

August is
*World
Breastfeeding
Month*

Focusing on World Breastfeeding Month

This issue marks a time of progress, celebration, and inspiration for Texas WIC. As we transition from one great leader to another, we have cause to rejoice in all of our past triumphs while we look ahead with knowledge and ingenuity to tackle future challenges and endeavors. Much of our focus, and many of our victories and challenges, are related to this month's theme — World Breastfeeding Month.

According to the Centers for Disease Control and Prevention, the percentage of mothers who start and continue breastfeeding is growing. Just a couple of months ago, Born-to-WIC breastfeeding initiation rates hit 83 percent! While rates are increasing across all groups, mothers — especially African Americans — need more support to continue breastfeeding. About 45 percent of all women are breastfeeding at 6 months and only 23 percent are still breastfeeding at 12 months.

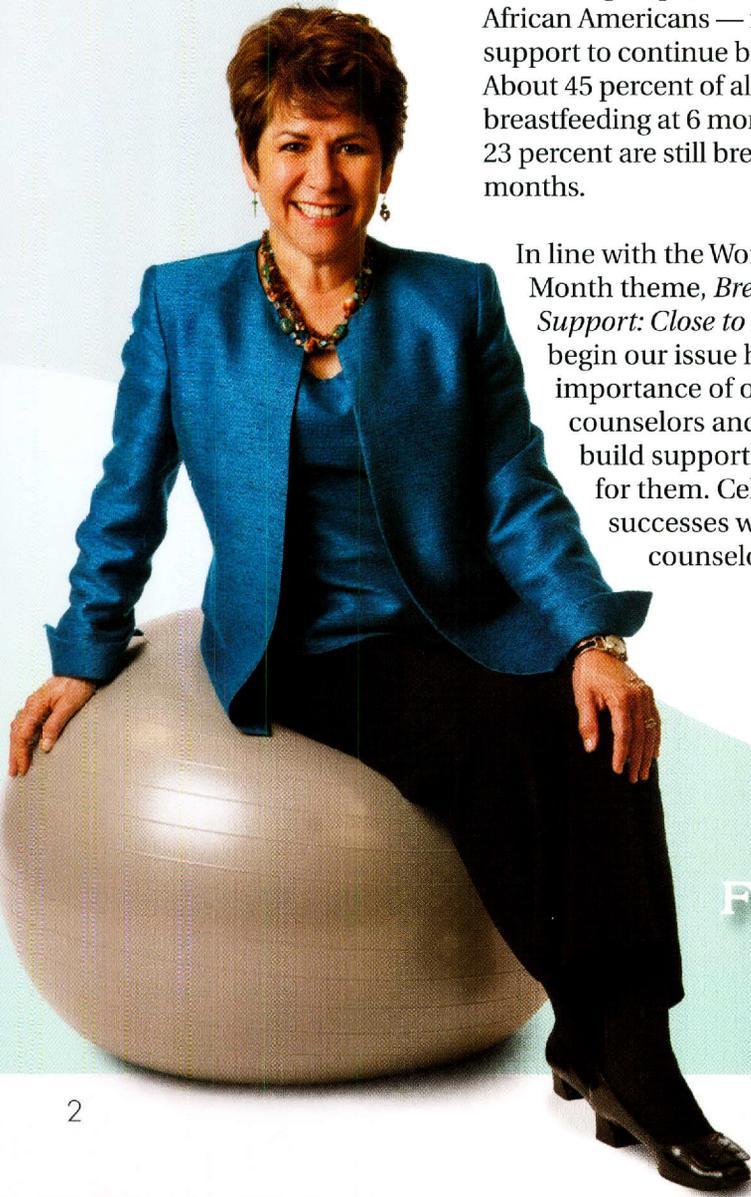
In line with the World Breastfeeding Month theme, *Breastfeeding Support: Close to Mothers*, we begin our issue highlighting the importance of our WIC peer counselors and how we can build support and awareness for them. Celebrate your successes with your peer counselors this August

and thank them for the important role they play in providing breastfeeding promotion and support.

As we know, a mother's own milk is the ideal nutrition for all infants. However, for premature infants, or those who need special care, donor human milk can be lifesaving by providing protective compounds and optimal nutrition. Milk banks are often responsible for helping many fragile infants thrive and survive when a mother is unable to provide enough milk. Learn more on page 12 in "Saving Lives through Milk Banking."

Besides containing antibodies and providing the perfect nutrition, breastmilk also has antioxidants which help fight disease, inflammation, and cell damage. Learn more about the key antioxidants found in breastmilk on page 16, "Antioxidants in Breastmilk: The Ultimate Super Food."

The tremendous work you perform daily not only affects the lives of our clients and their families but also influences the health and wellbeing of many communities and ultimately our great state. Keep supporting breastfeeding and helping women achieve their personal breastfeeding goals. You are enabling families to improve their health for a lifetime and creating healthier generations to come.



From the desk of Evelyn Delgado
— Assistant Commissioner
Family and Community Health Services



- 2 Focusing on World Breastfeeding Month
- 4 World Breastfeeding Month 2013 – Breastfeeding Support: Close to Mothers
- 6 Peer Counselors Make a Difference!
- 8 Every Ounce Counts – Did the Campaign Work?
- 10 Texas Ten Step and WIC Local Agencies – Helping to Improve Breastfeeding Support in Texas
- Pull Out Section** ▶ 11 WIC Wellness Works
- 11 TXIN Talk
- 12 Breastfeeding Chronicles: Saving Lives through Milk Banking
- 14 Local Agency Spotlight: Not an Ordinary Mother
- 16 RD's Corner: Antioxidants in Breastmilk: The Ultimate Super Food
- 18 Understanding a Child with Autism Part 2: Nutrition and Feeding Concerns

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If you would like to write an article, please request subject approval and our writer's guidelines prior to writing the article. Keep in mind that each Texas WIC News issue is planned five months in advance. Articles submitted will be considered but not guaranteed for publication.



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Breastfeeding Support: Close to Mothers

by Cristina García, R.D., L.D.
Breastfeeding Promotion Nutritionist



Every new mom has questions — *Is this normal? What should I expect? How should I handle that? Am I the only one with this question?* Moms often turn to other moms for answers and support as they navigate through their questions. Mothers especially find comfort relating to other mothers with similar life experiences.

Moms helping other moms — that is the basic premise of peer counseling. Peer counselors have personal experience and specialized training to talk to other moms about infant feeding and to help moms achieve their personal breastfeeding goals. This August, Texas WIC, along with the World Alliance for Breastfeeding Action, honor peer counselors with the World Breastfeeding Month theme *Breastfeeding Support: Close to Mothers*.



The Texas WIC Peer Counselor Program celebrated their 20th anniversary a couple of years ago, and yet there are many who still don't know the program exists. To raise awareness of the importance of peer counselors in your clinic and community, try some of these suggested activities.

- Share WIC Peer Counselors: The Support You Need to Successfully Breastfeed (stock #13-06-13182 and #13-06-13182A) with your WIC clients during counseling sessions to inform them of the service.



- Give clients a Breastfeeding Peer Counselor business card (stock #13-06-13179) with your contact information so they can call you if they have questions about breastfeeding.
- Take WIC Breastfeeding Peer Counselors: The Support Your Patients Need for Breastfeeding Success (stock #13-06-13180) to your local hospitals to inform labor and delivery and postpartum staff of the service.
- Bring Breastfeeding: The Best Medicine You Can Prescribe flyers/posters (stock #13-06-13183) to the health-care providers who serve the majority of your WIC participants and ask them to refer their breastfeeding patients to WIC for support.
- To build support in your community, invite community workers who also serve WIC clients to attend your local agency peer counselor trainings. This may include home visitation nurses, community health workers, promotoras, child care staff, and Healthy Start and Early Head Start program staff.
- Use Become a WIC Peer Counselor (stock #13-06-13181 and #13-06-13181A) to recruit

WIC participants who are passionate about breastfeeding to become trained peer counselors. Be sure to recruit peer counselors who reflect the race and ethnicity of your WIC clients.

