Ohio WIC Policy and Procedure Manual

July 2015

OHIO DEPARTMENT OF HEALTH
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July 1, 2015

Policy and Procedure Letter 183

TO: All WIC Project Directors

MAF

FROM: Michele A. Frizzell, RD, MBA, Chief, Bureau of Health Services

SUBJECT: Policy and Procedure Manual Updates

This letter explains revisions that have been made to the Ohio WIC Policy and Procedure Manual compact disk since July 2014. Please read the explanations of the changes as follows for each Chapter and Appendix and then review the specific manual sections. Note that effective dates on pages may vary because some of the policies and procedures were put into effect through All Projects Letters issued during the past year.

Chapter 100

Table of Contents

The Table of Contents has been updated to include the Chapter 100 changes.

Section 100 Introduction to Chapter 100 – Administrative Requirements

The Chapter 100 outline is updated to coordinate section content and titles.

Section 101 State WIC Organization, Functions and Responsibilities

This section updates descriptions of State WIC organization, functions, and responsibilities.

Section 102 State Directives

This section updates the location and title of the OGAPP Manual, updates descriptions of State WIC communication tools, adds information about the Cognos User Manual, removes references to paper All Projects Letters (APLs), and adds a requirement for a backup plan for sharing APLs when directors are absent. Section 102.8 is added for the annual WIC calendar.

Section 107 Additional WIC Operational Requirements

This section is updated to reflect the OGAPP definition of equipment to be items costing $1000.00 or more.

Section 109 Record Retention Requirements

This section changes the reference from the Combined Programs Application (CPA) to the Ohio Department of Medicaid (ODM 07216) *Application for Health Coverage & Help Paying Costs* form received as a referral, and changes the reference about "closet formula" to "returned or donated formula."

Section 113 Staff Recruitment, Job Responsibilities and Development Standards
This section updates the Health Professional training requirements by adding continuing education tracking responsibility to WIC directors or their designee; adding "Refer to 404.3 for Staffing Requirements and Responsibilities, and Appendix 100 for Sample Local WIC Breastfeeding Coordinator Job Description;" and adding "Refer to section 406.2: Guidelines for Hiring a Breastfeeding Peer Helper."

Sections 115 Management Evaluations and 116 Local Agency Standards
Updates in these sections reflect the WIC Onsite Review Guide changes with references changed from coupon to food or WIC Nutrition Card (WNC) benefits, and references to the Ohio WIC Program Application.

Section 122.5 Notice of Information Sharing to Applicants and Participants
This section updates the name of the brochure, *Information Sharing in the WIC Program*, with assigned number HEA 4416.

Appendix 100
The 100 Appendix Table of Contents has been updated to include the Appendix 100 changes.

The *Department of Health Table of Organization* is updated to reflect organizational changes.

The *eQAR Instructions* are updated to include the Pump Inventory form changes.

eQAR Required Forms - The *Ohio WIC Program State Supplied Pump and Kit Issuance* form is updated with current information request.

The *Equipment Management System Spreadsheet Instructions* updates the equipment definition amount from $300 to $1,000.

Suggested Training Guidelines for WIC Health Professionals is renamed *Training Guidelines for WIC Health Professionals* and is updated to become required as well as to align it with the revised Nutrition Services Standards.

WIC Clinic Order Form **Additions** include:

362.23 FB-1 Feeding Your Baby – Newborns (Spanish)
363.23 FB-2 Feeding Your Baby – 0-4 Months (Spanish)
364.23 FB-3 Feeding Your Baby – Adding Solids (Spanish)
365.23 FB-4 Feeding Your Baby – 6-8 Months (Spanish)
376.23 FB-6 Feeding Your Baby – 8-9 Months (Spanish)
371.23 FB-7 Feeding Your Baby – 9-12 Months (Spanish)
372.23 FB-8 Power-packed Foods for Babies 9-12 Months Old Who Need Extra Calories (Spanish)
5165.23 TMF-1 Tips for Mothers and Fathers – Hunger Cues (Spanish)
HEA 4502 Healthy Eating for Preschoolers (English and Spanish)
HEA 4416 Information Sharing in the WIC Program

HEA 5527 Information Sharing in the WIC Program (Spanish)
0227.13 The pamphlet Switch to Skim or 1% Milk

WIC Clinic Order Form **Deletions** include:
- C-15 Nutrition Card – *When Your Child Refuses to Eat*
-The pamphlet *Skim and 1% Milk* in English and Spanish

The *WIC Equipment Request/Repair Approval Form* is amended to include information regarding whether the cost of equipment is currently budgeted or must be added to the budget before purchase.

Changes to *WIC Onsite Review Guide* include:

- Administration Requirement 4 (Pg. 5): The PPM section 413.1 (a) – (h) reference is updated to section 113.8 (a) – (h).

- System Administration Requirement 1 (Pg. 12): Reference to Voided and Reissued Coupons is changed to Voided and Reissued Benefits.

- Certification Requirement 1 (Pg. 13): References to the Combined Programs Application are updated to the WIC Program Application.

- Certification Requirement 2 (Pg. 14): Added the requirement: *Information Sharing in the WIC Program* brochure is provided at each certification and recertification appointment.

- Certification Requirement 3 (Pg. 15): Updated the requirement "Participant's blood is collected and processed correctly" to "Hematological test must be performed correctly."

- Certification Requirement 7 (Pg. 19): The requirement "A completed WIC ID card is issued and explained to each participant at initial certification appointment" is removed with transition to the WIC Nutrition Card. (entire page is deleted)

- Food Issuance Requirement 1 (Pg. 27): References to coupons are changed to the word benefits or WIC Nutrition Card.

- Food Issuance Requirement 2 (Pg. 28): References to Food Instruments are changed to WIC Nutrition Cards. The following requirements are removed:
    - Clinic staff must verify each time they print coupons that the preprinted coupon sequence number matches the computer generated sequence number.
    - Staff checks ID card for identity before participant/alternate signs for coupons.
    - Proper procedures are followed when mailing coupons.

- Food Issuance Requirement 5 (Pg. 31): The phrase "Sample formula distribution is monitored" is updated to "Returned formula distribution is monitored." "Completed formula distribution logs are available with correct documentation including: date, amount, type, reason, and participant name concludes with the words "where formula is donated, and date formula is donated."

Chapter 200

Table of Contents

The Table of Contents has been updated to include the Chapter 200 changes.

Section 200 Introduction to Chapter 200 - Certification and Program Requirements

The Section 200 overview has been updated to describe the current contents of Chapter 200.

Section 201 Ohio WIC Program Application Forms

Section 201 is revised based on replacement of the *Combined Programs Application* form and new procedures that were issued in All Projects Letter (APL) 2014-089.

Section 206 Residence Requirement

Deleted section 206.1"Exception to Residency" and renumbered section 206.2 to 206.1. Participants can be served in *any* county they desire as long as services are offered to them in the county of their residence.

References to "screens 101 and 102" were revised to current WIC System language. Removed reference to ID card and designating alternates. Changed words from "food" issuance to "benefit" issuance and "CPA" to "application."

Sections 210-211 Income Requirement and Ohio WIC Program Income Guidelines

WIC income eligibility guidelines are updated effective July 1, 2015 based on increases in the federal poverty income guidelines.

Section 235 Immunization Coordination Requirement: Subsections 235.5 and 235.6

These subsections were revised to clarify that "grid views" may be mailed.

Section 263 Measurement Techniques for Height and Length

Updated verbiage that standing weight measurements are to be taken for children 24 months and older. Corrected sections about where to document (Health History or Nutrition Care Plan) exceptions to anthropometric measurements techniques as, currently, staff cannot document anything on the weight grids. All references to paper growth grids were deleted since all plotting is performed by the WIC System.

Section 264 Techniques for Determining Weight

Corrected sections about where to document (Health History or Nutrition Care Plan) exceptions to anthropometric measurements techniques as, currently, staff cannot document anything on the weight grids. All references to paper growth grids were deleted since all plotting is performed by the WIC System.

Section 267 Hematological Tests

The entire section has been revised to reflect the use of the Masimo Pronto-7 for hemoglobin testing as introduced in APL 2015-010. The Hemocue machine will be used for infants and children less than two years old and as a back-up method only.

Section 272 Eligible Applicants
As the WIC Nutrition Card (WNC) is rolled out, policy verbiage changes from "coupon" to "benefit." In section 272.7, the rights and responsibilities have been updated with WNC references and no longer match the current coupon references in the WTW letter. The WTW letter will be updated to match this section after all coupons have been redeemed and processed. Section 272.7 was updated with the information from APL 2015-009, the instructions for completing and providing the *Information Sharing in the WIC Program* pamphlet. Section 272.9 regarding use and completion of the WIC ID Card was removed. Section 272.10, Issuing the Participant Master Record, becomes section 272.9.

Section 274 Changes in Categorical Status
The word "coupon" was changed to "benefits" with the use of the WNC.

Section 275 Terminations
Verbiage was revised to reflect use of WNC benefits.

Section 276 Transfers
This section was updated to reflect WNC and *WIC Information on Transferring Groups and Participants Using Statewide Search* document.

Section 281 Migrant Farmworkers
The entire section has been updated to help with certification of migrant farmworkers.

Section 283 Coordination and Integration of WIC and Other Health Care Services
Names of referral entities were updated and Mental Health Services (referrals for participants with depression) and Help Me Grow were added. The Referral Procedure section includes reference to the *Information Sharing in the WIC Program* pamphlet as implemented in APL 2015-009. With the replacement of the *Combined Programs Application* form, the referral procedures provided in All Projects Letter 2014-089 have been added to this section, including the addition of subsection 283.4 Referral on *Application for Health Coverage & Help Paying Costs* Form.

Appendix 200
The Table of Contents has been updated to include Appendix 200 changes.

Updates and Additions - Spanish:
Carta Bienvenida a WIC (Spanish HEA4472) WTW letter has been updated for use with the *Information Sharing in the WIC Program* (HEA 5527 Spanish) pamphlet.

Combinada De Programas (*Combined Programs Application)* ODJFS 07216-S revision 5/2011 is replaced with *Solicitud Combinada De Programas* Revision ODM 07216-SPA 7/2014 due to application changes by ODM.

WIC Interagency Referral and Follow-Up Form (Spanish- 4419) has been updated with the equal access statement and added "Email address" in the participant information section.

Updates and Additions - English:
Application for Health Coverage & Help Paying Costs [ODM 07216 (Rev. 7/2014)] is added for reference based on APL 2014-089.

Checklist for WIC Certification Appointments changed in format, revised "food issuance" to "benefit issuance," and updated the area to correspond to use of the WNC. References to use of the ID folder and signing of coupon stubs were deleted.

Notice: The WIC Program Cannot Serve You letter (HEA 4462) has been updated with the newest version of the equal access statement.

Obtaining Blood Samples information was removed from Section 267 and placed into the Appendix since less blood samples will be used with the use of the Pronto-7 Analyzer.

Ohio WIC Program No Proof Form has been updated with the newest version of the equal access statement.

Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement has minor changes in format to match the 2016 WIC Continuation Solicitation.

Welcome to WIC Letter (HEA 4435) has been updated for use with the *Information Sharing in the WIC Program* (HEA 4416) pamphlet.

WIC Authorized Representative Letter removes WIC ID as an example of identity and added that the authorized representative must bring in the WNC and know the PIN to receive benefits.

WIC Information on Transferring Groups and Participants Using Statewide Search was added.

WIC Interagency Referral and Follow-Up Form (English – HEA 4427) has been updated with the equal access statement and added "Email address" in the participant information section.

