipple or can clog the pores of the nipple, areola, and Montgomery glands — the small bumps on the nipple which become more prominent during pregnancy and which emit a protective oil.



◆ *Drying techniques.*

Use of a hair dryer or sun lamp is also no longer recommended. Even leaving bra flaps down for an extended period of time can cause excessive and damaging dryness. These drying techniques tend to cause scabbing and crusting. Scabs get pulled off the nipple the next time the baby nurses, requiring the healing process to begin all over again. This repeated trauma dramatically slows the healing of the nipple.

Current recommendations

Maintaining the internal moisture of the skin is all-important. When the internal moisture is maintained, crusting and drying of the wound can be avoided, and healing of the tissue can be accelerated. Moist-wound healing maintains normal internal moisture by covering the nipple and keeping the wound moist and warm, preventing evaporation, drying, and scabbing.

◆ *Secretion of body's own oil.*

The Montgomery glands surrounding the areola secrete an oil that acts as a lubricant and inhibits growth of bacteria on the nipple and areola. This natural protection is all that most mothers need to protect their nipples from soreness and to maintain internal moisture of the skin.

If the mother's nipples are sore and cracked and she wants to apply something to promote healing, encourage her to express a few drops

of milk at the end of a feed and to gently rub it into the skin, allowing the nipple surface to air-dry afterwards. Once the nipple surface is dry, the mother should cover herself with a cotton bra or nursing pads to keep the skin warm and to maintain internal moisture.

◆ *Choosing U.S.P. modified lanolin.*

A mother who is exhibiting intense, prolonged soreness or cracked nipples may need a more elaborate treatment. The use of modified lanolin found in some baby shops and medical-supply and breastfeeding-supply stores can promote healing by retaining a moisture barrier. Tell the mother to look for U.S. Pharmacopoeia (U.S.P.) modified lanolin.

The U.S.P. sets minimum standards of purity for lanolin used by breastfeeding mothers. These standards have greatly reduced skin reactions in the mother by virtually eliminating the amounts of alcohol and pesticides in the lanolin. Because U.S.P. lanolin has been made safe for human consumption, it doesn't have to be removed before the baby nurses, thus preventing further damage to the nipple.

◆ *Using U.S.P. modified lanolin.*

A mother should be told to apply enough U.S.P. lanolin to maintain the normal moisture present in the skin. It should be reapplied often enough to keep the area from drying out. A cotton bra or nursing pads should be worn after applying the lanolin. Nursing pads should be

changed frequently because constant contact with pads and bras that are wet from milk seepage can cause chapping and can slow the healing process.

A mother who cannot tolerate the pressure of her bra or clothing against her skin or a mother with flat or inverted nipples can wear

breast shells under her bra after applying the lanolin. This mother may need to reapply lanolin more frequently to maintain the normal moisture present in the skin.

U.S.P. lanolin can ease nipple soreness but will not prevent it. It should never be used as a substitute for finding and correcting the cause

of a mother's soreness. Once the cause of soreness has been discovered and corrected, the mother should only need temporary relief while the nipple is healing.

This mother should also be reassured about the many benefits of breastfeeding that make it worthwhile to continue.

Texas Breastfeeding Summit

Plan now to attend November conference

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

Mark your calendars now for Nov. 1-3, 1999, when the Texas Breastfeeding Initiative will host the second annual Texas Breastfeeding Summit in Austin at the Omni SouthPark Hotel. The summit's theme is "Identifying and Preventing Early Infant Feeding Problems." One of the featured speakers addressing these issues will be Marianne Neifert, M.D.

Everyone is invited to attend. Registration fliers will be mailed out in September. You can also register at www.tdh.state.tx.us/lactate/courses.htm.

Day one (Nov. 1)

The first day will be targeted to physicians. Attendance for them will cost \$75; they are also welcome to attend any sessions held on Nov. 2.

Day two (Nov. 2)

The second day will be the actual summit, with informational sessions in the morning and workgroup sessions in the afternoon.

Summit attendance on Nov. 2 and Nov. 3 will be \$25 for peer counselors

and students. The cost will be \$50 for health-care providers and others.

Morning speakers and their topics will be:

- ◆ Marianne Neifert, M.D., "Preventing Breastfeeding Tragedies."
- ◆ Tieraona Low Dog, M.D., A.H.G., "The Use of Herbs in Pregnancy and Lactation" and "Do Galactagogues Increase a Mother's Milk Supply?"