For most families, adjusting to life with a newborn takes time, a little help, and lots of encouragement. Moms will always turn to those closest to them for support, suggestions, and answers to their many questions. Peer counselors help families navigate through the many experiences they encounter on their breastfeeding journey. Join us as we celebrate World Breastfeeding Month by highlighting the compassionate work of breastfeeding peer counselors.

For more information visit:

<http://www.dshs.state.tx.us/wichd/bf/wbm.shtm>
www.worldbreastfeedingweek.org
www.ilca.org

Peer Counselors

Make a Difference!

by Kristina Arrieta, M.P.H., I.B.C.L.C.
Texas Peer Counselor Coordinator

by Cristina García, R.D., L.D.
Breastfeeding Promotion



Texas WIC offers pregnant and breastfeeding mothers an added benefit by employing breastfeeding peer counselors at all WIC agencies. Peer counselors are valuable resources — in the WIC clinic, in the hospital, and in the community. Peer counselors help new moms gain the confidence they need to successfully breastfeed.

In the Clinic

Peer counselors' traditional role is in the clinic counseling moms and troubleshooting basic breastfeeding problems. They act as role models to our clients, often breastfeeding their own babies as they counsel moms, teach classes, and issue pumps. For many clients this is their first introduction to breastfeeding. Peer counselors help to normalize breastfeeding and show that it truly is the optimal way to feed your infant.

All pregnant mothers should see a WIC peer counselor. WIC directors have found that many mothers who claim they are planning to bottle-feed really just have concerns that peer counselors are able to address. Peer counselors address pregnant women's concerns about breastfeeding and provide information to help them make an educated decision on how they will feed their baby.

Peer counselors explain the benefits of breastfeeding and the benefits that WIC offers to breastfeeding mothers. They offer information about the larger food package options for breastfeeding moms, breast pumps, and the support that is available for WIC breastfeeding mothers. Knowing that there is support at the WIC office empowers new mothers and helps build the confidence they will need to succeed.

On the Phone

New breastfeeding mothers have a lot of questions and concerns so peer counselors spend many hours on the phone. Moms don't always call when they are having trouble breastfeeding so more often than not; it is the peer counselor who must call to check-in on the mom. The National Loving Support Peer Counselor Curriculum believes that these call back times offer the best support to moms.

Stage	Call Frequency
Pregnancy	Once a month
First Week	Every 2-3 days
First Month	Once a week
Work or School	Two weeks before returning and one to two days after the first day back
New Concern	Within 24 hours of initial consultation

Moms who receive breast pumps or any other breastfeeding tools should also receive calls to ensure their equipment is

working properly. Most Texas agencies have cell phones for peer counselors to carry to be easily accessible after hours. Although most peer counselors report that they rarely get calls, all agree that the calls that come in after hours are from moms who really benefit from the immediate advice.

In the Hospital

Peer counselors who work in hospitals have the unique opportunity to assist families in both the hospital and then the WIC clinic ensuring continuous care and support during the first few days and weeks. In the hospital peer counselors can:

- Show moms various breastfeeding positions to find the most comfortable ones for them and their new babies.
- Assist moms in learning latch and signs of milk transfer.
- Encourage skin-to-skin contact between moms and babies.
- Educate moms and families about newborn behaviors and infant feeding cues.
- Review a mom's infant feeding plan to help her wishes be carried out during the hospital stay.
- Instruct moms on the use of a breast pump, if needed.

Having peer counselors in hospitals allows for open communication between the hospital and WIC. The hospital staff becomes more aware of the many benefits and services WIC offers to mothers who qualify. Bridging the gap between hospital discharge and the first WIC appointment offers the continuous care that new moms need to be successful.

In the Neonatal Intensive Care Unit (NICU)

Moms with babies in the NICU have a challenging road ahead of them. Agencies such as City of Austin and Northeast Texas Public Health District report that employing peer counselors who have had the experience of having an infant in the NICU has been very beneficial to these mothers. Talking to someone who has been through similar circumstances and succeeded can give moms the confidence they need.

Moms with NICU babies will usually need a breast pump, but they also need a cheerleader and continued encouragement. It is difficult enough for a mom to wake up in the middle

of the night to breastfeed a newborn. Imagine how difficult it is for a mom who is waking up to pump because her new baby is in the hospital.

Here are recommendations to support moms with infants in the NICU:

Pump Delivery	As soon as possible! Recommend pumping 100 minutes/day/baby. In the first two weeks the breast should be stimulated every three hours.
Colostrum Phase	Daily, remind them that drops are all that they should expect. Colostrum is liquid gold! Let her know she is doing great.
Milk is here	Check-in to see if she has any questions.
Two weeks	Check-in to see if she needs a larger size flange.
>2 weeks	Check-in at least once a month.

In the Community

Peer counselors share many of the experiences and breastfeeding challenges that WIC participants face. Peer counselors are familiar with community resources that may benefit the whole family. They are also highly attuned to the social networks preferred by tech savvy, millennial moms. Peer counselors can:

- Help WIC create a presence in the online breastfeeding communities.
- Add community resources, such as prenatal/postnatal lactation services offered by the hospital, to their Local Agency Client Referral handout.
- Host a mom/baby booth at community health fairs so breastfeeding mothers can have a designated space to relax and nurse their babies.
- Serve on community action committees or local breastfeeding coalitions.
- Participate in hospital continuity-of-care workgroups or maternity practice improvement teams.

Appreciate your Peer Counselors!

Peer counselors work hard to increase breastfeeding rates and support our breastfeeding mothers. This is why the World Alliance for Breastfeeding Action and Texas WIC are recognizing peer counselors and all of the work that they do for World Breastfeeding Month. Be sure to thank and honor your peer counselors.



Every Ounce Counts – Did the Campaign Work?

by Tracy Erickson, R.D., I.B.C.L.C., R.L.C.
WIC Breastfeeding Coordinator

The *Breastmilk: Every Ounce Counts* campaign is the first of its kind to say that any amount of breastfeeding is worth the effort. A key method of the campaign was to create a brand that would strongly connect with the target audience of “millennial moms,” their support system, health-care providers, and the community. Various methods were used to pass on the message including TV, radio, outdoor advertisements, a campaign website, web banners, and other online advertising. The *Every Ounce Counts* campaign has received a lot of attention since it first started in 2009. But do we know if it worked? The answer is a whole-hearted YES!

Texas WIC began the campaign with the new WIC food packages in 2009 in an effort to encourage more women to breastfeed. The campaign’s public service announcements (PSAs) provided key breastfeeding messages like how breastfeeding reduces the risk of obesity, certain diseases, and sudden infant death syndrome. The PSAs also pointed out that Texas law protects women’s right to breastfeed in public.

The 2009 WIC Infant Feeding Practices Survey, completed just before the start of the *Every Ounce Counts* campaign, provided pre-campaign data to measure the change in knowledge of breastfeeding key messages. Moms

who completed the 2011 survey had younger babies than moms who completed the 2009 survey. Because survey methods have changed, making accurate direct comparisons between the data is difficult. However, information gathered from the surveys show a clear increase in knowledge across the board for all key campaign messages.