Deletions:
Combined Programs Application JFS 7216 (Rev. 5/2003) is removed due to form replacement by ODM.

Chapter 300

Chapter 300 Table of Contents
New section names were updated and Section 332 was changed to reserved.

Section 300 Introduction to Chapter 300 - Food Issuance
Coupon description removed; WNC description added.

Section 301Authorized Foods
Links to the federal regulations and Final Food Package Rule were updated. Wording changes were made to reflect the change from coupons to EBT.

Section 302 Prescription of Supplemental Foods
Minor grammatical updates were made. Reference to expired section of policy (Health Professional Hiring Guidelines) was updated.

Section 303 Food Package Prescription for Women
Wording changes in the entire section were made to reflect the change from coupons to EBT. Also, the word "prescribe" was changed in several places to "authorize" to clarify policy.

303.5 Guidelines for Prescribing Food Packages to the Pregnant, Breastfeeding and Postpartum Woman
Section was updated to clarify that a woman who is breastfeeding while pregnant (singleton or multiples) may only receive a breastfeeding package if the infants are 12 months old or younger and not receiving formula from WIC.

Section was also updated to clarify the authorization of 2% milk is at the discretion of the health professional and warranted by a medical need. Soy milk and tofu may now be authorized by a health professional. It is at the discretion of the health professional to decide if more than 4 lbs. of tofu are to be substituted for milk.

Section 304 Food Package Prescription for Infants
Wording changes in the entire section were made to reflect the change from coupons to EBT.

304.2 Initial Certification of Breastfed Infants in the First Month of Life (Defined as an Infant Less Than 30 Days Old)
Breastfeeding guidance was updated.

304.4 Infant Formulas
Reference to the correct section of the *Ohio WIC Prescribed Formula and Food Request* form was updated.

304.6 Conversion of an Infant Food Package to a Child Food Package
Section was updated to clarify the authorization of 2% milk for children 24 months of age or older is at the discretion of the health professional and warranted by a medical condition.

Section 305.2 Guidelines for Prescribing Food Packages for Children
Section was updated to clarify the authorization of 2% milk for1-year-old children (12 months to 2 years of age) for whom overweight or obesity is a concern, at the discretion of the health professional. Soy milk and tofu may now be authorized by the health professional.

Table 310A Authorized WIC Formulas
This table was updated to include information regarding the newly added formula – Carnation Breakfast Essentials. The section about PurAmino was also updated to reflect the new fat profile including 33% MCT oil. Enfamil Enfaport and Boost Kid Essentials (pharmacy) were removed.

Section 311 Iron-Fortified Formulas
Added additional clarification in Section 311.2 regarding RTF formulas being issued at the health professional's discretion if the participant has a medically relevant health condition.

Section 312.2 Prescriptions
Section was updated to reflect the new order of the revised *Ohio WIC Food and Formula Request Form.*

312.6 Food Packages with Special Formulas and 312.7 Food Packages with Soy Milk and Tofu
These sections were updated to clarify the authorization of 2% milk for children 24 months of age or older at the discretion of the health professional and warranted by a medical condition. Soy milk and tofu may now be authorized by a health professional. It is at the discretion of the health professional to decide if more than 4 lbs. of tofu are to be substituted for milk.

Section 318 Prescription of Special Formulas for Inborn Errors of Metabolism
Wording changes in the entire section were made to reflect the change from coupons to EBT. Website information was updated. Sections related to referral and benefit issuance were shortened and updated.

Section 322 Food Package Guide
Wording changes in the entire section were made to reflect the change from coupons to EBT.

Section 323 Food Package Changes
Wording changes in the entire section were made to reflect the change from coupons to EBT. Food/formula package change information moved here from EBT pilot policy section 330.

Section 330 Coupons and Fruit and Vegetable Vouchers (FVV)
Wording and policy changes in the entire section were made to reflect the change from coupons to EBT.

Section 331Instructions for Coupon/FVV Use
Wording and policy changes in the entire section were made to reflect the change from coupons to EBT.

Section 332 Mailing Coupons/Fruit and Vegetable Vouchers
This section was deleted since WIC Nutrition Cards cannot be mailed.

Appendix 300
Appendix 300 Table of Contents
The Appendix 300 Table of Contents was updated with the Complaint form name change.

Bureau of Health Services Complaint Form
This form was updated for completing electronically and the bureau name was updated.

*Container Sizes of Formula Provided by Ohio WIC*The new formula, Carnation Breakfast Essentials, was added to the document, and Boost Kid Essentials (pharmacy) and Enfamil Enfaport were removed.

Formula Guide
The new formula, Carnation Breakfast Essentials, was added to the document, and Boost Kid Essentials (pharmacy) and Enfamil Enfaport were removed.

Metabolic Services Teams
This document is updated to match current information available online.

Ohio WIC Authorized Foods List (AFL)
Added new foods: Schwebel's 100% Whole Wheat Bread – 16 ounces and Healthy Life 100% Whole Wheat Sandwich Buns – 16 ounces effective January 2015; and fresh white potatoes effective July 1, 2015. The new formula, Carnation Breakfast Essentials, was added to the document, and Boost Kid Essentials (pharmacy) and Enfamil Enfaport were removed.

The format of the paper AFL has been revised to help with readability and ease of use.

Ohio WIC Prescribed Formula and Food Request Form

- General changes in formatting were made for increased readability and understanding and to encourage more fully completed forms returning to the local clinics.
- The space for a contract formula trial has been added back.
- The new formula, Carnation Breakfast Essentials, was added to the document, and Boost Kid Essentials (pharmacy) and Enfamil Enfaport were removed.
- The new section D simplifies the wording for supplemental food issuance. WIC health professionals will now issue age appropriate supplemental foods unless the healthcare provider indicates otherwise on the form.
- Instructions and clarifications of each section are now included on the back of the form. Some additional clarifications are on the front as well.

Special Child/Woman Food Package Tool
The unauthorized formula names have been removed.

MAF/NASrs/ PAP/pap

APPENDIX 400

APPENDIX

The Appendix consists of copies of sample lesson plans, participant and staff evaluation forms, the competency statement for breastfeeding support persons and coordinators, the participant survey, and other information and lists pertinent to the nutrition education activities of the Ohio WIC program. The material provided in the Appendix is separated into Breastfeeding and Nutrition Education sections and arranged in alphabetical order.

Breastfeeding

Allowable Costs for Breastfeeding Peer Counseling Funds

Breast Pump Retrieval Letter Follow-Up Sample

Breast Pump Retrieval Letter Sample

Breastfeeding Decision Tree for Provision of a Breast Pump

Breastfeeding Hints for Mothers Returning to School

Breastfeeding Hints for Mothers Returning to Work

Breastfeeding Home Visiting Guidelines

Breastfeeding Peer Helper Budget/Expenditure Form

Breastfeeding Peer Helper Home Visiting Standards

Breastfeeding Peer Helper Sample Evaluation Observation Checklist

Breastfeeding Peer Helper Sample Interview Form

Breastfeeding Peer Helper Sample Interview Questions

Breastfeeding Peer Helper Sample Position Description

Breastfeeding Peer Helper Yield List

Breastfeeding Support in Disasters Resources (Includes *Breastfeeding Support Checklist for Health Workers, Breastfeeding Support Checklist for Relief Workers, Emergency Preparedness Checklist for Breastfeeding Mothers, and web link on cover page to Infant Nutrition During a Disaster Breastfeeding and Other Options by the American Academy of Pediatrics)*

APPENDIX

Hispanic Breastfeeding Materials

Nutrition Education

APPENDIX

WIC Specific Nutrition Policies

- Alcohol Screening and Brief Intervention (ASBI) Procedures
  - ✓ ASBI Follow-up Visit Questions – English
  - ✓ ASBI Follow-up Visit Questions - Spanish
  - ✓ ASBI Scoring Tool
  - ✓ ASBI Screening Tool - English
  - ✓ ASBI Screening Tool - Spanish
- Assessment and Documentation of Tube Feedings and Supplement Use with Risk Codes 56, 91, and 93
- Assessment for Overfeeding of Formula
- Gestational Diabetes (GDM) Assessment & Counseling Tips for Health Professionals
- Pica Assessment and Counseling Tips for Health Professionals
- Nutrition Practice Guidelines for Children
- Nutrition Practice Guidelines for Infants
- Nutrition Practice Guidelines for Postpartum Women
- Nutrition Practice Guidelines for Pregnant Women

Women, Infants and Children Program: Videos/DVDS/Cassettes/ Educational Modules

Breastfeeding

Allowable Costs for Breastfeeding Peer Counseling Funds

Breastfeeding peer counseling (BFPC) funds distributed to State agencies by the Food and Nutrition Service (FNS) are to be used to develop or expand activities necessary to sustain a peer counseling program based on the FNS *Loving Support* Model. The primary purpose of the funds is to provide direct breastfeeding support services through peer counseling to WIC participants. A State agency's peer counseling implementation plan and annual line item budget addendum to its State Plan must demonstrate an appropriate balance between direct service delivery by peer counselors and the purchase and use of equipment and materials. The use of BFPC funds for expenditures that are not supported by the *Loving Support* Model are not authorized.

The table below helps to identify allowable breastfeeding peer counseling costs.*

NSA = Nutrition Services and Administration; IBCLC = International Board Certified Lactation Consultant

Item or Service	Allowable Costs	Comments
Durable Goods and Space		
Furniture, computers/laptops, and office equipment used to provide peer counseling services and training	Yes	
Phone lines, internet service, cell/smartphones, pagers and answering machines for contacts between peer counselors and mothers	Yes	
Portable baby scales for peer counselors to weigh infants outside of the WIC clinic	Yes. Adequate training and supervision of the peer counselor by an IBCLC or other lactation expert and policies surrounding the use of scales and their purpose must be in place.	NSA funds may be used to purchase scales for use by staff other than peer counselors.
Space and lease costs for peer counselors to provide services	Yes	
Incentives and Educational Materials to Promote Breastfeeding		
Breastfeeding educational materials for mothers such as pamphlets and DVDs	No	NSA funds may be used for this purpose.

Allowable Costs for Breastfeeding Peer Counseling Funds

Item or Service	Allowable Costs	Comments
Breast pumps and breastfeeding aids for mothers	No	NSA funds may be used for this purpose.
Breast pumps and breastfeeding aids for *demonstration* purposes by peer counselors	Yes	
Incentive items distributed to WIC participants to encourage breastfeeding	No	NSA funds may be used for this purpose.
Personnel and Compensation		
Salaries and compensation for peer counselors, designated peer counselor coordinators, and referral experts	Yes	
Salaries and compensation for International Board Certified Lactation Consultants (IBCLCs)	Yes, BFPC funds may be used to hire IBCLCs to provide oversight/management of peer counseling programs and/or supervision, mentoring and referral expertise for peer counselors. BFPC funds may also be used to pay for IBCLC time if a peer counselor refers a WIC mother to an IBCLC for consultation outside of the peer counselor's scope of practice. The IBCLC may be compensated using BFPC funds if the mother continues to be supported by the peer counselor and remains part of the peer counselor's caseload.	BFPC funds cannot be used to disproportionately hire lactation management experts versus peer counselors. NSA funds may be used to strengthen general IBCLC breastfeeding expertise in WIC. NSA funds must be used for IBCLC consultations for WIC mothers who are not referred by peer counselors and are not part of a peer counselor's case load.