- ◆ Richard Schanler, M.D., "Why Support Breastfeeding."
- ◆ Ed Newton, M.D., "Variations in Mammary Structure: Can Mom Still Breastfeed?"
- ◆ Susan Landers, M.D., "Management of Jaundice and Hypoglycemia in the Breastfed Infant."
- ◆ Armond Goldman, M.D., "Ethical Issues in Breastfeeding."

Four workgroup sessions will be held:

- ◆ "Breastfeeding and the Media."
- ◆ "Breastfeeding and the Law: Who Pays for Lactation Support."
- ◆ "Making Breastfeeding a Community Effort."
- ◆ "Making Hospitals Breastfeeding-Friendly."



Day three (Nov. 3)

The third day of the summit will be a clinical day with four concurrent tracks: basic breastfeeding education, advanced breastfeeding education, working with breastfeeding of the premature infant, and the promotion of breastfeeding.

The following speakers are scheduled to make presentations on this day:

- ◆ Christopher A. Brown, M.A.
- ◆ Nancy Butte, Ph.D.
- ◆ Kathy Dettwyler, Ph.D.
- ◆ Rani Garcia, J.D.
- ◆ Armond Goldman, M.D.
- ◆ Julie Graves Moy, M.D.
- ◆ Tom Hale, Ph.D.
- ◆ Judy Hopkinson, Ph.D.
- ◆ Nancy Hurst, M.S.N., R.N., I.B.C.L.C.
- ◆ Kay James, M.S.-C.C.C., I.C.C.E.
- ◆ Susan Landers, M.D.
- ◆ Cathy Liles, I.B.C.L.C.
- ◆ Ed Newton, M.D.
- ◆ Joan Purcell, M.D.
- ◆ Rich Schanler, M.D.
- ◆ Nancy Schweers, I.B.C.L.C.
- ◆ Mary Ann Todd-Thompson, M.S.N., R.N., I.B.C.L.C.
- ◆ Victoria Winburne

Janet Rourke serves as the chair of the Texas Breastfeeding Initiative. Anyone with questions is welcome to call her at (512) 406-0744.

Breastfeeding peer-counselor training to feature panelists

By Jewell Stremler, C.L.E.
Peer Counselor Coordinator

The next Texas WIC Peer Counselor Trainer Workshop will be conducted Sept. 14-16 in Austin.

Do you want ideas about improving your peer-counselor program? Would you like to start a new peer-counselor program at your local agency? Do you want to learn some new training techniques? Do you want to know what other local agencies are doing to ensure the success of their peer-counselor programs?

If so, then this is the workshop for you.

Who it's for

The workshop is designed to ensure the success of your breastfeeding peer-counselor program. Anyone interested in establishing a peer-counselor program or in learning to train peer counselors should attend this workshop.

This training is targeted toward Texas WIC breastfeeding coordinators as well as hospital nurses, lactation consultants, and La Leche League leaders.

It is also a good training for experienced peer counselors who want to assist with training new peer counselors at their local agencies.

Whether you are starting a new program or already have a successful program, you will gain insight and information to help your program grow. You will learn to advocate for the program in your local agency, and you'll receive planning



About 350 breastfeeding peer counselors work in 61 Texas WIC local agencies and in 57 hospitals in Texas. This column is written for, by, and about them and the work that they do.

guidance and tips on presenting interactive training sessions for your counselors.

Workshop attendees go home prepared to design a peer-counselor program for their communities.

Expert panelists

Highlights of the workshop include a panel of peer counselors and another panel of breastfeeding coordinators; both

panels feature staffers from local agencies that have successful peer-counselor programs in place.

These panelists give workshop participants a chance to meet and talk with people who

are experts in making Texas WIC's peer-counselor program one of the foremost in the nation.

Peer-counselor panelists provide insight on who they are and what they do. They tell about their work in WIC clinics and in area hospitals. Their shared experiences teaching breastfeeding classes, counseling pregnant and breastfeeding women, role-modeling breastfeeding, handing out literature, and helping new moms begin breastfeeding their babies in the hospital after delivery give workshop participants concrete examples of how to integrate

the program into their own local agencies.