Comment found by Googling breastmilkcounts.com

“Every Ounce Counts. What a great slogan! I encourage you to check out the WIC website because their campaign rivals those of major companies. Not only do they have great pictures of babies and what they might be when they grow up, but a song that can only be an encouragement to any nursing mother. The WIC ads include babies that want to grow up to be firefighters and doctors because breastmilk makes you stronger and smarter, which is very true! Breastfed babies develop better with fewer health problems and their IQ scores and performance in school is markedly better than their formula-fed counterparts.” – Tanya Roberts BSEd, LC

<http://lactconnect.blogspot.com/2010/08/every-ounce-counts.html>

Knowledge questions	2009 IFPS	2011 IFPS
Breastfed babies are less likely to become obese children and adults	47.3% answered True	56.7% answered True
Breastfed babies are less likely to develop diabetes	46.4% answered True	56.1% answered True
Breastfed babies are less likely to die from sudden infant death syndrome (SIDS)	38.8% answered True	44.0% answered True
Breastfeeding benefits children even after they stop nursing (higher IQ, better health, etc.)	67.2% answered True	74.3% answered True
Mothers who breastfeed are less likely to get breast or ovarian cancer	48.9% answered True	63.5% answered True
Breastfeeding mothers burn more calories making it easier to lose pregnancy weight	77.5% answered True	95% answered True
Breastfeeding mothers get more food on WIC than non-breastfeeding mothers	49.1% answered True	58.6% answered True
In Texas, there is a law that gives women the right to breastfeed their babies in public	47.5% answered True	56.8% answered True
Breastfeeding rates at time of survey administration	2009 IFPS	2011 IFPS
Breastfeeding initiation	73.4%	81.5%

(2009 AND 2011 TEXAS WIC INFANT FEEDING PRACTICES SURVEY, TEXAS DEPARTMENT OF STATE HEALTH SERVICES)

Besides the increase in knowledge of key messages, the campaign along with new, larger food packages for breastfeeding moms most likely influenced the rise in WIC breastfeeding initiation rates from 73.4 percent, just prior to the August 2009 launch, to 83 percent in March 2013. Texas WIC saw a similar increase in breastfeeding initiation rates during the 2004-2006 *African American Breastfeeding Promotion* campaign.

Texas WIC received over \$5 million in breastfeeding bonus award funding from the U.S. Department of Agriculture in 2010 and 2011 for “greatest improvement in breastfeeding rates.” Texas WIC used the bonus funding to expand the campaign. The campaign also won a Vision Award from the Association of State & Territorial Health Officials in 2011. At least 13 other states have adapted parts of the campaign as well as the WIC Overseas Program that serves our military families outside of the United States, Oregon’s Foster Care Programs, and the Basildon and Thurrock General Hospitals in the United Kingdom.

While the paid campaign advertisements are over, the movement lives on through continued campaign promotion in the WIC clinics, through social media and through www.breastmilkcounts.com and www.lechematernacuenta.com. Breastmilkcounts.com and its Spanish

counterpart received about 4,000 visitors during the first-year paid media period of August 1-31, 2009, and over 68,000 to the main website. Over 5,000 people visited the mobile site during the second-year paid media period of August 1-September 15, 2010. The main website has now received over 250,000 visitors since August 2009 from all 50 states, the District of Columbia, and 180 other countries and territories. The mobile website has received over 30,000 visitors since August 2010. Over the years, *Every Ounce Counts* has been talked about on various websites, breastfeeding forums, and blogs.

Texas WIC breastfeeding duration and exclusivity rates did not increase as much as initiation rates during the 2009-2012 campaign. However, it did allow WIC to develop important tools to launch the Texas Ten Step Star Achiever Collaborative, an initiative in which the Department of State Health Services will work with approximately 81 hospitals through 2016 to increase in-hospital exclusive breastfeeding rates.

For more information about the Every Ounce Counts campaign, visit www.breastmilkcounts.com

For more information about the Star Achiever initiative, see page 10 (Texas Ten Step article) or visit www.texastenstep.org.

Helping to Improve Breastfeeding Support in Texas

by Veronica Hendrix, L.V.N., I.B.C.L.C., R.L.C.
Texas Ten Step Program Coordinator

An exciting new quality improvement initiative to better support breastfeeding mothers is now available to Texas hospitals! The Texas Ten Step Star Achiever Breastfeeding Learning Collaborative was launched in December 2012 with 20 birthing facilities from North Texas. Facilities were chosen to participate after submitting an online application in which they provided hospital-specific data on their breastfeeding and maternity care practices. The first group of hospitals, also known as Cohort A, includes facilities located in Health Service Regions (HSR) 2 and 3. Cohorts B and C will have facilities from HSR 4-7 and 8-11, respectively for a total of 81 birthing facilities over a four year period. The first of its kind in Texas, the collaborative project

involves the Department of State Health Services (DSHS) and the National Initiative for Children's Healthcare Quality (NICHQ) and is being funded by the Texas WIC program. NICHQ is a non-profit organization that has worked for more than a decade with health-care professionals, foundations, government agencies, and community organizations to help make children's health care better through quality improvement projects like this one.

The Star Achiever project goal aims to improve exclusive breastfeeding rates in the hospital at day two of life with an additional focus on Steps 3 and 10 of the Ten Steps to Successful Breastfeeding. Step 3, improving breastfeeding management and information for mothers prenatally, and Step 10, increasing post discharge support for breastfeeding mothers are two areas in which local agency support and resources are highlighted. WIC directors, peer counselors, and breastfeeding coordinators are invited to participate and serve in critical roles like application recruitment, members of hospital planning teams, and organization of community partner meetings. Additionally, Trang Neimetz, a peer counselor from LA 07 in Dallas, serves as the valued "parent voice" on the DSHS-NICHQ project planning team. Hospital planning teams are encouraged to identify gaps in services between their facilities and post discharge support and develop strategic plans that will help close those gaps. This multidisciplinary approach ensures con-

tinuity of care for mothers and will increase the knowledge of strengths and challenges within each institution. Local agency locations assisting in Cohort A activities include: Dallas, Wichita Falls, Denton, Tarrant, and Collin counties, in addition to the North Texas Home Health Svc., Inc. (Outreach Health Services).

To better understand all DSHS breastfeeding initiatives, an info-graphic was developed as a key material to use with breastfeeding promotion in hospitals and communities. The info-graphic can be downloaded from both the WIC materials online catalog and TexasTenStep.org and displays the DSHS pathway to achievement and recommended practices in infant nutrition and care. WIC staff can use the info-graphic as a visual guide when engaging in breastfeeding promotion in their communities or the promotion of DSHS initiatives and resources, like the TTS program, Star Achiever initiative, Peer Counselor program and breastfeeding training. DSHS offers multiple resources that take hospitals from pre-contemplation to full integration of the Ten Steps. Also included in the info-graphic is a brief listing of suggested community support ideas and reference links to national support measures and organizations.

For more information on the Star Achiever Breastfeeding Learning Collaborative, email Veronica.Hendrix@dshs.state.tx.us or follow Star Achiever updates on Twitter! @NICHQ #TX10Step



Texas Ten Step- Star Achiever Breastfeeding Learning Collaborative- faculty, Learning Session 1. Top Row (left to right): Becky Law (Texas Health Hospital, Fort Worth), Sue Butts-Dion (NICHQ), Hillary Anderson (NICHQ), Alma Carver (NICHQ), Middle Row: Veronica Hendrix (DSHS), Pam Berens, MD, IBCLC, Elaine Fitzgerald (NICHQ), Erin Hamilton-Spence, MD, Tracy Erickson (DSHS), Bottom Row: Julie Stagg (DSHS), Beza Ayalew (NICHQ), Trang Neimetz (Dallas WIC), Pat Abridge (JPS Hospital), Jennifer Ustianov (NICHQ).

by Debbie Lehman, Ph.D., R.D., L.D.
and Katie Lanier
Nutrition Education Consultants

Learning the Art of “Thoughtful” Eating

CONTRIBUTED BY: AMANDA REAT
TEXAS STATE UNIVERSITY DIETETIC INTERN

What is Thoughtful Eating?