Allowable Costs for Breastfeeding Peer Counseling Funds

Item or Service	Allowable Costs	Comments
Salaries and compensation for dual-role staff, e.g., part-time WIC Nutrition Assistant and part-time peer counselor	Yes, BFPC funds may be used for the portion of time spent as peer counselor. The "dual-role" staff must meet the definition of peer counselor in the *Loving Support* Model, including being available to participants outside of regular WIC hours.	Definition of Peer Counselor: • Paraprofessional (see *Loving Support* Model for definition) • Recruited and hired from target population, and • Available to WIC clients outside usual clinic hours and outside the WIC clinic environment
Males as Breastfeeding Peer Counselors	No. The definition of peer counselor in the *Loving Support* Model is based on research demonstrating the benefit of hiring peer counselors from WIC's target population of WIC-eligible women.	Men can be valuable members of breastfeeding promotion and support activities in WIC, such as providing father-led support groups and other activities to support breastfeeding mothers and families. However, components and activities that are outside of those defined by the *Loving Support* Model must be funded through the regular NSA grant or other sources.
Recruitment of peer counselors and related staff	Yes	

Allowable Costs for Breastfeeding Peer Counseling Funds

Item or Service	Allowable Costs	Comments
Staffing and expenses related to breastfeeding hotlines and call centers.	Yes. BFPC funds may be used to hire peer counselors to answer calls to a WIC breastfeeding hotline if the peer counselor meets the definition of peer counselor and receives the appropriate training and supervision as outlined in the *Loving Support* Model. Other expenses related to the hotline/call center such as rent, phone lines, equipment, are allowable for any portion of those expenses that are for the purpose of a peer counselor providing participant contacts through the hotline/call center.	
Staff Training and Resources		
Travel for training of peer counselors and peer counseling staff/managers	Yes	
Travel for home and hospital visits by peer counselors	Yes	
Continuing Education for IBCLCs	Yes, if it relates to peer counseling programs (e.g., , managing, mentoring, serving as a referral)	
Breastfeeding resources for peer counselors and peer counseling coordinators/supervisors Breastfeeding resources for WIC staff not related to peer counseling	Yes, if the resources are related to peer counseling, e.g., training materials for peer counselors. No.	 NSA funds may be used to purchase general breastfeeding resources for WIC staff.

Allowable Costs for Breastfeeding Peer Counseling Funds

Item or Service	Allowable Costs	Comments
Training and coursework for peer counselors to become IBCLCs or certified lactation counselors (CLCs)	Yes. The research recommends that peer counselors be provided career path options (e.g., training/experience to become senior level peer counselors; advanced training to become lactation consultants, etc.).	The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC participants. FNS would not expect to see State agency BFPC implementation plans heavily focused on training and coursework for peer counselors to become IBCLCs or CLCs.
CLC renewal fees	Yes. See above	See above.
IBCLC exam fees	No	At the WIC State agency's discretion, NSA funds may be used for IBCLC exam fees and/or association membership fees. The State agency must determine if it is necessary and of benefit to the WIC Program for the person in a particular job position to have the certification. SAs must also determine whether or not the cost fits within its WIC NSA grant budget.
IBCLC association membership fee	No	
Peer Counseling Program Advertising and Promotion		
Pamphlets and similar materials to promote the peer counseling program	Yes	

Allowable Costs for Breastfeeding Peer Counseling Funds

Item or Service	Allowable Costs	Comments
Media campaigns, e.g., bus placards, to advertise breastfeeding peer counseling programs	Yes	FNS would not expect to see a large portion of the BFPC funds spent on advertising the program at the expense of direct services to participants. BFPC funds may not be used for ads that promote breastfeeding in general—NSA funds may be used for those purposes.
T-Shirts, buttons and similar low-cost items that identify peer counselors	Yes	
Miscellaneous		
Indirect Program Costs (e.g., lease/rental costs, copying costs, HR services, legal services, utilities)	Yes	
Second nutrition education contacts	No. BFPC funds are for activities that are in addition to current required WIC activities.	NSA funds provide for at least two nutrition education contacts; therefore, BFPC funds may not be used for the "second" contact. In addition, the 1/6th nutrition education requirement and breastfeeding target must be met with regular NSA funds.
Childcare	No	
Cribs or other materials and equipment for infants of peer counselors who bring their babies to work	No	
Monitoring and Tracking of Program Effectiveness.	Yes. Funds may be used to monitor and track program components (e.g., contacts, referrals, training) to	

Allowable Costs for Breastfeeding Peer Counseling Funds

Item or Service	Allowable Costs	Comments
	determine effectiveness and where improvements are needed. However, evaluation studies may not be paid for using BFPC funds.	
Peer counseling services to non-WIC participants	In general, no. Peer counselors should refer WIC-eligible women to WIC to apply for WIC benefits. Peer counselors should refer women who are not WIC-eligible to appropriate non-WIC resources.	In situations where both non-WIC participants and WIC participants are together, e.g., hospitals, peer counselors may initially see both. However, on-going peer counseling contacts with non-WIC participants is not an allowable cost.
Breastfeeding coalitions	No.	BFPC funds can only be used for services and activities related directly to peer counseling.

* Updated 5/10/2013. This is not an exhaustive list of allowable costs. Refer to the FNS Regional Office for questions about allowable costs.

Breast Pump Retrieval Letter Follow-Up Sample

(Use local WIC program letterhead.)

Date: _____

Dear: _____

We have not heard from you or received the electric breast pump that was due back to our office referenced in the letter sent on _____ (date.) A copy of the **Release Form for Distribution of Breast Pump** breast pump loan agreement is enclosed.

This pump is now overdue and prevents us from serving other WIC mothers that may need to pump. By not returning the pump you are limiting our ability to help other WIC families.

I expect that you will be able to deliver the electric pump **immediately.**

If we do not hear from you or receive the pump by _____ (date), we will proceed to report the pump to the police as stolen (see # 5 on the enclosed signed **Release Form for Distribution of Breast Pump**). The replacement cost of the pump, _____, will be sought at that time.

Sincerely,

WIC Director Contact Information
WIC Clinic Information

Breast Pump Retrieval Letter Sample

(Use local WIC program letterhead.)

Date: _____

Dear: _____

I am writing to request that you return the electric breast pump we loaned you on _____ (date.) We hope that you and your baby benefited from our breast pump program. It is important that we receive the electric breast pump back as soon as possible as we have a limited number of electric breast pumps for a large number of WIC participants.

The loan agreement you signed (see enclosed Loan agreement copy) indicates that you may be assessed a financial penalty of $_____ if the pump is not returned. Please return the pump to the WIC office immediately.

Thank you for your prompt response. If you have any questions, please contact me at

_____.

Sincerely,

WIC Director Contact Information

Breastfeeding Decision Tree for Provision of a Breast Pump

WIC mother requests a breast pump

↓

Is the WIC mother an Ohio Medicaid recipient? → Yes → Assist mother in obtaining a pump through her Medicaid Managed Care Provider and a DME.

No

↓

Will the mother and infant be separated occasionally but for less than 4 consecutive hours on any given day? → Yes → Teach the mother hand expression and give her a manual pump.

No

↓

Is milk supply well-established and baby breastfed exclusively as evidenced by receiving no formula from WIC?

Yes

↓

Loan a multi-user electric breast pump. If after 6 weeks of use and if baby is still breastfed exclusively, a single user pump may be given.

↓

Does the mother/infant have one of the following situations/conditions that affect the initiation of breastfeeding at the breast?

- Prematurity
- Medical/metabolic condition
- Suck/latch/breast rejection
- Hospitalization
- Relactation

Yes

↓

Loan a hospital grade electric pump until milk supply is established and baby is breastfeeding at the breast.

Revised 2014

Breastfeeding Hints for Mothers Returning to School

- Tell your school nurse and homeroom teacher that you want to keep on breastfeeding when you come back to school.
- Find out if your school offers childcare on site to student mothers.
- If childcare is on site, ask if you can breastfeed your baby between classes and at lunch.
- If childcare is not offered, ask if you can pump your milk three or four times during the day.
- Ask to use a private, clean room, not a bathroom to pump your milk.
- Take a picture of your baby, your baby's blanket or other object that reminds you of your baby to school. They can help your milk let-down when you pump.
- Ask about where you can store your milk. If there is no place for storage, using the cooler pack that comes with your pump is OK.
- Freeze a supply of pumped milk about two weeks before you go back to school.
- Breastfeed your baby as often as you can. Breastfeeding during the night helps keep up your milk supply.
- Begin school on a Thursday or Friday as the first day. You will have the weekend to plan for the next week.
- Find a support group or ask if you can start one at school.
- Set breastfeeding goals and breastfeed as long as you and your baby want to.

Remember, many mothers continue breastfeeding after returning to school.

You can too!

Revised 2014

Breastfeeding Hints for Mothers Returning to Work

- Before you have the baby, talk with your supervisor about your decision to continue breastfeeding after you return to work. Provide information about the benefits breastfeeding provides to your employer; such as decreased health care costs and days off sick.

- Take as much leave as possible after birth. If you can afford to, take leave under the Family Medical Leave Act.

- Explore possibilities for returning to work part time or job sharing with another employee.

- Make sure your milk supply is well established before returning to work. (It usually takes 3-4 weeks to establish a good milk supply.) Avoid all bottles and pacifiers while establishing a good milk supply.

- If your baby can be brought to the workplace, try to arrange space to breastfeed your baby.

- If you can, place your baby in child care close to your workplace and breastfeed your baby on breaks and at lunch.

- If you cannot breastfeed your baby during the day, ask for a private space at work for pumping your milk. **Federal wage and labor law now requires that employers provide breastfeeding mothers the time and space (not the bathroom) to pump.**

- Arrange for a safe place to store pumped milk. A portable cooler with an ice pack will keep expressed milk cool if a refrigerator is not available for storage.

- Work with your employer and co-workers to allow extra unpaid time for pumping if you need it. You may need to add 15 minutes to your morning or afternoon break.

- If pumping and saving your milk is not possible, you can breastfeed when you are with your baby and have your child care provider offer a supplement when you are separated.

- Start building a reserve supply of frozen milk about two weeks before returning to work.

- Begin work on a Thursday or Friday as the first day. This will give you the weekend to rest and change your plans if you need to.

Revised 2014

Breastfeeding Home Visiting Guidelines

These procedures are to be followed in accordance with local agency home visit policy. All persons receiving a home visit must either be a current WIC participant or have requested to be a WIC participant. Encourage or help a mother and baby to come into the clinic, if at all possible.

Situations Indicating a Home Visit

1. Unable to resolve problems over the phone, including those families with no telephone.
2. Transportation unavailable for clinic visit at critical time for intervention.

Procedures to Be Followed During the Visit

1. Obtain permission for visit.
2. Obtain participant signature on **WIC Interagency Referral and Follow-up Form**.
3. Use proper infection control following your agency guidelines.
4. Obtain lactation history.
5. Observe condition of mother's breast and nipple.
6. Observe while breastfeeding.
7. Offer suggestions based on observations.
8. Weigh infant before and after feeding, if possible.
9. Encourage regular clinic visits for growth assessments.
10. Document:
    - Observations
    - Intervention
    - Education provided
    - Equipment dispensed
    - Follow-up required
    - Referral plan, if indicated

Reporting

1. File home visit documentation in WIC chart.
2. Submit written report on signed **WIC Interagency Referral and Follow-up Form** to health care provider or lactation specialist.
3. Include all home visits in a report to the supervisor as outlined in local agency job responsibilities.

Reimbursement

1. Reimbursement can include those items as outlined in the travel section of the fiscal policy.
2. Time worked includes travel time to and from the home visit.
3. Follow guidelines for acceptable mileage reimbursement.