The breastfeeding coordinators on the other panel share first-hand information on how they've overcome bureaucratic barriers and made their programs flourish. They share advice on recruiting moms to become peer counselors, scheduling training sessions, enlisting assistance from fellow staff members, and much more.

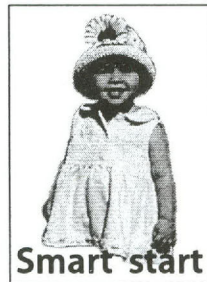
Featured speakers

One of the featured speakers is Mary Ann Hazlett, I.B.C.L.C., a parent educator at Brackenridge Hospital in Austin. Back in 1991, in conjunction with the Austin/Travis County WIC Program's pilot peer-counseling project, Hazlett started the first hospital peer-counselor program in the state. She tells workshop attendees how they can get a hospital program started in their communities.

Another featured speaker, Cathy Liles, I.B.C.L.C., a long-time La Leche League leader, gives an inspiring session on how to teach counseling skills. Liles has trained hundreds of peer counselors in the Texas WIC program.

Workshop presenters Jewell Stremler, C.L.E., peer-counselor coordinator at TDH, and Jocelyn Parsons, assistant peer-counselor coordinator, will be happy to answer any questions you may have about the workshop.

Feel free to call either of them at the WIC state office at (512) 406-0744.



Dental care for breastfed babies

Breastfed babies *can* get tooth decay (cavities) from breastmilk if their baby teeth are not kept clean. Breastmilk contains some sugar, and cavities occur when sugary liquids mix with plaque (germs) on the teeth and are allowed to remain there over long periods of time.

If an infant falls asleep while breastfeeding, it is important to gently wipe the breastmilk away from the baby's mouth. Every day, the plaque should be removed from an infant's gums and teeth by wiping them with a soft, clean cloth.

To prevent tooth decay, always clean a baby's teeth after each feeding and before each sleep-time.

Alcohol found to lower breastmilk production

A study published in the October 1998 issue of *Clinical and Experimental Research* found that alcohol consumption affects milk production in lactating women.

In the study, 22 lactating women were tested. On the first testing day, half of them drank alcohol mixed with orange juice, and the other half drank orange juice alone. On the second testing day, a week later, the two groups switched and drank the other beverage.

On both testing days, breasts were pumped two hours after consumption of the beverage. The major finding of the study was that the amount of breastmilk was significantly greater following the consumption of orange juice alone than it was following the consumption of orange juice mixed with alcohol.

This finding is especially important when combined with the results of other recent studies on lactation and alcohol consumption. A recent study in Philadelphia found that nearly half



By Shellie Shores, R.D.
Nutrition Education Consultant

of the lactating women claimed that their health professional had suggested that the moms drink alcohol to improve the quantity and quality of their milk. Additionally, it has been shown in previous studies that chronic alcohol intake during lactation affects the quantity and may affect the quality of breastmilk.

In light of these studies, the safest advice is to recommend that lactating women abstain from alcohol.

Getting the word out with breastfeeding hot-line stickers

Each Texas WIC local agency was sent breastfeeding hot-line stickers in mid-May. The red-and-black stickers highlight the 24-hour toll-free phone number of the Texas Lactation Support Network, which WIC clients and health professionals can call for breastfeeding help and information.

We encourage WIC staffers to place these 2-inch-square stickers on WIC literature and nutrition-education materials, posters, bulletin boards, voucher folders, and cans of infant formula. Be sure to give them to pregnant and breastfeeding women.

To request additional stickers, use the WIC order form (*not* the TDH AG-30 form) in the *Texas WIC Materials*

Catalog. Fax your order to (512) 458-7446, or mail it to:

Bureau of Nutrition Services
TDH-WIC
Attn: Forms Coordinator
1100 W. 49th St., Room M260
Austin, TX 78756-3199.

Specific messages teach best

Researchers from the University of Minnesota recently studied the effect of general information about a healthy lifestyle (including general nutrition-education topics) on the fruit-and-vegetable consumption of third-graders, fourth-graders, and fifth-graders.

In other words, researchers wondered if children would eat more fruits and vegetables if they had been given general lessons about a healthy lifestyle (including nutrition).