Eating a healthy diet is important, but paying attention to why we eat and how we eat may be more important for maintaining a healthy weight and a positive relationship with food. Thoughtful eating involves slowing down and enjoying the process of eating. Eating thoughtfully means that we take time to figure out why we feel like eating. It also means that we put away distractions when we eat and eat slowly so that we have time to recognize fullness. Eating thoughtfully can challenge the way we view food. Instead of being “good” or “bad,” food can become an enjoyable way to be kind to ourselves, with unconditional permission to eat when we are hungry and stop when we become full.

Tips for Eating Thoughtfully

Slow down and think

- Take small bites
- Chew slowly
- Take a break between bites
- Focus on the textures and flavors

Get away from distractions

- Turn off the TV
- Put away your phone
- Eat away from your desk

Pay attention to your body

- Notice when you start to feel hungry
- Notice when you start to feel full

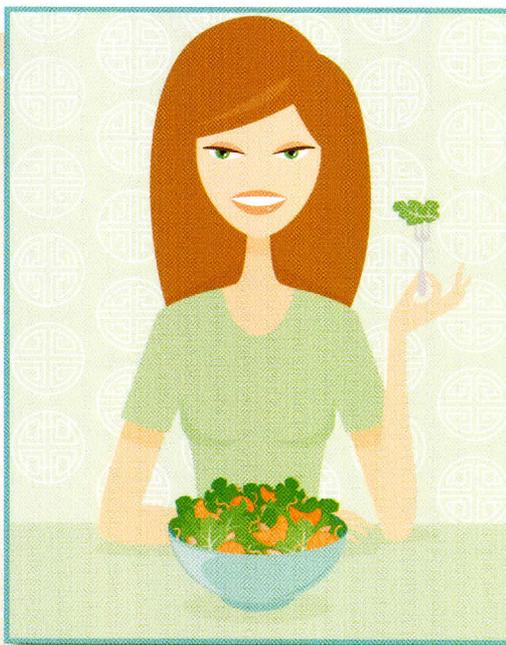
Choose your foods

- Admit your feelings about certain foods without judging yourself
- Choose foods that you like and that are also good for you

Why Do We Eat? Recognizing Triggers

Food is available just about anywhere, anytime. It’s not surprising we find ourselves eating at social events, or when we are stressed or emotional. Whatever the reason may be, eating when we are not hungry can cause us to overeat and gain weight. It is important to distinguish between our body’s hunger signs and our mind’s need for some comfort, stress relief, activity, etc. This can help us eat the right amount of food for our bodies. It can also help us deal with our emotions in more healthful ways.

(continued on page WWW — Insert D)



Two Weight Loss Success Stories: Local Agency 5 Keeps Inspiration Alive

CONTRIBUTED BY: ROSA CARRILLO, L.D.
NUTRITION COORDINATOR

Bridget's Story

Bridget started out at a size 16 and felt depressed about her weight, especially when going shopping for clothes. She would not even try clothes on at the store, instead purchasing items, trying them on at home, and then returning them when they didn't fit. She also noticed that her hands and feet were always swollen by the end of the day. When her doctor wanted to prescribe diuretics, Bridget decided then and there to make a change.

She started by increasing her fruit and vegetable intake, decreasing refined carbohydrates, and reading labels. She learned to read labels from one of the WIC classes and discovered she was consuming large amounts of sodium from the canned foods and frozen dinners she was eating. She also learned to use frozen vegetables instead of canned from one of the Obesity Prevention Mini Grant classes. She began cooking with very little salt and has removed the shaker from the table. Other changes she has made include eating breakfast (usually oatmeal), limiting serving sizes, discontinuing late night snacking, and choosing nutritious snacks such as fruits, vegetables, and low-fat popcorn. She has re-discovered cooking with healthy ingredients like whole grains, lean meats, and frozen vegetables. She makes her own salad dressings using healthy ingredients and eats salads when she can — ideas she picked up from a WIC class. She also added a physical activity component to her regimen. She started with weights but now does brisk walking or jogging several times a week.

The results of these changes were amazing. Bridget no longer retains fluid, feels healthier, and is down to a size 9. She loves shopping now. Bridget learned that she could take control of her situation.

"I am in charge of my kitchen. I read labels and purchase healthy food. I enjoy trying new foods and recipes and cooking healthy meals for my family and me. My motivation for maintaining these changes is to remain physically active and healthy for my children and future grandchildren as long as possible!"

Mary Lou's Story

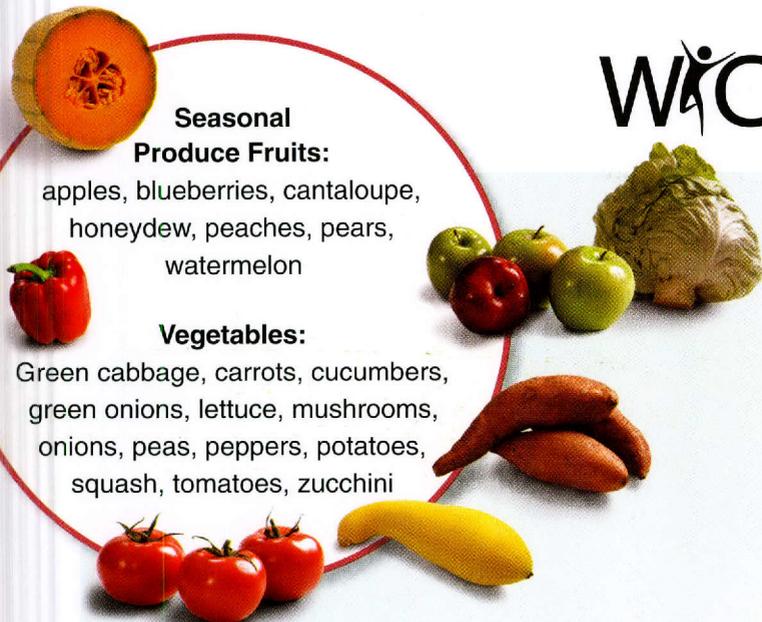
Mary Lou was used to taking care of others. She had cared for her mother at her home for years. Her mother's health gradually worsened as she developed high blood pressure, cancer, and eventually had both legs amputated. Mary Lou's heart broke as she watched her mother's health decline, especially after the amputations. Her mom passed away, and Mary Lou became increasingly concerned about her own future — worried she may be heading down the same path as her mother.

She struggled to lose weight but was unsuccessful. Mary Lou talked to the doctor about lap band surgery and had it done in August 2011. After the surgery, she changed her lifestyle by completely changing the way she ate and becoming more active.

She now eats smaller portions, more fruits and vegetables, and exercises as often as she can. She avoids sweets, flour tortillas, and high fat food. She especially enjoys soups with vegetables and whole beans like "frijoles a la charra." Her activities include Zumba, biking on the bayfront, and yard work. She says she receives great cooking tips from the Healthy Lifestyle classes taught to WIC clients and uses the recipes regularly. Mary Lou has lost 70 pounds! She used to dread shopping for clothes and taking pictures. Now she loves doing both!

We are all so proud of you, Bridget and Mary Lou. Thanks for inspiring others!





Seasonal Produce Fruits:

apples, blueberries, cantaloupe, honeydew, peaches, pears, watermelon

Vegetables:

Green cabbage, carrots, cucumbers, green onions, lettuce, mushrooms, onions, peas, peppers, potatoes, squash, tomatoes, zucchini

recipe

Grilled Pork with Arugula and Grape Salad

Source: FoodNetwork.com

Ingredients:

- 1 medium shallot, finely chopped
- 2 tablespoons balsamic vinegar
- 2 teaspoons chopped fresh thyme
- Kosher salt and freshly ground pepper
- ¼ cup extra-virgin olive oil
- 4 five-ounce boneless pork chops
- ¾ cup red seedless grapes, halved
- 4 heaping cups baby arugula
- ½ cup crumbled gorgonzola or other blue cheese

Preparation:

Combine the shallot, vinegar, 1 teaspoon thyme, 1 teaspoon salt, and 1/4 teaspoon pepper in a medium bowl. Gradually whisk in the oil, starting with a few drops and adding the rest in a steady stream.