Revised 2014

BREASTFEEDING PEER HELPER PROGRAM BUDGET/EXPENDITURE FORM

PROGRAM NAME:

GRANT YEAR:

PERSONNEL				PEER PROGRAM	
		PEER PROGRAM	PEER PROGRAM	FRINGE	PEER PROGRAM
POSITION	NAME	HOURS	SALARY	BENEFITS	TOTAL
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
TOTAL PERSONNEL					**$0.00**

OTHER DIRECT COSTS (Items listed must match line items in GMIS.)					
TOTAL OTHER DIRECT COSTS					**$0.00**

EQUIPMENT (Items listed must match line items in GMIS.)					
TOTAL EQUIPMENT					**$0.00**

TOTAL PEER HELPER BUDGET					**$0.00**
Peer Dollars of NOA Awarded					$0.00
Additional NSA Funds Used to Supplement Peer Dollars of NOA					$0.00

Breastfeeding Peer Helper Home Visiting Standards

The peer helper must not:

1. use the participant's car;
2. consume any food or drink, including gum, even when offered by the participant;
3. use social media, text, or make personal phone calls;
4. use the participant's telephone for personal calls;
5. discuss her personal problems, employment or agency situations, or religious or political beliefs with the participant;
6. accept gifts or tips from the participant;
7. bring friends or relatives to the participant's home;
8. smoke in participant's home;
9. breach participant's privacy or confidentiality; or
10. solicit money or goods from the participant.

I acknowledge that I have received a copy of the Breastfeeding Home Visiting Code Standards and will abide by the rules.

Employee Signature _____ Date _____

Director Signature _____ Date _____

Revised 2014

Breastfeeding Peer Helper Sample Evaluation Observation Checklist

Date	Peer	Observer

Counseling Skills:

- ☐ Asks open-ended questions
- ☐ Elicits more information as appropriate
- ☐ Affirms client's feelings
- ☐ Educates only after affirming feelings
- ☐ Uses body language appropriately (e.g., posture, eye contact, tone of voice, appropriate touching)
- ☐ Gives positive feedback
- ☐ When educating, gives mom choices rather than telling mom what to do
- ☐ Uses mom's and baby's name
- ☐ Uses personal experience appropriately to build rapport
- ☐ Peer is supportive of mom's decisions

Further Counseling Skills Training needed:

☐ YES ☐ NO

_____

_____

_____

Further Breastfeeding Training needed:

☐ YES ☐ NO

_____

_____

_____

Refers following Ohio WIC Policy and Procedure:

☐ YES ☐ NO

_____

_____

_____

Overall Comments:

_____

_____

_____

_____

_____

Revised 2014

Breastfeeding Peer Helper Sample Interview Form

Name:_____ Phone:_____

Address:_____

Education: High School 9 10 11 12 GED College: 1 2 3 4
Circle highest grade completed. Degree received if graduated _____

High school/College major _____

Other training/courses completed: _____

Are you going to school now or in the near future? ☐Yes ☐No

Languages Spoken: ☐ English ☐French ☐ Spanish ☐Other: _____

CHILDREN:

Child's name:	Date of birth	Bottle or breastfed, if breastfed, how long?
1.		
2.		
3.		
4.		

If additional space is needed, please use back of this form.

What do you like about breastfeeding? _____
_____

Explain one breastfeeding challenge you had to overcome._____
_____

Have you ever helped another mother to breastfeed? If so, tell how you helped. _____
_____
_____

Why would you make a good breastfeeding peer?_____
_____

Describe a situation in which you worked well as part of a team. _____
_____
_____

Can you think of a time when you had to deal with a conflict in a work or other (outside the family) situation. How did you resolve the situation? _____
_____
_____

How would you respond to a mother who, despite your best efforts, decided to pursue a path different from what you have recommended? _____
_____
_____

How do you feel about making and taking calls from your home? _____
_____

Time Schedule:
Are you working outside the home now? ☐Yes ☐No If yes: ☐Full Time ☐Part Time

What days and times are you currently available?	Monday	Tuesday	Wednesday	Thursday	Friday
	_____	_____	_____	_____	_____

Transportation: ☐Own Car ☐ Ride Bus ☐ Other _____

Breastfeeding Peer Helper Sample Interview Questions

1. How will this position impact your family?
2. How would you encourage pregnant woman to decide to breastfeed?
3. If someone tells you they are nursing their 5 year old child, how would you respond?
4. If a breastfeeding mom comes into the WIC office requesting formula because she "doesn't have enough milk," what would you say?
5. If you don't already know how to use a computer, would you be willing to learn?
6. Are you familiar with Social Media outlets such as Facebook, Twitter, etc.?
7. Where do you see yourself in two years?
8. Do you have a valid Ohio driver's license and vehicle?
9. Are you willing to travel?
10. How do you react while under pressure? Please describe the techniques you use to deal with stress?
11. Describe your sense of humor.
12. Please give us three words to describe yourself.

If applicant has previous work experience:

1. Our policy is to obtain references from at least one former employer. What will your former employer say about you when contacted?
2. How well did you think you performed in your present/past job?
3. What did your supervisor report on your last evaluation?
4. Were your ___years (months) as a _____ a learning experience for you? What did you learn about yourself?
5. Tell us about your last employer.
6. What were the positive aspects of this employer?
7. What were the negative aspects of this employer?
8. Have you ever worked with young children? Low income population? Breastfeeding women? Please describe.
9. In a situation where a co-worker comes to you for help and you have a deadline to meet, what would you do?

Breastfeeding Peer Helper Sample Position Description

Nature of Work

Under the supervision of the Breastfeeding Coordinator or Peer Supervisor, the Breastfeeding Peer is responsible for providing information to pregnant and breastfeeding women, making referrals following policy and protocols and assisting with the breastfeeding activities of the WIC Project.

Examples of Work

- Have ongoing contact with the pregnant or breastfeeding participants, at the clinics, on the telephone (in the clinic or at home as required) or by mail
- Offer information to the participant concerning:

  - positioning and latch-on
  - how to tell if baby is getting enough
  - how to make milk
  - normal infant behavior
  - how to return to work or school
  - how to wean

- Make referrals to the Lactation Consultant or other appropriate health care professional when appropriate
- Complete documentation on all nursing mothers
- Assist with group classes, conduct breastfeeding support meeting
- Issue breast pumps
- Assist the Lactation Consultants with home visits
- Serve as a breastfeeding resource person to WIC staff
- Maintain equipment and supplies necessary for the job
- Assist with clinic and health fair displays
- Perform related duties as required

MINIMUM QUALIFICATIONS

Education and Experience

Must have breastfed one baby for at least six months

Knowledge and Skills

Ability to establish and maintain effective working relationships with individuals and groups
Ability to present ideas clearly and concisely
Ability to follow basic oral and written instructions
Ability to plan and organize work effectively

Training

The Breastfeeding Peer must complete minimum 20 hours of State approved training, and obtain 6 hours continuing education credit per year in the field of lactation. (This can be obtained by attending any WIC sponsored Breastfeeding Peer training, by attending Ohio Lactation Consultant Association (OLCA) meetings, and attending a breastfeeding conference at her own expense.)

Breastfeeding Peer Helper Yield List

Guidelines for Breastfeeding Peer Helpers to Yield to a Lactation Expert

When peer helpers identify any of the following problems or situations, they must immediately consult their supervisor to decide the best plan for helping the mother and infant and refer as needed. The peer helper will continue to provide support while the lactation expert or health professional is addressing the issue, unless it is decided to discontinue peer helper support.

***Since this is a comprehensive list, it is up to the local project peer supervisor if exceptions are made.**

Pregnancy Issues (Refer to a Health Care Provider)

1. Spotting or bleeding
2. Excessive vomiting and nausea
3. Swelling
4. Contractions/premature labor
5. Baby stops moving

Illness

Hospitalized mother or baby

Baby

1. Jaundice
2. Congenital defects or neuromuscular problems (e.g., Down syndrome, cleft lip/palate)
3. Chronic diseases (e.g., cystic fibrosis)
4. Suspected allergy or intolerance

Mother

1. Breast pain or redness on one or both breasts
2. Any reported illness or physical handicap
3. Hepatitis B, Hepatitis C, Tuberculosis, or HIV/AIDS
4. Chronic diseases with nutritional implications (e.g., renal, liver, intestinal, or heart problems), and/or metabolic disorders with nutritional implications (e.g., diabetes mellitus)

Medical History

1. Routine use of prescribed medication or herbal supplements that has a possibility to decrease milk supply
2. Mother has concern with unusual breast size or flat or inverted nipples, prior breast surgery (e.g., breast implants, reduction, or breast cancer), chest surgery or trauma
3. Mother with prior gastric bypass surgery
4. Mother has birth control questions that the peer helper has not been trained to answer
5. Plans to nurse an adopted infant

Breastfeeding Problems

Baby

1. Premature, low birth weight, or sick, and mother is unable to begin breastfeeding following delivery
2. Less than 5 wet diapers and 3 bowel movements/24 hours, any time during the first month (after baby is 3 or 4 days old)
3. Failure to gain weight or slow weight gain—initial loss of more than 7% of birth weight, failure to regain birth weight by 2 weeks, weight gain of less than 4 oz/week
4. Difficulty latching onto the breast after several tries or peer helper feels unable to help
5. Refusing the breast and peer helper suggestions have not helped
6. Possible thrush/yeast infection
7. Tongue Tie

Mother

1. Engorgement, unresolved in 48 hours
2. Plugged ducts and suggestions from the peer helper has not helped in 48 hours
3. Sore or cracked nipples and suggestions from the peer helper haven't helped in 48 hours
4. Possible thrush/yeast infection
5. Both breastfeeding and bottle feeding before baby is one month old and wants to increase her milk supply to exclusive breastfeeding, and suggestions from the peer helper on milk supply issues have not helped
6. Mother is back to work and milk supply has decreased and suggestions from peer helper have not helped in 48 hours
7. Mother has decided to breastfeed but baby has been bottle-fed since birth; relactation/induced lactation
8. Regular/routine lengthy feedings (greater than 45 minutes duration)

Nutrition

1. Mother is underweight, or has an eating disorder
2. Mother has no access to food
3. Mother or baby experiencing vomiting or diarrhea
4. Mother has nutrition questions that the peer helper has not been trained to answer

Social

1. Suspected physical abuse of mother or other family member
2. Suspected depression in mother
3. Any use of alcohol, street drugs (such as heroin, marijuana, methamphetamine, cocaine, etc.), or smoking more than 10 cigarettes per day

Other

1. Mother feels there is a problem that needs referral
2. Peer helper feels there is a situation that needs to be addressed by the lactation expert
3. Mother not following suggestions given by peer helper
4. Pregnant and breastfeeding
5. Women with suspected Listeria, Toxoplasmosis, PCB's, PBDEs, or mercury or lead poisoning

In cases where the peer helper yields a breastfeeding question or concern:

1. When yielding to the peer supervisor or WIC lactation specialist, the peer helper should supply the following information with the referral:
   a. Ask the mother whether the issue or concern is being monitored by her health care provider.
   b. If yes, ask the mother what the doctor or other health care provider has advised her to do, if she is following the advice and how it is going.
   c. If there are medications involved, ask the mother to spell the name of the drug and to detail dosage, including how much and how often.
   d. When directly referring to the peer supervisor or WIC lactation specialist:
      i. Tell the mother you would like to discuss her case with a supervisor to provide additional assistance, and that the peer supervisor, or the peer helper will contact her.
   e. Document the referral and inform the peer supervisor.

For families who need referrals for food, social services and/or other situations:

a. Use the local list of referral resources to offer information to the mother about the appropriate social agency.
b. Document in WIC System and follow local clinic policy for referral documentation.