Unfortunately, general messages did *not* lead to an increased consumption of fruits and vegetables. This research suggests that nutrition educators must provide *specific* nutrition-education messages to promote behavioral changes.

In the Texas WIC clinic, this means that, if you want your participants to

eat more fruits and vegetables, get more iron, increase their calcium intake, or decrease their fat intake, then you have to give them specific information on these topics. Give your clients specific, concrete information about how to in-

corporate more fruits and vegetables into their diet, or give them a list of foods that are high in iron.

Information directed at a specific topic will help participants make changes that lead to a healthy lifestyle.



Issuing Texas WIC food vouchers to out-of-state transfers

By Belinda Abete-Lesser

Communications Coordinator

WIC Policy and Communications Section

Because Texas WIC staff in local agencies across the state encounter a variety of out-of-state transfer situations, the WIC Policy and Communications section would like to share some of the questions that we've received about issuing food vouchers to clients who have transferred to Texas WIC from other states' WIC programs.



As the questions and answers below will show, some situations can be easily resolved by referring to established WIC policies. For those situations that are unique and may not be addressed in policy, your assigned state-agency liaison can assist you.

The main thing to remember is that clients who have transferred here from out of state must be enrolled in Texas WIC before food vouchers may be issued.

Q: *What do out-of-state transfers have to provide in order to receive Texas WIC food vouchers?*

A: Per WIC Policy CS: 07.0, "Enrollment of Transferring Participants," when a transferring client resides in the local agency's service area and presents a valid verification of certification (VOC) from another state with the participant's name and valid certification date, the participant may be promptly enrolled in Texas WIC.

However, two additional items must be provided for enrollment in Texas WIC:

- ◆ Proof of identification, as described in WIC Policy CS: 02.0, "Identification of WIC Applicant."
- ◆ Proof of residency, as described in WIC Policy CS:02.1, "Residency as a Certification Requirement."

If the participant does not have a valid VOC with her, Texas WIC local-agency staff may call the other state to request the certification information. It is allowable to receive this information verbally, over the telephone. Receipt of written documentation is encouraged, but is not necessary.

If local-agency staff are unable to obtain any type of valid certification information, then the participant must be certified as a new applicant instead of as an out-of-state transfer.

Q: *If a WIC participant from another state transfers to Texas for a short period of time, can food vouchers be issued?*

A: Yes, food vouchers can be issued if the out-of-state transfer is within her certification period and proper documentation is provided. The amount of time that a person will be living in Texas should not make any difference.

Q: *Can Texas food vouchers be issued to an out-of-state transfer from Arizona who has lost her current Arizona food vouchers?*

A: No. According to WIC Policy FD: 05.0, "Action to be taken When

Issued Vouchers are Reported Lost/Stolen By Participant," lost or stolen food vouchers should not be replaced. Because Texas WIC does not replace lost food vouchers except in rare and extreme circumstances, such as a natural disaster, we do *not* replace lost food vouchers from other states.

However, Texas WIC staffers may provide sample contract formula to a non-Texas WIC infant who normally consumes one of the standard infant formulas that Texas WIC has on contract.

Staffers are also encouraged to refer the out-of-state participant to alternate food-supply resources such as the United Way, churches in the community, soup kitchens, food banks, or any other social services offered in the area.

Q: *A pregnant woman who is transferring from Indiana has her valid Indiana WIC food vouchers, but she has already spent her milk food vouchers. What can we do to assist her?*

A: WIC food vouchers from Indiana—or any other state—*can* be exchanged for Texas WIC food vouchers per WIC Policy FD: 33.0, "Exchange of Out-of-State Food Instruments."

Once the transferee provides proper identification and is enrolled as an out-of-state transfer, Texas WIC local-agency staff should exchange her remaining food vouchers while ensuring that the quantity of such foods does not exceed the quantity that is autho-

Always call an event's contact person before finalizing any travel plans.

rized in Texas. Accordingly, the Texas WIC clinic should provide the appropriate replacement food package. In this case, however, because the participant has already spent her current Indiana WIC food vouchers for milk, she would *not* be given current Texas WIC food vouchers for milk.

The Indiana food vouchers should be filed in the individual's Texas WIC file. An allowable alternate choice is that copies of the Indiana food vouchers should be made and filed in the individual's Texas WIC file, and the originals could be returned to Indiana WIC's state office.