Put the pork chops in a shallow dish and season all over with salt. Add the remaining 1 teaspoon thyme and 3 tablespoons of the dressing. Coat the pork and set aside to marinate for 5 minutes.

Heat a grill pan over medium-high heat. Grill the pork until cooked through but still moist, 4 to 5 minutes per side.

Add the grapes and arugula to the remaining dressing and toss to coat. Transfer the pork chops to a serving platter or individual plates; top with the salad and sprinkle with the gorgonzola or blue cheese.

Nutrition Information Per Serving (Serves 4):

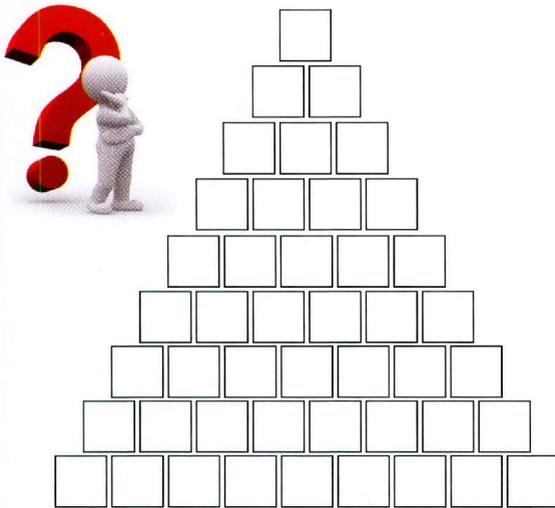
450 calories, 25 grams fat, 125 mg cholesterol, 9 grams carbohydrate, 45 grams protein, 1 gram fiber, 900 mg sodium

Mind Games

Word Pyramid

Complete the following pyramid by starting with one letter at the top and adding one letter in each subsequent row, rearranging the letters if necessary. The words are defined here, but not in the correct order:

An indefinite article; honor or largeness; hang loosely; to the same extent or degree; a noncommissioned officer; lines of mountains; an herb; wiser; peculiar or odd.



Answers: A, AS, SAG, SAGE, SAGER, RANGES, STRANGE, SERGEANT, GREATNESS.

Share your wellness success stories for a chance to be spotlighted in Texas WIC News and inspire other WIC staff! Contact your State Wellness Coordinator, Debbie Lehman, at Debbie.Lehman@dshs.state.tx.us or 1-512-341-4517 or Katie Lanier at Katie.Lanier@dshs.state.tx.us or 1-512-341-4514.

“Thoughtful” Eating

(continued from page WWW — Insert A)

1	Faint with hunger	Eat slowly and pay attention to when you start to feel satisfied.
2	Starving	
3	Fairly hungry	
4	Somewhat hungry	
5	Comfortable	Start to put away the food before you feel full.
6	Satisfied	
7	Full	If you want to eat, it is probably not because you are hungry. Try to figure out what your body really needs.
8	Extremely full	
9	Uncomfortably full	
10	Stuffed	

faster. Eating too quickly can keep us from noticing when our bodies are satisfied. By the time we realize we have had enough food, we may have already eaten too much. Taking time to slow down and enjoy our food without distraction can be a helpful way to prevent overeating. Try cutting out distractions for at least one meal each day for one week and see if it makes a difference in how you feel after eating.

A hunger scale may be a helpful tool to determine if you should eat. Next time you want to take a bite of something, take a moment to determine where you are on the hunger scale. If you are hungry, remember to savor each bite and eat slowly so you will be able to tell when you are satisfied. If you are full, try to figure out why you feel tempted to eat. Try to think of something else you can do instead, such as go for a quick walk, sip on a cup of tea, or just take a few deep breaths. If you are comfortable or satisfied, take a moment to enjoy that feeling.

How We Eat

Our hectic lifestyles make it hard to find time to eat without something else going on. We eat while driving, watching TV, surfing the internet, reading a magazine, or looking at our phones.

Even though it seems harmless to multitask while eating, studies have found that this leads people to eat more than they would if they were eating without distractions. One study showed that people who watched TV while eating ate up to 200 more calories than people who did not watch TV. Not only do we eat more when we are distracted, we eat

Thoughtful eating helps you to get the most out of your eating experience. If you have children, share the art of thoughtful eating with them so they can slowly enjoy and learn the taste of food. Think about the food you eat before, during, and after you eat.

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TXIN Talk

by Casey Wilburn, I.B.C.L.C., R.L.C., Communications Manager



TXIN team:

1. John Hannemann
2. Joe Baiocchi
3. Mike Montgomery
4. Theresa Bradley
5. Kay Kirby
6. Karen Clements
7. Dinorah Kline
8. Melanie Adrian
9. Anita Ramos
10. Lisa Rankine
11. Vicki French
12. Sherrie Meck
13. Casey Wilburn

Texas Integrated Network (TXIN) will replace the current clinic and back-end processing system with a new enterprise web-based system designed to improve program efficiencies, effectiveness, outcomes and the quality of service while engaging Texas WIC, local agency clinic staff, and participants.

TXIN will be virtually paperless with easy to follow screens, greatly improving clinic flow. Additionally, it will meet Food and Nutrition Service (FNS) of USDA requirements for management information systems and Electronic Benefit Transfer (EBT) delivery and accountability for client benefits. Furthermore, the system will provide enhanced customer service, quicker response to changing regulations, improved timeliness of data for key management decisions, and improved handling of electronic EBT data.