Breastfeeding Support in Disasters Resources

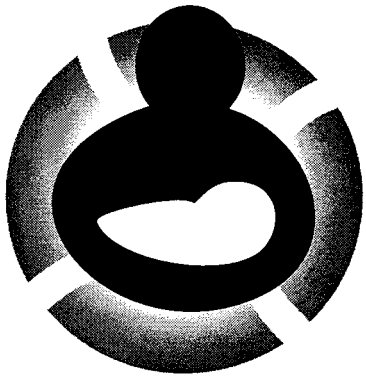
Breastfeeding Support Checklist for Health Workers

Breastfeeding Support Checklist for Relief Workers

Emergency Preparedness Checklist for Breastfeeding Mothers

Infant Nutrition During a Disaster
Breastfeeding and Other Options
American Academy of Pediatrics
http://www2.aap.org/breastfeeding/files/pdf/InfantNutritionDisaster.pdf

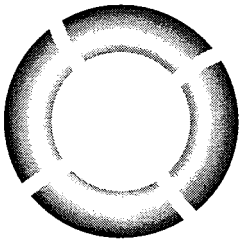
Breastfeeding: A Vital Emergency Response
Are You Ready?



Breastfeeding Support Checklist for Health Workers

In an emergency, breastfeeding saves lives! Breastfeeding is always sanitary and safe, requires no electricity or water, and helps calm infants in stressful and traumatic situations. Mothers who breastfeed release hormones that help them relax, and they can continue to make plenty of milk, even under the most stressful situations. It is even possible for women who originally chose not to breastfeed to induce lactation when food for baby is scarce or may be contaminated. ***You*** can offer gold-level support for breastfeeding mothers in several key ways:

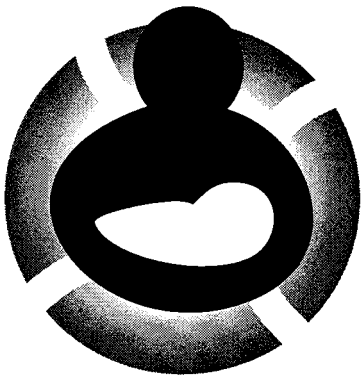
- ❍ Don't wait until an emergency to learn about the importance of breastfeeding. The best time to learn about how to support breastfeeding mothers is ***before*** an emergency occurs.
- ❍ Contact your local breastfeeding coalition or an International Board Certified Lactation Consultant (IBCLC) to explore in-person training opportunities for yourself or your staff. You can also explore the "Speaker Directory" at the ILCA website at www.ilca.org to review potential speakers who can assist you.
- ❍ Include breastfeeding support as part of your health facility and/or community disaster preparedness plans. Invite local IBCLCs and other breastfeeding advocates to serve on your team to explore ways to incorporate breastfeeding promotion and support into emergency response policies and practice.
- ❍ Promote breastfeeding with all pregnant and new mothers, and work to establish evidence-based policies and practices within your health institution that support breastfeeding. For example: assure that mothers and infants are able to be together skin-to-skin immediately after birth, delay routine procedures until after the first breastfeed, and review policies to assure that mothers and infants are able to remain together 24 hours a day.
- ❍ Work toward becoming a Baby-Friendly Hospital by implementing the UNICEF/WHO "Ten Steps to Successful Breastfeeding." Research shows implementing even some of these important evidence-based steps can significantly increase breastfeeding rates. Learn more at www.unicef.org/programme/breastfeeding/
- ❍ *Ban the bags!* If your hospital or practice provides "free" give-aways supplied by infant formula companies, work to eliminate them. These gimmicks undermine breastfeeding and have been shown by research to contribute to early supplementing and weaning. Learn more at www.banthebags.org.
- ❍ Tell mothers that you are proud of them. New mothers typically lack confidence, and they will long remember the words of care and support from their physician, midwife or nurse.
- ❍ Allow IBCLCs to become a vital part of the healthcare "circle of care" for new families. IBCLCs provide direct assistance to new breastfeeding families in a wide variety of situations, including emergencies. You can find an IBCLC by going to the "Find a Lactation Consultant Directory" at www.ilca.org.



During and after an actual emergency, encourage mothers to exclusively breastfeed. Continuing to breastfeed will help them keep up their milk production and protect their baby against disease and malnutrition.

** Remind relief workers to provide an environment with privacy, if needed, to help breastfeeding mothers feel supported as they care for their children.*

Breastfeeding: A Vital Emergency Response
Are You Ready?



Breastfeeding Support Checklist for Relief Workers

In an emergency, breastfeeding saves lives! Breastfeeding is always sanitary and safe, requires no electricity or water, and helps calm infants in stressful and traumatic situations. Mothers who breastfeed release hormones that help them relax, and they can continue to make plenty of milk, even under the most stressful situations. It is even possible for women who originally chose not to breastfeed to induce lactation when food or baby is scarce or may be contaminated. ***You*** can offer gold-level support for breastfeeding mothers in several key ways:

- Don't wait until an emergency to learn about the importance of breastfeeding. The best time to learn about how to support breastfeeding mothers is ***before*** an emergency occurs.

- Contact your local breastfeeding coalition or an International Board Certified Lactation Consultant (IBCLC) to receive training or to learn more. You can find IBCLCs at the local hospital or by visiting the "Find a Lactation Consultant Directory" at www.ilca.org.

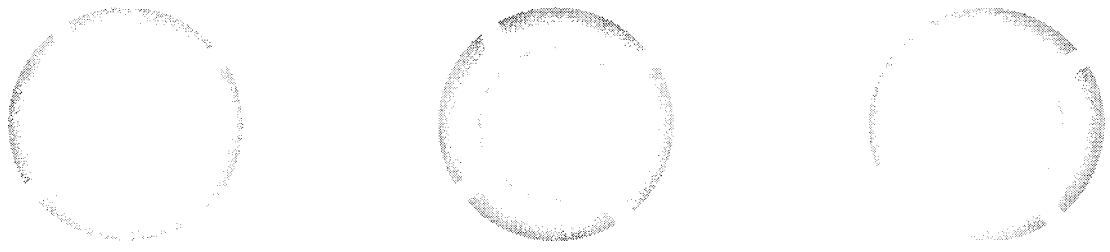
- During an emergency, encourage mothers to breastfeed. Continuing to breastfeed will keep her milk production up, and protects her baby against disease and malnutrition.

- Do not accept infant formula donations from well-meaning contributors or infant formula companies. Only a small amount of infant formula may actually be needed, and overuse of infant formula has been found to contribute to higher infant mortality and morbidity following a disaster.

- Help mothers find privacy for breastfeeding or expressing their milk. A curtain or partition might be all that's needed to help a women feel relaxed so her milk flows well.

- ALWAYS tell the mother you are proud of her. Mothers typically lack confidence, and after an emergency, they will need your support even more. Remind her that the best thing she can do for her baby and for herself is to continue breastfeeding. Your words of praise will help her relax and feel confident.

- Allow IBCLCs to become part of your team of health care relief workers. They can set up an on-site lactation clinic and provide direct assistance to mothers who have questions and concerns about breastfeeding in difficult situations.



Breastfed Babies Are Ready for Anything!

Emergency Preparedness Checklist for Breastfeeding Mothers

An emergency such as a natural disaster often comes with little warning and very little time to plan. Even when a crisis hits on a more personal level (a house fire or loss of a job, for example) having a plan beforehand helps you cope. Remember that breastfeeding helps you and your baby to be ready for anything!

Discuss the following items with your family. Keep this preparation checklist in a place where you can refer to it easily at a moment's notice.

- ❍ **What emergencies are most likely to occur in your community?**
  Call your local emergency management office to find out how you can prepare. Identify an escape plan from your home and your community's evacuation routes ahead of time.

- ❍ **Make an emergency kit for your family. Here are some items to think about:**
  - O Water (one gallon per person per day)
  - O Non-perishable food
  - O Can opener
  - O Batteries
  - O Flashlight
  - O Radio with batteries
  - O Candles and lighter
  - O First-aid kit
  - O Medications
  - O Contact information for your healthcare providers
  - O Money
  - O Change of clothes and shoes
  - O Blankets
  - O Any special items your baby might need
  - O Sling or wrap to help you breastfeed discreetly in public, if needed

- ❍ **Put together a list of key contact people, including:**
  - O Family members who live with you: _____
    _____
  - O Family members who do not live with you. Decide on a contact person outside your community that everyone will contact in case they are separated and there is no communication in your area.: _____
    _____
    _____
  - O International Board Certified Lactation Consultants (IBCLCs) in your community (see the "Find a Lactation Consultant Directory" at www.ilca.org)
    _____
  - O Physicians for your baby and your family _____
    _____
  - O Hospital and medical clinics in your community _____
    _____

- Breastfeeding is life-saving! This is especially true in an emergency. Breastfeeding your baby is one of the best ways to prepare. Breastfeeding is always sanitary and safe and requires no electricity or water which may be in short supply after an emergency. Should an emergency occur, it is important for you to continue breastfeeding to keep your milk production up and protect your baby against disease and malnutrition.

- When a mother breastfeeds, she releases hormones that help her and her baby relax and stay calm, which is especially important for both you and your baby in a stressful and traumatic situation.

- Breastfeeding helps lower pain levels in babies, so if your baby has become injured, allow him to breastfeed often to help him be more comfortable.

- Breastfeeding mothers can continue to make plenty of milk, even in stressful situations.

- It is sometimes possible for a woman to start breastfeeding again, even if she has already weaned her baby. An IBCLC can help you.

- After a disaster, well-meaning people often donate infant formula. Remember that your milk is the safest food for your baby during an emergency. Lack of clean water to mix with the formula and to clean the bottles can make your baby sick.

- If you are staying in a shelter, tell the shelter workers that you are breastfeeding and ask for a quiet area to feed your baby or express milk. A curtain or partition might be all you need to help you relax so your milk will flow. A sling or wrap can also be used to provide a little privacy, if you desire, and to keep your baby close.

- Don't be afraid to ask for help! Mothers and babies need support, especially after an emergency. Ask emergency workers to help you find an IBCLC or other breastfeeding counselors who can help with your questions and concerns.

Infant Nutrition During a Disaster

Breastfeeding and Other Options

In an emergency

- There may be no clean drinking water.
- There may be no sterile environment.
- It may be impossible to ensure cleaning and sterilization of feeding utensils.

Pediatricians Can Take Action to Support Breastfeeding During a Disaster

1. Keep families together.
2. Create safe havens for pregnant and breastfeeding mothers. These havens should provide security, counseling, water, and food. Pediatricians can contribute using offices, hospitals, or other shelters.
3. Assure mothers that human milk can contribute significant nutrition in the absence of safe complementary foods for the first year of life and beyond.
4. Advocate for optimal feeding options for orphaned infants, including HIV-negative donor human milk.
5. Assist new mothers to initiate breastfeeding within 1 hour of birth, promote exclusive breastfeeding for 6 months*, and encourage breastfeeding for at least 1 year or longer.
6. Provide support for breastfeeding through assessment of the infant's hydration and nutritional status.
7. In situations where human milk is not available, recommend ready-to-feed formula. Powdered formula is the last resort. Use concentrated or powdered formula only if bottled or boiled water is available.
8. Lactating women may be immunized as recommended for adults and adolescents to protect against measles, mumps, rubella, tetanus, diphtheria, pertussis, influenza, *Streptococcus pneumoniae, Neisseria meningitidis,* hepatitis A, hepatitis B, varicella, and inactivated polio.
9. Refer to www.cdc.gov for further information about precautions for lactating women involving specific diseases and treatments.
10. Advocate for breastfeeding promotion, protection, and support with relief agencies and workers. Infant feeding practices and resources should be assessed, coordinated, and monitored throughout the disaster.