Texas WIC does *not* require, however, that food vouchers be returned to the issuing state.

Q: *An out-of-state transfer from Florida says that she is in Texas for two months and did not receive her current food vouchers in Florida. What needs to be done to assist this person?*

A: After proper identification and documentation of Florida participation has been provided by the participant or obtained from Florida WIC, and after the participant is enrolled in Texas WIC as an out-of-state transfer, local-agency staff may issue current and advance Texas food vouchers.

We hope that the information shared above will help you assist your customers and that it has answered some of your questions about issuing food vouchers. If you have any further questions, be sure to contact your local agency's liaison at (512) 406-0711.

August

Aug. 9-11 — Texas WIC 25th Anniversary Celebration, Marriott at the Capital, Austin. For more information, call Missy Hammer at (512) 406-0740.

Aug. 11-13 — Intensive Course in Breastfeeding, Phase I, Houston. Three-day course prepares health-care providers to promote and support breastfeeding. \$45. For more information, call Jeanne Mitchell at (512) 406-0744.

September

Sept. 1 — "Essentials in Nutrition," 1st of five classes in the Sound Bites of Nutrition satellite course, 8:30 a.m. to 3:30 p.m. CST. Features basic information important to all WIC staff who provide nutrition counseling or who conduct nutrition classes. For more information, call Nancy Liedtke at (512) 406-0744, or e-mail her at nancy.liedtke@tdh.state.tx.us.

Sept. 8-10 — Intensive Course in Breastfeeding, Phase II, El Paso. Two and a half days of in-depth training following up on concepts introduced in three-day Phase I session. \$45. For information, call Missy Hammer at (512) 406-0744.

Sept. 14-16 — Peer Counselor Trainer Workshop, Austin. For breastfeeding coordinators to learn how to train breastfeeding peer counselors and to plan a peer-counselor program. \$35. Call Jewell Stremmer at (512) 406-0744.

Sept. 16 — "Immunization Update," a satellite broadcast of the National Immunization Program and the Public Health Training Network. Registration deadline Aug. 12. For more information, call Candy Cates at (800) 252-9152.

October

Oct. 1 — "Prenatal Nutrition," 2nd of five classes in the Sound Bites of Nutrition satellite course, 8:30 a.m. to 3:30 p.m. CST. Features basic information important to all WIC staff who provide nutrition counseling or conduct nutrition classes. For more information, call Nancy Liedtke at (512) 406-0744, or e-mail her at nancy.liedtke@tdh.state.tx.us.

Oct. 6-8 — Breastfeeding Educator Program, Presbyterian Healthcare System, Dallas. Provides current, research-based information and skills practice; CEUs available. Presenter is Debi Bocar, M.Ed, M.S., R.N., I.B.C.L.C. For more information, call Jeannette Crenshaw at (214) 345-8568.

Oct. 19-21 — Intensive Course in Breastfeeding, Phase I, Amarillo. Three-day course prepares health-care providers to promote and support breastfeeding. \$45. For more information, call Jeanne Mitchell at (512) 406-0744.

November

Nov. 1 — "Nutrition in Motherhood," 3rd of five classes in the Sound Bites of Nutrition satellite course, 8:30 a.m. to 3:30 p.m. CST. Features basic information important to all WIC staff who provide nutrition counseling or who conduct nutrition classes. For more information, call Nancy Liedtke at (512) 406-0744, or e-mail her at nancy.liedtke@tdh.state.tx.us.

Nov. 1-2 — "EPI-VAC Live Land Course" on the epidemiology of vaccine-preventable diseases, Houston. Registration deadline Oct. 4. For more information, call Candy Cates at (800) 252-9152.

Nov. 1-3 — "Identifying and Preventing Early Infant Feeding Problems," 2nd annual Texas Breastfeeding Summit, Omni Hotel SouthPark, Austin. CEUs available. For more information, contact Janet Rourke at (512) 406-0744.

Nov. 4-5 — "EPI-VAC Live Land Course" on the epidemiology of vaccine-preventable diseases, Dallas. Registration deadline Oct. 4. For more information, call Candy Cates at (800) 252-9152.

To include an event in this calendar, call Shelly Ogle at (512) 406-0700, ext 262#.

Next issue's topic:

Smoking & Health



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



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Austin, TX 78756

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