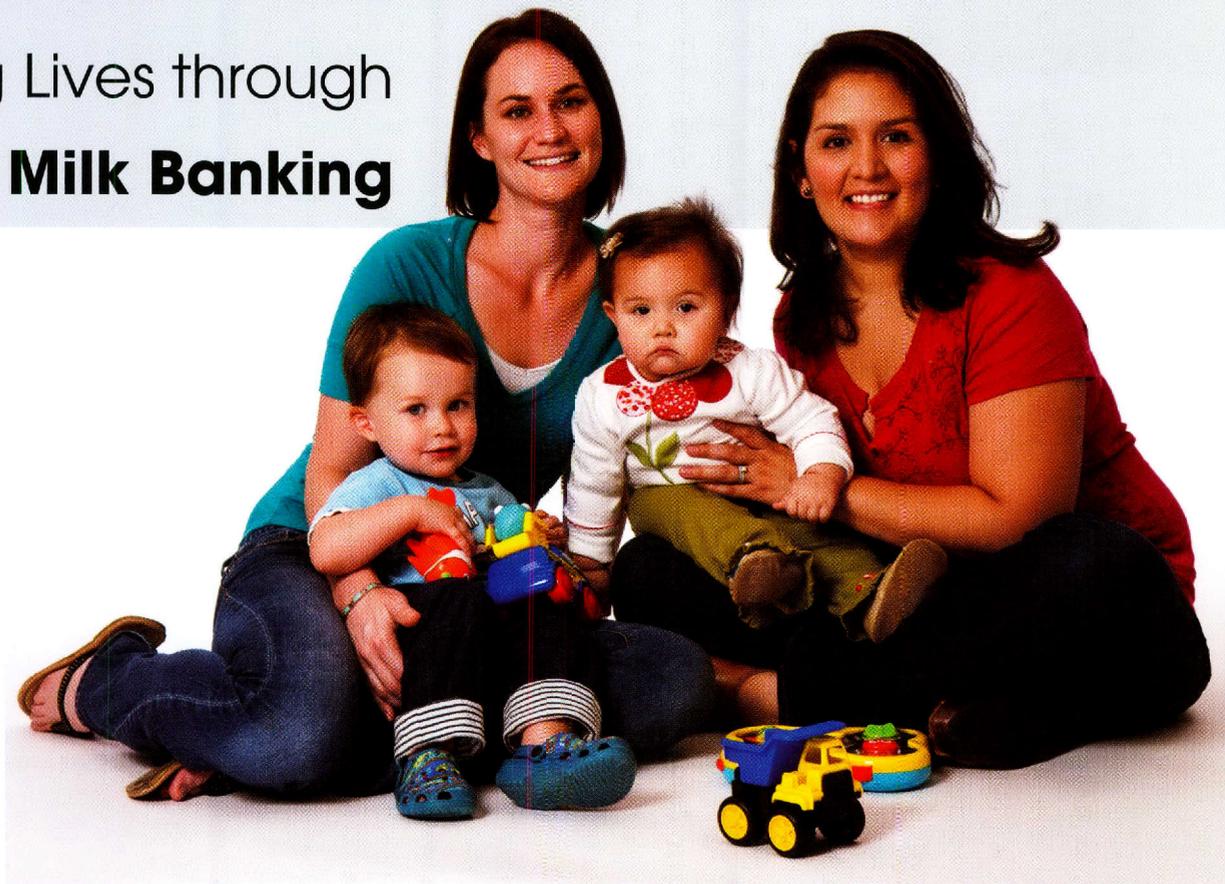
Project Activities

- Texas WIC completed contract negotiations:
 - Currier McCabe & Associates (CMA) will design, develop and implement TXIN. CMA has engaged Microsoft Consulting Services

(MCS) to provide an advanced level of product oriented solution development expertise. CMA came on board January 2013.

- Gartner will work as the quality assurance/independent verification and validation (QA/IV&V) vendor. Gartner began work in December 2012.
- CMA began work on the Proof of Concept (POC) in January 2013 to validate the technology and infrastructure (hardware, software and environment) they proposed. Microsoft Dynamics will be the platform used for business needs (by our participants) and the POC will provide the confirmation that the proposed infrastructure will meet our needs.
- The requirements validation sessions began in the summer 2012 to verify that our requirements are understood by CMA and are still valid. State Agency Subject Matter Experts (SME's) and Texas Association of Local WIC Directors (TALWD) were involved in the process.
- TXIN system is expected to begin deployment in 2016.

Saving Lives through **Milk Banking**



by Cristina García, R.D., L.D.
Breastfeeding Promotion

The newborn baby has only three demands. They are warmth in the arms of its mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three.

~ DR. GRANTLY DICK-READ

Leading health organizations agree breastmilk is the best food for all babies, especially for premature or compromised babies because it has the protective factors and nutrients specific to their needs. When mothers are unable to provide their own breastmilk, donated breastmilk should be used as a first alternative for medically fragile babies. This donated breastmilk can be found at places specifically built for this purpose called “milk banks.”

What is a milk bank?

A milk bank is an organization that collects, screens, pasteurizes, and dispenses donor breastmilk by prescription to premature or medically compromised infants whose mothers are unable to furnish enough breastmilk of their own.

There are currently 12 milk banks in North America, all members of the Human Milk Bank Association of North America (HMBANA). HMBANA is a multidisciplinary group of health care providers that promotes, protects, and supports donor milk banking. It sets the standards and guidelines for donor milk banking in North America.

Texas proudly hosts two HMBANA accredited milk banks. The Mother’s Milk Bank at Austin and the Mother’s Milk Bank of North Texas located in Fort Worth. Additionally, there are approximately 40 milk drop off locations throughout the state.

Who can donate?

Mothers with an abundant milk supply may

Photo (left to right): Lindsey Randall, breastfeeding promotion and dietetic intern, with her son Lawson and Cristina Garcia, breastfeeding promotion, holding her daughter Eva, are breastmilk donor alums. Lindsey, who donated more than 2300 ounces says that becoming a donor was very rewarding. Cristina who donated over 2500 ounces, agrees saying that being a donor has been one of her greatest accomplishments.

be eligible to donate milk if they are in good general health, not regularly taking medication or herbal supplements (with a few exceptions), nursing an infant who is less than one year of age, willing to donate a minimum initial amount for screening, and able to transport their milk or ship milk to a drop-off site.

How is the breastmilk processed?

Screened donors drop off their frozen breastmilk at a milk bank or designated milk depot/collection site. Once it is received by the milk bank, it is thawed, tested, analyzed for nutrient content, and pasteurized. Each deposit is tested twice for microbiological cultures – first, as received by an individual donor and then after pasteurization. The pasteurized milk is quick-cooled and frozen to ensure no bacterial growth has occurred during the process.

Who receives the breastmilk?

Premature and medically compromised infants are the highest-priority recipients of donor breastmilk. These fragile infants face immunologic deficiencies, feeding intolerances, digestive health risks, increased nutritional needs post-surgery, infectious diseases, malabsorption syndromes, etc. For them, breastmilk is lifesaving as it provides the ideal nutrition that is easily digested and has protective factors that combat infection.

Furthermore, mothers of preemies do not always have the milk supply they need to feed their babies – especially in the beginning. Compounding factors, such as the stress revolving around the delivery and the prospect of long-term hospitalization, contribute to the decimation of even the most dedicated mother's efforts to breastfeed. That is why these moms and babies are the highest priority as breastmilk recipients.

When it is available, donor breastmilk may be available for babies with special nutritional

needs who are already at home and have a physician's prescription.

How much milk do preemies need in one day?

Oftentimes, less than one ounce of breastmilk constitutes a feeding for the smallest preemies. As they grow, so does their daily need for breastmilk.

- A baby weighing 2 pounds takes up to 5.5 ounces of milk.
- A baby weighing 4.5 pounds takes up to 12 ounces of milk.
- A baby weighing 6.5 pounds takes up to 18 ounces of milk.

How can WIC help?

There is currently a great need for donor breastmilk; not enough is available to fulfill that need. Milk banks across the country are spreading the word about that need in the hopes to recruit more donors.

Texas WIC has the unique opportunity to reach many families — some may include potential donors, some may be families in need of donor breastmilk, and some may help spread the word about the lifesaving work of milk banks. WIC staff should be familiar with the locations of Texas milk banks and the milk drop off sites. Talk to your participants about milk banking and share information with interested participants.

Spread the word through the community by inviting local milk bank/collection site staff to your annual World Breastfeeding Month celebrations or ask them to join your local breastfeeding coalitions. If possible, talk to the milk banks about using your facility as a milk drop off site if your director supports the idea.

For more information, visit:

<http://www.cdc.gov/breastfeeding/>

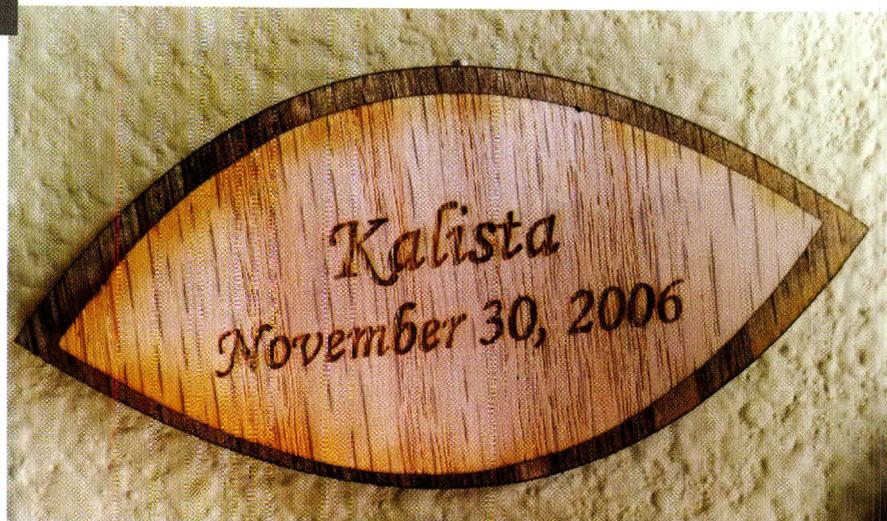
<https://www.hmbana.org/>

<http://www.milkbank.org/>

<http://www.texasmilkbank.org/>

Not an Ordinary Mother

by Shannon O'Quin Wingo,
R.D., L.D., IBCLC, RLC
Breastfeeding Coordinator and
Peer Counselor Coordinator
at Local Agency 54



Kara Nguyen is not an ordinary mother. Kara experienced something many mothers could never imagine. In 2007, her daughter, Kalista, just 9 months old, lost her battle to respiratory syncytial virus (RSV), which causes an infection of the lungs and breathing passages. RSV is a major cause of respiratory illness in young children.