The cleanest, safest food for an infant is human milk.

- Human milk is nutritionally perfect.
- It is readily available without dependence on supplies.
- It is protective against infectious diseases, especially diarrhea and respiratory illnesses.
- It is the right temperature and helps to prevent hypothermia.
- The release of hormones during breastfeeding relieves maternal stress and anxiety.

Disadvantages of Formula Use During a Disaster

- It may not be available.
- It may become contaminated.
- Errors in formula preparation may occur.
- Water that is mixed with powdered or concentrated formula may be contaminated.
- There may be no method to sterilize the formula, bottles, or nipples.
- If there is no electricity, opened prepared formula cannot be preserved in the refrigerator.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

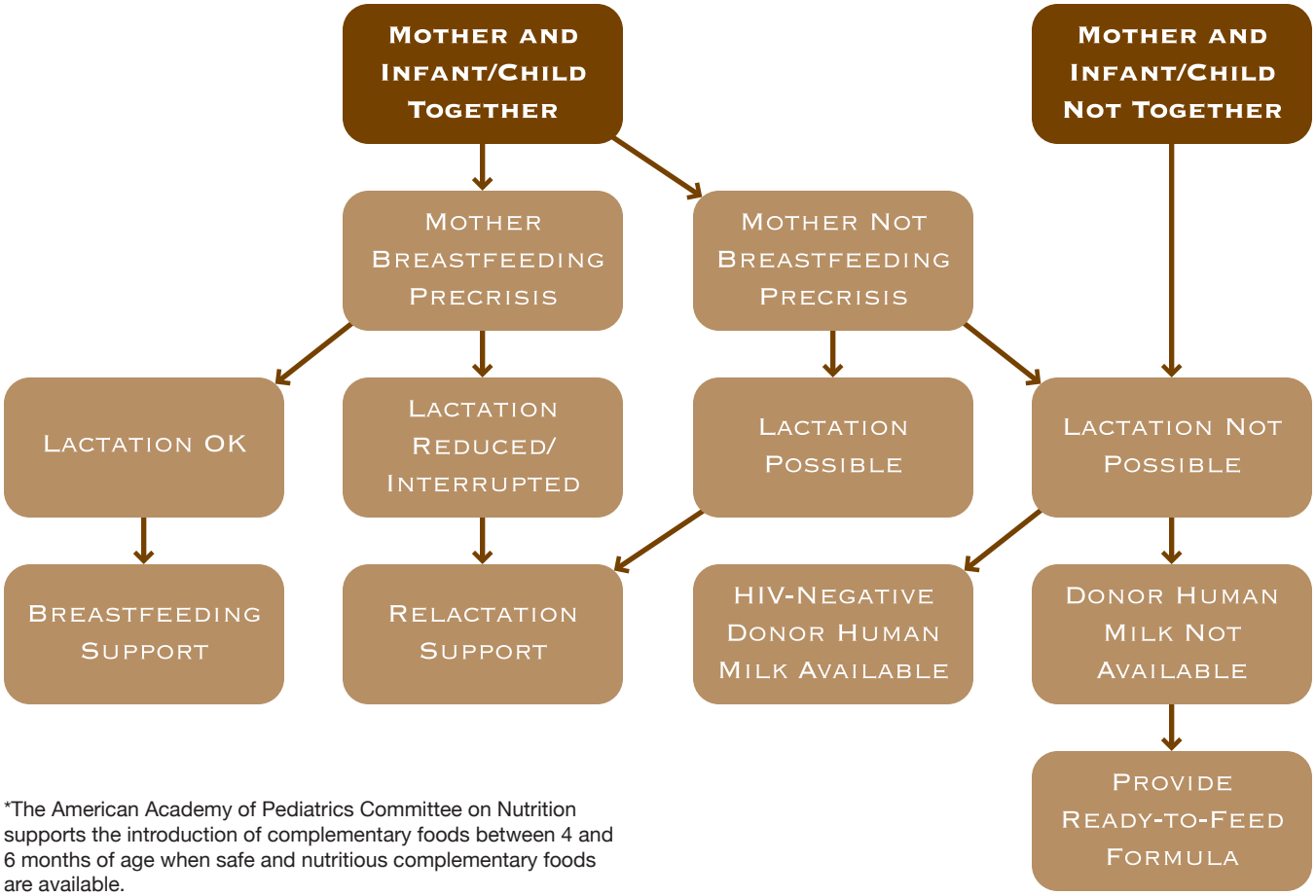
Key Strategy: Increasing the current rate of breastfeeding in the United States is fundamental to optimize infant nutrition, especially when disaster strikes.

Breastfeeding Facts

1. With appropriate support and guidance, stress does not cause milk to dry up.
2. Malnourished women can breastfeed.
3. Optimal human milk supply is maintained by infant demand.
4. For some mothers and babies, once breastfeeding has stopped, it may be resumed successfully.
   a. Encourage skin-to-skin contact and frequent suckling (every 2 hours).
   b. Supply increases gradually over days to weeks and supplementation should decrease accordingly.
   c. Careful assessment of the infant's nutritional and hydration status is critical.
   d. A full milk supply is established more rapidly with the younger infant.
   e. Mothers need encouragement during this process.

For more information on infant feeding during a disaster and relactation technique, please visit Annex VIII, Infant Feeding in Emergencies: Policy, Strategy & Practice, available at www.ennonline.net/.

Infant Feeding During Disasters



*The American Academy of Pediatrics Committee on Nutrition supports the introduction of complementary foods between 4 and 6 months of age when safe and nutritious complementary foods are available.

For more information, please call or e-mail American Academy of Pediatrics Breastfeeding Initiatives at 800/433-9016 or lactation@aap.org.

GUIDELINES FOR SELECTING MATERIALS FOR CLIENT EDUCATION

Materials for breastfeeding education or promotion should INCLUDE factors that are necessary for breastfeeding success, and EXCLUDE factors that contribute to breastfeeding failure or are irrelevant to lactation success. The proportion of space for a topic should correspond to its relative importance to the breastfeeding relationship.

Section I: TOPICS THAT SHOULD BE INCLUDED TO FOSTER SUCCESS

Maternal factors necessary for successful breastfeeding are:

A. Motivation, founded in
   1) a belief in the superiority of human milk, and
   2) a belief in her own ability to breastfeed.
B. Trust in herself and her baby to find loving ways of interacting.
C. Commitment, including persistence and a tenaciousness of purpose.
D. Access to skilled, knowledgeable and timely help that prevents and solves technical problems related to lactation.
E. Access to support systems, including clinical settings, that foster the mother-baby interactions necessary for successful breastfeeding.

Statements, photographs, images and ideas that support any of these factors are supportive of breastfeeding. Most mothers know that "breast is best", but need instruction and support to make it a reality. *Listing advantages does not assure success; mothers need accurate and complete information on the process.*

The five central message of " WHY BREASTFEED " are:

1. Human milk is species-specific nourishment for the baby.
2. Human milk produces optimum growth and development.
3. Human milk provides substantial protection from illnesses.
4. Lactation is beneficial to mother's health.
5. Breastfeeding biologically support's a special mother/baby relationship.

The five central concepts of " HOW TO BREASTFEED " are:

1. Nurse soon and often, within the first hour after birth.
2. All sucking should be at the breast; the lenth and frequency of feedings are to be determined by the baby.
3. Position the baby so nursing is comfortable and milk transfer is maximized.
4. Watch baby's urine and stool output for assurance of supply.
5. Problems have solutions. Help is available.

Section II: CAUSES OF BREASTFEEDING FAILURE

Understanding the primary causes of lactation failure helps prioritize the information presented to mothers. In order of frequency, the causes of breastfeeding failure are:

A. Perceived or actual milk insufficiency, caused by:

   1. Inappropriate feeding practices, rooted in.

   2. Lack of understanding of the process of lactation.

   3. Lake of knowledge of infant behavior.

B. Pain during breastfeeding, caused by:

   1. Nipple trauma from inappropriate technique or practices.

   2. Breast pain from inappropriate technique.

   3. Nipple or breast pain from pathological organisms.

C. Lake of support or undermining the decision, from:

   1. Family and friends.

   2. Health professionals.

   3. Employers and school administrators.

The five central causes of problems in the first 6 weeks are:

1. *Too few nursing sessions per day.* A normal pattern is 8-12 sessions per day; more are fine. Watch the baby for hunger cues.

2. *Nursings too short, ended by mother.* Session length should be unrestricted. Let the baby end the session.

3. *Overuse of pacifiers and bottles.* Nipple confusion can lead to breast refusal. Use of supplements decreases milk supply.

4. *Poor attachment, causing nipple pain and low milk transfer.* Breastfeedinq should never hurt the mother. ANY pain associated with breastfeeding should be investigated.

5. *Blaming breastfeeding for normal newborns; need* for *closeness, cuddling, holding, etc.* ALL babies need frequent feeding, carrying, and comforting.

Section III: COMMON ERRORS IN EDUCATIONAL MATERIALS

Any statement, photograph, image or product that undermines the mother's belief in the superiority of her milk, her trust in her ability to make milk, her need for breastfeeding to be comfortable and pleasant, and/or her need for support from society thereby undermines breastfeeding. *Errors* are *italicized; the most serious errors are also underlined.*

ERRORS IN CONTENT OF NARRATION and WRITTEN TEXT

See also: Auerbach, Kathleen, PhD. "Beyond the Issue of Accuracy: Evaluating Patient Education Materials for Breastfeeding Mothers." Journal of Human Lactation, 4: 108-10, 1988.

ERRORS IN PRESENTING LACTATION PHYSIOLOGY

1. *Hinting that milk supply may be inadequate, fixed or unchangeable.*

"Not enough milk" is the most common cause of breastfeeding failure. True milk insufficiency is exceedingly rare. Establishing, maintaining and increasing the milk supply is usually quite easy.

2. *Restricting the length of nursing* by:

- *Emphasizing the removal of the baby from the breast.*
- *Establishing rules for feeding length.*

The baby should determine the end of feedings, not the mother; the baby will stop swallowing and release the breast when finished. Arbitrary rules- for feeding length interfere with the balance of nutrients that change dynamically during the course of the feeding and with total milk volume consumed by the baby.

3. *Making strict rules for the number or frequency of nursing session, especially without stressing the need for watching the baby for hunger and satiety cues.*

No restrictions should be placed on the number or frequency of nursing sessions. Normal demand-fed infants consume irregular quantities of milk at irregular intervals from each breast according to their own needs. An average MINIMUM number of sessions may be suggested, but NOT a maximum.

4. *Failing to discuss the risks of pacifiers, bottles, and supplements to an adequate milk supply.*

The use of bottles, pacifiers, and supplements is a primary cause of lactation failure and early weaning. Other sucking objects may disrupt the oral response. Giving other fluids results. in milk retention in the breast, which suppresses further milk production.

5. *Recommending elaborate prenatal "nipple preparation" routines.* Except for correcting severely retracted nipples, prenatal preparation has not been shown to be beneficial. Excessive manipulation or rough treatment can cause premature labor contractions and tissue damage.

ERRORS IN PRESENTING BIOCHEMISTRY AND IMMUNOLOGY

6. *Implying the equivalence of human milk and infant formula.*

Implying equivalence disregards species specificity and reduces human milk to a combination of carbohydrates, proteins, and fat. Nutrients from other species or vegetable sources differ substantially from human nutrients. Implying equivalence also disregards the presence of protective proteins and cellular components in human milk that are absent in all prepared formulas. See also #18.

7. *Suggesting that mother must eat a perfect diet, a restricted diet, or follow a pure lifestyle in order to breastfeed safely.*

Human milk volume and composition are essentially unaffected by mother's diet. Most medications are compatible with breastfeeding. If "safety" or "purity" of mother's milk is brought up, the issue of risks and safety of alternatives must likewise be discussed. Overemphasis on an ideal maternal diet can be interpreted as requiring the mother to be a martyr to breastfeed. While good nutrition is important for general health, maternal diet has minimal impact on lactation success.

8. *Minimizing the benefits of human milk and the process of lactation.*

Human milk protects the baby's health in many ways; lactation protects the mother's health in several ways. Failure to breastfeed has short- and long-term health implications.

ERRORS IN PRESENTING PSYCHOSOCIAL FACTORS

9. *Implying that the mother may be a risk to the baby.*

10. *Implying that the baby may be a risk to the mother.*

Mother and baby must develop a mutually trusting, intimate relationship for breastfeeding to succeed.

11. *Suggesting that breastfeeding won't work.*

12. *Making breastfeeding sound complicated, painful or stressful.*

13. *Implying that "normal" activities are difficult when the mother is breastfeeding.*

Breastfeeding is sometimes treated as a convenient scapegoat for the normal inconveniences of infancy. This ignores the concept that baby care is time-consuming, regardless of feeding decisions.

14. *Focusing on any aspects of breastfeeding that could be approximated by arrtificial feeding.*

15. *Treating breastfeeding as the exception, thereby establishing artificial feeding as the norm.*

16. *Drawing attention to,* or *exaggerating, any possible drawbacks of breastfeeding.*

17. *Minimizing the role of the mother, by emphasizing the role of the father, grandparents,* or *other family members in feeding the baby.*
When others are feeding the baby, the mother isn't breastfeeding. Without the mother, breastfeeding is impossible. Family members' help is beneficial to the breastfeeding mother in everything except feeding. See also #43.

18. *Implying that formula _should be given to breastfed babies, that human milk and formula should be used together, or that formula should be used when breastfeeding is discontinued, without giving any real "reasons" why breastfeeding should stop.*
When a baby is breastfed, formula is unnecessary. Formula is a replacement for breastmilk, not a necessary addition to it. See also #6, 19.

19. *Hinting that formula will eventually be necessary for all babies.* See also # 18.

20. *Suggesting that breastfeeding is only for newborns; that babies should wean by age* 12 *months,* or that *longer nursing is abnormal, harmful, or inappropriate.*
There is no documentation to support an arbitrary weaning age of 12 months. The American Academy of Pediatrics endorses breastfeeding for at least 12 months; other health agencies concur. The baby derives benefit from human milk regardless of age. Normal acquisition of feeding skills occurs over time. Mandating feeding skill progression or overemphasis on type and amount of foods consumed can lead to future eating disorders. See also #30.

21. *Presenting too many points in* a *given amount of space* or *time, causing sensory overload and confusion,* See also #49.

ERRORS IN VISUAL PRESENTATIONS/PORTRAYALS

NOTE: These are especially detrimental because 85% of all people are primarily visual learners.

22. *Showing the baby poorly positioned* at *breast, usually with the mouth too close* to *the nipple tip, lips pursed* or *curled in, not open widely or puckering.*
This is typical of bottle-suck, and a primary cause of nipple pain, tissue damage, and inadequate milk transfer, which contribute to breastfeeding failure. See also #35-41.

23. *Hiding detail of baby's positioning at breast, resulting in no useful information being conveyed.* See also #35-41.

24. *Showing excessive* or *inappropriate nudity; mother is shown with much breast exposure.*
Some cultural groups view breast exposure as offensive, and this becomes a significant barrier. Others view breast exposure as appropriate and beautiful. Cultural beliefs of the target audience must be considered. If in doubt, avoid visual images with the breast exposed.

25. *Avoiding eye-to-eye contact between mother and baby; the baby is shown asleep, the mother's eyes* are *closed* or *the mother is looking* away.

26. *Depicting the mother in* a *bathrobe* or *nightgown, suggesting that limitation of lifestyle is necessary to breastfeed.*

27. *Dressing the mother in white clothing, suggesting "purity ".*

28. *Depicting the mother* as *very beautiful, wearing* a *wedding ring, and/or shown in affluent settings.*

29. *Situating mother and baby in overly romantic, sentimental settings that portray an unrealistic view of the early postpartum period.*
Poor women and single mothers often feel that are not "good enough" to breastfeed. Seeing pretty women and beautiful settings is motivating for some mothers, but a significant barrier for others. Few women feel pretty or beautiful in the early postpartum period. Cultural sensitivity is mandatory.

30. *Showing only very young babies breastfeeding, suggesting early weaning.* See also #20.

31. *Using colors that set a negative mood.*

32. *Showing the baby at breast without showing the mother, or cutting off part of her head.*
This minimized the mother's importance.

ERRORS SPECIFIC TO MOVING VISUAL IMAGES

NOTE: When. reviewing videos or films the, visual track should be watched without sound, and then again with it. Discrepancies between the audio and visual images will create cognitive dissonance. (Teaching for the Two-Sided Mind, Linda Verlee Williams. Simon & Schuster, 1983.)

33. *Using video images that conflict with the narration.*
The human brain retains visual images longer, and in preference to, auditory messages when dissimilar messages are received simultaneously. See also #45.

34. *Repeating incorrect techniques multiple times.*
This error is particularly misleading when the audio track is fairly good while the visual track shows poor positioning. The incorrect image tends to invite imitation.

35. *Failing to show baby going to breast easily and correctly.*

36. *Removing appropriate images very quickly, before retention is assured.*

37. *Failing to reassure new mothers that several tries may be necessary to correctly position the baby for nursing.*

38. *Failing to show mother responding appropriately to baby's feeding cues.*

39. *Failing to show and comment on infant swallowing to confirm intake.*

40. *Failing to show long, pleasant breastfeeding interactions.*

41. *Failing to show close-up details of the baby at breast.*
Detailed visual images of realistic babies nursing correctly are beneficial. Images must be shown long enough for retention. Incorrect technique or too-perfect images can interfere.

42. *Showing little or no mother-infant non-breastfeeding comforting, communication and interaction, implying that breastfeeding is the only way mother can show affection to the baby.*
Breastfeeding is one of many appropriate ways that a mother and baby can interact lovingly. This idea's presentation will be affected by the total length of the video. A long program should include non-feeding interactions, while a short one should instead concentrate on details of the breast feeding process.

43. *Showing many scenes of other family members with baby, with mother absent.*
Mother/baby closeness is central to breastfeeding success. See also #17.

ERRORS SPECIFIC TO AUDITORY PRESENTATIONS (SENSORY FAULTS)

44. *Narrating in choppy, rushed, or excessively enthusiastic manner, creating a sense of anxiety.*

45. *Providing audio messages that conflict with visual track. See also #33.*

46. *Using a female voice that is shrill, grating, or nasal.*

47. *Using a male voice that is too low in pitch, which may be intimidating.*

48. *Allowing the music to overpower the narration, or create a mood of tension, sadness, or anxiety.*

49. *Including too many points made in* a *given amount of time.*

Too much information causes sensory overload and confusion. Presenting one idea per 10-15 minutes is enough. See also #21.

ERRORS PRESENTED BY PACKAGING OF MATERIALS

50. *Including formula samples in "breastfeeding" packets.*

51. *Including coupons for infant formula in "breastfeeding" packets.*
Samples or coupons encourage the use of and imply the necessity of formula. See errors #1, 4, 6, 11, 18, 19.

52. *Listing of toll-free phone numbers staffed by sales representatives of competing products.*
Breastfeeding information should be provided by unbiased, well- informed sources.

Section IV: RECOMMENDATIONS OF WORLD HEALTH ORGANIZATION

The World Health Organization's guidelines on educational materials for breastfeeding promotion as stated in the International Code of Marketing of Breastmilk Substitutes contain the following language:

(4.2) "Informational and educational materials, whether written audio or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on ALL the following points:

1. the benefits and superiority of breastfeeding;
2. maternal nutrition, and the preparation for and maintenance of breastfeeding;
3. the negative effect on breastfeeding of introducing partial bottle-feeding;
4. the difficulty of reversing the decision not to breastfeed;
5. where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes. Such materials should not use any pictures or text which may idealize the use of breastmilk substitutes."

Section V: SELECTION CRITERIA

When selecting materials, consider the following factors in addition to the issues of reading level, esthetics, and layout design:

- Completeness
- Inclusion of supportive information
- Exclusion of errors
- Cost

Where circumstances necessitate the use of less-than-optimum resources, the deficiencies or errors should be corrected by the professional. As better materials become available and budgets permit, replacement of deficient materials should be strongly considered in order to foster increased support for breastfeeding.

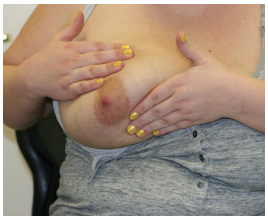
A WORD ON GUILT: Providing complete information on benefits AND helpful techniques allows mothers to make an informed decision and successfully implement that decision. Lack of information on helpful techniques contributes to breastfeeding failure and the resultant grieving process. *The guilt of failed breastfeeding is caused by an insufficiency of information on techniques, NOT an abundance of information on the benefits.*

Hand Expression

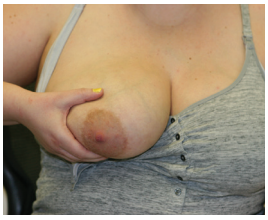
Hand expression can be used instead of a pump to relieve pressure, help baby latch, and collect milk.

How to hand express:

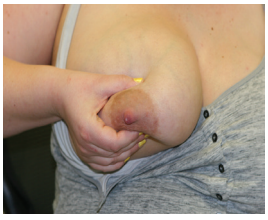
1. Sit up and lean forward.
2. Gently massage your breast.



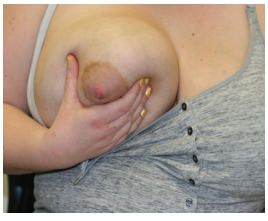
3. Place your thumb and index finger an inch away from your areola in the shape of a C.



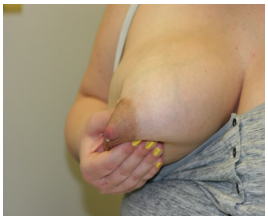
4. Press back into your breast and gently and firmly squeeze together. Release and repeat. **Do not** expect to see milk right away.



5. Keeping your fingers in a C, rotate your hand around your breast.



6. To collect milk, hand express each breast for 10-15 minutes, or until milk flow slows. Use a clean container.



Instructions for using the *WIC Health Professional Guide to Support Normal Breastfeeding in the Birth Month*

The first priority is to assess the infant and mother dyad. Check the items listed under the "Assess" column. Any item with a "no" response and an asterisk must be referred to your breastfeeding coordinator or consulting IBCLC. To determine percent of weight loss, ask what the discharge weight was. If this is not known, then use birth weight. If baby is not back to birth weight at the WIC visit, use the laminated *Newborn Weight Loss Table* to determine the percent of weight loss. If weight loss is equal to or greater than seven percent, refer to your breastfeeding coordinator. If not back to birth weight by day ten, also refer to your breastfeeding coordinator.

Furthermore, four other situations require referral to your breastfeeding coordinator or consulting IBCLC and the baby's Health Care Provider.