Kara was breastfeeding Kalista and continued to express her milk even after Kalista passed. Kara learned about donor human milk and donated her expressed breastmilk to the Mother's Milk Bank of North Texas. "I dropped off the milk at the nursing center at HEB Methodist Hospital. I had to make two trips because it would not all fit in my car," says Kara.



Kara, a native of China who has lived in Texas since 1980, is a full-time mother and works a part-time job.

Still grieving six weeks after Kalista's death, Kara experienced mixed emotions when she gave birth to another daughter, Keirstyn. In the years that followed, Kara was blessed with two more beautiful girls, Kalleigh (now 3 years old) and Kyndall (9 months old). Her oldest daughter, Thia, is 12 years old.

In March 2013, Kara told her WIC clinic staff that she had received an invitation from the Mother's Milk Bank of North Texas to participate in the unveiling of a unique memorial to the smallest lives that helped the nonprofit organization.

Known as Carmen's Tree, the memorial is named for the baby of the Milk Bank's first milk donor, Angela Mendoza, who chose to donate her breastmilk to the Mothers' Milk Bank of North Texas after the death of her infant girl, Carmen, in July 2004. Mendoza set an example that many grieving women have followed. Since then, the Mothers' Milk Bank of North Texas recognizes 155 women who have donated their breastmilk after the loss of their babies. More than 30 families from the greater Fort Worth area, Dallas, Wichita Falls, and other parts of North Texas, and even as far away as Mississippi, participated in the dedication ceremony and balloon release on Saturday, May 4.

Carmen's Tree is located on the entrance wall inside the Mothers' Milk Bank of North Texas at 500 W. Magnolia Avenue in Fort Worth. Each



Opposite page below : Kara holding Kyndall and Keirstyn in front of Carmen's Tree. Above from left to right back row: Karen Lemons (clerk), Pauline Rodriguez (clerk), Jane Merritt (nutritionist), Melissa Martinez (peer counselor). From left to right front row: Kalleigh, Kara, Kyndall, and Keirstyn. Not pictured: Michele Schultz (clerk) who alerted Shannon Wingo of Kara's story.

leaf on the tree will be dedicated to a donor's baby, including the baby's first name and birth date.

As I spoke to Kara about her experience, she wept. And so did I. She told me, "The WIC staff here in Euless, Texas, is my family. They have been with me through all of my baby girls' lives."

Kara still grieves over the loss of her Kalista. However she says she hopes by telling her story, it will reach other mothers who have experienced the same tragedy.

The Tarrant County Public Health WIC program and the Mother's Milk Bank of North Texas would like to thank Kara Nguyen for her selfless donation of love to other little ones who may not have survived without the use of donated breastmilk. We are sincerely sorry for your tragic loss of Kalista and hope you will have peace in your heart.

Antioxidants in Breastmilk:

The *Ultimate* Super Food

by Kaylene Thompson, R.D., L.D.
Nutrition Education Consultant

There are several known protective effects of human milk, and a mind boggling list of ingredients — some that I don't even dare try to pronounce! It seems like scientists are constantly finding new, amazing things about breastmilk that make formula incomparable. One of the incredible properties of breastmilk is that it contains antioxidants. Yes, the same thing you hear about in “super foods,” like pomegranates, berries, and nuts. The same secret ingredients found in your anti-aging skin care products, and the “immune boosters” in your health supplements. Antioxidants are one of the many unique things found in breastmilk, and research indicates that breastmilk provides better antioxidant protection than formula (Aycicek et al., 2006).

What Exactly Are Antioxidants?

Antioxidants are the ultimate cell protectors; they are vitamins and minerals that help fight chronic diseases, aging, inflammation, and cancer. They're important. Think of antioxidants as the security guards that keep watch on your body, kicking out the bad guys (free radicals and oxidative stress) and fixing up the place when things get out of hand (cell repair). Free radicals and oxidative stress can damage cells and lead to health problems, so it's important that we get enough antioxidants in our body to combat them. Unfortunately, we are overloaded with free radicals in today's world. Everything from stress, pollution, inflammation, exposure to radiation, processed foods, alcohol, medications, and chemicals can increase free radicals and wreak havoc on our body. It's no wonder that more people than ever are plagued with chronic health conditions. The answer could be as simple as changing the foods we eat, and including a therapeutic diet full of healthy antioxidants.

Breastmilk — A Super Food

Breastmilk contains Vitamin A, Vitamin C, Vitamin E, and antioxidant enzymes like superoxide dismutase, catalase, and glutathione peroxidase (don't worry, I'll explain). The complete breakdown of antioxidants in human milk is not known just yet, and scientists are

working hard to discover more unique properties. Here's a glimpse of the key antioxidants found in breastmilk, and how each one helps keep our bodies healthy:

Vitamin A

- Helps promote good vision, build healthy skin and teeth, and prevent infectious diseases.
- Breastmilk contains two forms of Vitamin A — beta-carotene and retinol. Both are important antioxidants.
- Good sources include bright yellow and orange fruits and vegetables like cantaloupe, tomatoes, carrots, mangoes, squash, and dark green or leafy green vegetables like spinach, broccoli, and asparagus.

Vitamin C

- Helps the body fight off infections, heal wounds, and repair tissues.
- Found in fruits and vegetables like cantaloupe, oranges, broccoli, berries, and peppers.

Vitamin E

- Builds the immune system, helps build blood cells, and fights free radicals.
- Alpha-tocopherol, a form of Vitamin E, has been shown to be important in the stability of human milk and is associated with a higher antioxidant capacity (Tijerina-Saenz, Innis, & Kitts, 2009).
- Found in nuts, seeds, green leafy vegetables like spinach and broccoli, and vegetable oils like sunflower, safflower, and corn.

Antioxidant Enzymes

- Superoxide dismutase, catalase, and glutathione peroxidase are enzymes that work with minerals to help combat free radicals and toxic substances in the body.
- These enzymes, which are produced by the body, are found in breastmilk, but not formula.

Good for Mom, Good for Baby

Every mom wants the best for her baby, and the decision to breastfeed is one of the smartest choices she can make for protecting her newborn. In addition to being the ideal nutrition, the best bonding experience, and the ultimate immune protection, a mother can pass along the health benefits of antioxidants. Studies have shown that breastfed infants have signifi-

cantly lower oxidative stress than formula fed infants, which proves that breastmilk provides better antioxidant protection than formula (Aycicek et al., 2006). For young, at-risk infants, this protection is crucial. Oxidative stress from free radicals has been associated with diseases like necrotizing enterocolitis, chronic lung disease, eye disease, and brain hemorrhaging (Oveisi et al., 2009). In a study that mimicked a premature infant's digestive tract, breastmilk was found to reduce oxidative stress in the gut (Yao et al., 2010).

The antioxidant capacity of breastmilk is associated with the mother's consumption of antioxidant rich foods (Oveisi et al., 2009). Antioxidant concentration is greater if a woman has a higher dietary intake of antioxidant-rich foods like fruits, vegetables, nuts, breads, and cheeses. Direct breastfeeding, or feeding expressed milk shortly after expression, may also be advantageous for the mother-infant dyad. Studies show that prolonged refrigeration and freezing of breastmilk may cause a decline in the levels of individual antioxidants (Xavier et al. 2011).

The protective effects of antioxidants in breastmilk are not just good for the baby; they are good for the mother as well. She will reap the health benefits of eating healthier foods — like beautiful hair, skin, and nails — all while passing along the protection to her baby.

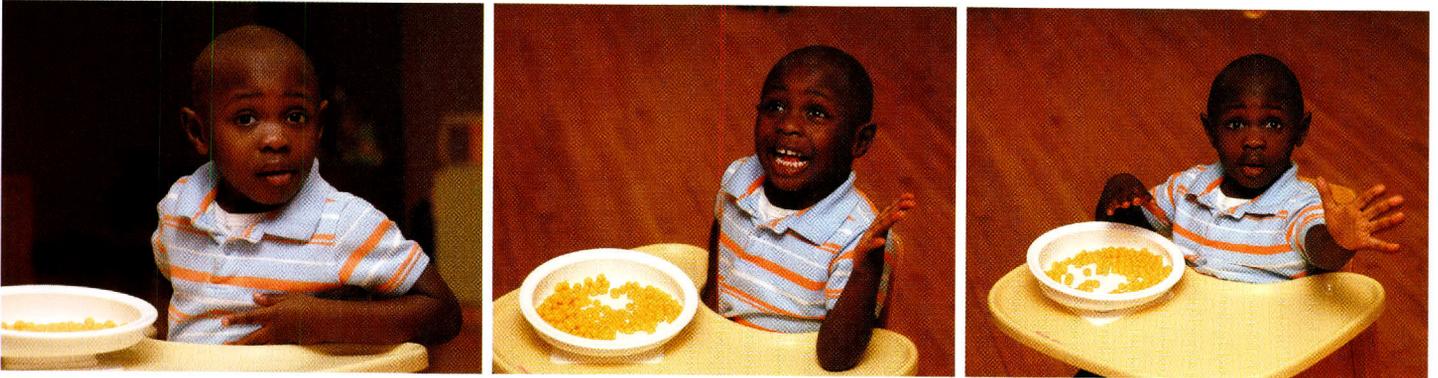
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Understanding A Child With Autism

Part 2: Nutrition And Feeding Concerns

by Cathy Plyler, R.D., L.D. & by Paula Kanter, R.D.
Clinical Nutrition Specialist & Clinical Nutrition Specialist



Children with autism spectrum disorder (ASD) are known to have very selective eating behaviors. Parents of children with autism often report "picky" eating as their primary nutrition concern. These families tend to have increased concerns about the nutritional adequacy of their children's intake and growth. As a result, they may decide to use special diets, supplements or other complementary and alternative medicines. Some of these therapies are often proposed to reduce the symptoms of autism. Children with autism are also reported to have a high incidence of gastrointestinal problems such as constipation, diarrhea, and abdominal discomfort.

Food refusal is common with children with ASD. Many of these children may only accept a few foods. Even with those few accepted foods, the child may only consume a certain brand or certain method of preparing a particular food. For example, a child may eat chicken nuggets but only from a certain fast food chain. Chicken nuggets from the frozen section of the grocery store or other restaurants are simply not accepted. Many of these problems with food selectivity may also be related to food texture issues.

During WIC counseling visits, it is important to understand the frustration parents may have with these types of feeding concerns. Strategies you may typically provide for the "picky eater" such as "offer a variety of foods at regular meals" may not work for these participants. Most families will be working with a therapist to address feeding problems and help develop

goals specific to the child. WIC staff can assist these families by being supportive of these health-care providers and their recommendations for formula or foods. If a family does not have access to these types of services, WIC can provide referrals to programs such as Early Childhood Intervention (ECI) to assist with feeding and behavioral-based approaches.

Possible effects on eating, as they are related to behaviors associated with ASD, are listed on the table titled *Possible Selective Food Patterns Related to Autism Spectrum Disorder (ASD)*. This resource can be helpful in understanding the complexity of some of the feeding problems related to this diagnosis.

According to Roxanne Robison, ECI dietitian, children are usually referred when the child, who may or may not have a diagnosis of autism yet, is identified as having a very rigid diet. One example of a child Robison has worked with had a diet which consisted of crackers, dry Cheerios, and chips. The child violently refused all fruits, vegetables, pastas, rice, and similar foods because they are soft or mushy.

Robison states that she tries to focus on what the family is doing well and builds from there. She may recommend other strategies to help maximize the child's nutritional intake. For instance, if a child consumes limited foods, she may recommend a nutritionally complete formula or supplement while working on expanding their diet. This is one reason WIC

Possible Selective Food Patterns Related to Autism Spectrum Disorders (ASD)

Behavior associated with ASD	Possible effects on eating
Need for routine, difficulty with transitions	<ul style="list-style-type: none"> • Problems with changes in meal-time routines • Refusal of an unfamiliar food, dish, or location • Limited number of accepted foods • Late acceptance of solids as an infant
Increased sensitivity to texture, taste, temperature, and smell Easily overwhelmed or overstimulated	<ul style="list-style-type: none"> • Restricted intake due to hypersensitivity • Restricted intake due to refusal of specific color, texture, temperature • Difficulty in making transitions to new textures or tastes • Possible gagging, vomiting
Short attention span	<ul style="list-style-type: none"> • Loses interest in eating after only a few minutes
Impaired social interaction and communication skills	<ul style="list-style-type: none"> • Less responsive to positive eating behaviors modeled by others

Source: *Nutrition focus for children with special health care needs, Volume 25, No. 4, August 2010*

clinics may see a prescription for a supplement such as Pediasure, even when the child's weight is normal. Many of these children may eat enough to maintain their weight but can be nutritionally compromised due to the feeding behaviors and food aversions.

In addition to feeding difficulties, children with autism may be on a specialized diet. Due to reports that these special diets may help improve behavior or even provide a cure, parents will often try them.

One of the most common special diets used to treat autism is the gluten-free and/or casein-free diet (GFCF). The diet is based on the theory that children with ASD have a "leaky gut" and therefore are unable to adequately digest foods containing gluten and casein. The incomplete digestion of the proteins in gluten and casein result in peptides (short chain amino acids) that pass through the membrane of the gut. These products, which act as opiates (like morphine) in the brain, are thought to cause many of the behaviors found in the child with autism. Many parents report this diet to be effective. Some noted that the GFCF diet helps improve the child's focus and reduces behavioral problems as well as gastrointestinal symptoms. Currently there is very little research-based evidence that supports these claims. Some concerns with this diet are low intakes of calcium, Vitamin D, iron, and protein.

Another diet that is sometimes used is the specific carbohydrate diet (SCD). It is theorized

that single sugar unit carbohydrates (monosaccharides) are easily digested and well absorbed by the child with autism, whereas carbohydrates containing two or more sugar units are more difficult to digest. These undigested carbohydrates are thought to be the cause of digestive problems found in some children with autism. The goal of the diet is to correct the imbalance of yeast and bacteria in the gut. Again, studies supporting the effectiveness of this diet for autism are lacking.

Elimination diets can be risky, especially for young children. They are restrictive and can compromise nutritional status especially without appropriate guidance.

Children with ASD may be provided nutrition supplements such as Vitamin B6, Magnesium, Omega 3 fatty acids, and a megavitamin mixture called Super Nu-Thera®, again as an attempt to find a cure or improve the child's condition. Excess quantities of supplements may be harmful and the cost is usually high. As with special diets, there is little research or evidence to substantiate these claims.

Dietitians can offer support by providing nutritional guidance for the child's appropriate growth and development. We can respect the family's perspectives and decisions but also provide evidence-based information regarding nutrition. A dietitian can also assist in evaluating alternative treatments and determining safe guidelines. In the WIC setting, increased understanding of this disorder will assist clinic staff in serving these participants.



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