- If bowel movements are still dark colored & sticky by day 5, it could mean that baby is not transferring enough milk and there could be a problem with reabsorption of bilirubin.
- If weight loss from birth weight is ≥ than 10%, baby could have any number of medical as well as eating problems.
- If baby has had no weight gain by day 5 (this assumes you are seeing baby at least on or after day 5), there could be a problem with mom's milk production, baby's milk transfer or a medical issue.
- If baby's skin and eyes look yellow, even slightly, baby needs to be evaluated for adequate milk transfer and bilirubin levels.

After assessing the breastfeeding dyad, teach normal breastfeeding techniques in the birth month even if you must refer. Using critical thinking and counseling skills, determine which issues need to be reinforced with the mom.

- All moms should be reminded that we do not recommend pacifiers or bottle use prior to 3 – 4 weeks of age. If mom is already using a bottle, discuss issues with poor milk supply and determine if she wants to return to exclusive nursing until she has a well-established milk supply.
- Teach moms how to listen for the signs of milk transfer (suck – suck - swallow ratio and gulping noises). If you are not familiar with this technique, ask your breastfeeding coordinator to help you recognize this pattern.
- All mothers should be taught hand expression as one technique to relieve overfull breasts.

If you have any questions, please ask your breastfeeding coordinator to mentor you and show you how to "Assess," "Teach," and "Refer" to support normal breastfeeding in the birth month.

Revised 2014

Newborn Weight Loss Table *(in pounds/ounces)*

Wt in lb/oz	5% Loss	7% Loss	10% Loss
5 lb 0.0 oz	4 12.00	4 10.50	4 8.00
5 lb 0.5 oz	4 12.50	4 10.75	4 8.50
5 lb 1.0 oz	4 13.00	4 11.25	4 9.00
5 lb 1.5 oz	4 13.50	4 11.75	4 9.25
5 lb 2.0 oz	4 14.00	4 12.25	4 9.75
5 lb 2.5 oz	4 14.50	4 12.75	4 10.25
5 lb 3.0 oz	4 14.75	4 13.25	4 10.75
5 lb 3.5 oz	4 15.25	4 13.75	4 11.25
5 lb 4.0 oz	4 15.75	4 14.00	4 11.50
5 lb 4.5 oz	5 0.25	4 14.50	4 12.00
5 lb 5.0 oz	5 0.75	4 15.00	4 12.50
5 lb 5.5 oz	5 1.25	4 15.50	4 13.00
5 lb 6.0 oz	5 1.75	5 0.00	4 13.50
5 lb 6.5 oz	5 2.25	5 0.50	4 13.75
5 lb 7.0 oz	5 2.75	5 1.00	4 14.25
5 lb 7.5 oz	5 3.25	5 1.50	4 14.75
5 lb 8.0 oz	5 3.50	5 1.75	4 15.25
5 lb 8.5 oz	5 4.00	5 2.25	4 15.75
5 lb 9.0 oz	5 4.50	5 2.75	5 0.00
5 lb 9.5 oz	5 5.00	5 3.25	5 0.50
5 lb 10.0 oz	5 5.50	5 3.75	5 1.00
5 lb 10.5 oz	5 6.00	5 4.25	5 1.50
5 lb 11.0 oz	5 6.50	5 4.75	5 2.00
5 lb 11.5 oz	5 7.00	5 5.00	5 2.25
5 lb 12.0 oz	5 7.50	5 5.50	5 2.75
5 lb 12.5 oz	5 8.00	5 6.00	5 3.25
5 lb 13.0 oz	5 8.25	5 6.50	5 3.75
5 lb 13.5 oz	5 8.75	5 7.00	5 4.25
5 lb 14.0 oz	5 9.25	5 7.50	5 4.50
5 lb 14.5 oz	5 9.75	5 8.00	5 5.00
5 lb 15.0 oz	5 10.25	5 8.25	5 5.50
5 lb 15.5 oz	5 10.75	5 8.75	5 6.00
6 lb 0.0 oz	5 11.25	5 9.25	5 6.50
6 lb 0.5 oz	5 11.75	5 9.75	5 6.75
6 lb 1.0 oz	5 12.25	5 10.25	5 7.25
6 lb 1.5 oz	5 12.75	5 10.75	5 7.75
6 lb 2.0 oz	5 13.00	5 11.25	5 8.25
6 lb 2.5 oz	5 13.50	5 11.50	5 8.75
6 lb 3.0 oz	5 14.00	5 12.00	5 9.00
6 lb 3.5 oz	5 14.50	5 12.50	5 9.50
6 lb 4.0 oz	5 15.00	5 13.00	5 10.00
6 lb 4.5 oz	5 15.50	5 13.50	5 10.50
6 lb 5.0 oz	6 0.00	5 14.00	5 11.00
6 lb 5.5 oz	6 0.50	5 14.50	5 11.25
6 lb 6.0 oz	6 1.00	5 14.75	5 11.75
6 lb 6.5 oz	6 1.50	5 15.25	5 12.25
6 lb 7.0 oz	6 1.75	5 15.75	5 12.75
6 lb 7.5 oz	6 2.25	6 0.25	5 13.25
6 lb 8.0 oz	6 2.75	6 0.75	5 13.50
6 lb 8.5 oz	6 3.25	6 1.25	5 14.00
6 lb 9.0 oz	6 3.75	6 1.75	5 14.50
6 lb 9.5 oz	6 4.25	6 2.00	5 15.00
6 lb 10.0 oz	6 4.75	6 2.50	5 15.50
6 lb 10.5 oz	6 5.25	6 3.00	5 15.75
6 lb 11.0 oz	6 5.75	6 3.50	6 0.25
6 lb 11.5 oz	6 6.25	6 4.00	6 0.75

Wt in lb/oz	5% Loss	7% Loss	10% Loss
6 lb 12.0 oz	6 6.50	6 4.50	6 1.25
6 lb 12.5 oz	6 7.00	6 5.00	6 1.75
6 lb 13.0 oz	6 7.50	6 5.25	6 2.00
6 lb 13.5 oz	6 8.00	6 5.75	6 2.50
6 lb 14.0 oz	6 8.50	6 6.25	6 3.00
6 lb 14.5 oz	6 9.00	6 6.75	6 3.50
6 lb 15.0 oz	6 9.50	6 7.25	6 4.00
6 lb 15.5 oz	6 10.00	6 7.75	6 4.25
7 lb 0.0 oz	6 10.50	6 8.25	6 4.75
7 lb 0.5 oz	6 11.00	6 8.75	6 5.25
7 lb 1.0 oz	6 11.25	6 9.00	6 5.75
7 lb 1.5 oz	6 11.75	6 9.50	6 6.25
7 lb 2.0 oz	6 12.25	6 10.00	6 6.50
7 lb 2.5 oz	6 12.75	6 10.50	6 7.00
7 lb 3.0 oz	6 13.25	6 11.00	6 7.50
7 lb 3.5 oz	6 13.75	6 11.50	6 8.00
7 lb 4.0 oz	6 14.25	6 12.00	6 8.50
7 lb 4.5 oz	6 14.75	6 12.25	6 8.75
7 lb 5.0 oz	6 15.25	6 12.75	6 9.25
7 lb 5.5 oz	6 15.75	6 13.25	6 9.75
7 lb 6.0 oz	7 0.00	6 13.75	6 10.25
7 lb 6.5 oz	7 0.50	6 14.25	6 10.75
7 lb 7.0 oz	7 1.00	6 14.75	6 11.00
7 lb 7.5 oz	7 1.50	6 15.25	6 11.50
7 lb 8.0 oz	7 2.00	6 15.50	6 12.00
7 lb 8.5 oz	7 2.50	7 0.00	6 12.50
7 lb 9.0 oz	7 3.00	7 0.50	6 13.00
7 lb 9.5 oz	7 3.50	7 1.00	6 13.25
7 lb 10.0 oz	7 4.00	7 1.50	6 13.75
7 lb 10.5 oz	7 4.50	7 2.00	6 14.25
7 lb 11.0 oz	7 4.75	7 2.50	6 14.75
7 lb 11.5 oz	7 5.25	7 2.75	6 15.25
7 lb 12.0 oz	7 5.75	7 3.25	6 15.50
7 lb 12.5 oz	7 6.25	7 3.75	7 0.00
7 lb 13.0 oz	7 6.75	7 4.25	7 0.50
7 lb 13.5 oz	7 7.25	7 4.75	7 1.00
7 lb 14.0 oz	7 7.75	7 5.25	7 1.50
7 lb 14.5 oz	7 8.25	7 5.75	7 1.75
7 lb 15.0 oz	7 8.75	7 6.00	7 2.25
7 lb 15.5 oz	7 9.25	7 6.50	7 2.75
8 lb 0.0 oz	7 9.50	7 7.00	7 3.25
8 lb 0.5 oz	7 10.00	7 7.50	7 3.75
8 lb 1.0 oz	7 10.50	7 8.00	7 4.00
8 lb 1.5 oz	7 11.00	7 8.50	7 4.50
8 lb 2.0 oz	7 11.50	7 9.00	7 5.00
8 lb 2.5 oz	7 12.00	7 9.25	7 5.50
8 lb 3.0 oz	7 12.50	7 9.75	7 6.00
8 lb 3.5 oz	7 13.00	7 10.25	7 6.25
8 lb 4.0 oz	7 13.50	7 10.75	7 6.75
8 lb 4.5 oz	7 14.00	7 11.25	7 7.25
8 lb 5.0 oz	7 14.25	7 11.75	7 7.75
8 lb 5.5 oz	7 14.75	7 12.25	7 8.25
8 lb 6.0 oz	7 15.25	7 12.50	7 8.50
8 lb 6.5 oz	7 15.75	7 13.00	7 9.00
8 lb 7.0 oz	8 0.25	7 13.50	7 9.50
8 lb 7.5 oz	8 0.75	7 14.00	7 10.00

* Loss amounts are rounded to the nearest quarter ounce.

Ohio Department of Health

Ohio WIC Loaned/Single-user Electric Breast Pump Survey

FOR WIC STAFF USE ONLY Fill out when pump is issued from WIC or referred by WIC to a DME. (check which)

WIC project	Mother's WIC ID#	Baby's WIC ID #	Date pump ☐Issued ☐Referred
Mother's Name	Baby's Name	Name of Pump	
Baby's date of birth	How long does mother plan to breastfeed her baby? ☐ 2 weeks ☐ 1 month ☐ 3 month ☐ 6 month ☐ 1 year ☐ As long as I can ☐ Other_____		

FOR WIC STAFF USE ONLY

Complete when a loaned pump is returned or a mom given a single-user pump asks for more formula or after 6 months of pump use.

Survey completion date	Still nursing ☐ Yes ☐ No
Date stopped using pump	If no, breastfeeding duration (months, weeks, days; for example, 3 months, 2 weeks, 4 days)
Length of time pump used (months, weeks, days; for example, 3 months, 2 weeks, 4 days)	

Mom to complete ⇩

1. The instructions I got about using the Pump were: (check ***all*** that apply)
   - ☐ a. Written from the pump company
   - ☐ b. A handout from WIC
   - ☐ c. A DVD
   - ☐ d. WIC staff showed me how to use the pump
   - ☐ e. Other _____

2. Were the instructions helpful? (check ***one***)
   - ☐ a. Yes ☐ b. No ☐ c. I did not use the instructions

3. Why did you get a breast pump? (check ***all*** that apply)
   - ☐ a. I went back to work/school full-time
   - ☐ b. I went back to work/school part-time
   - ☐ c. My baby was premature
   - ☐ d. My baby was in the hospital
   - ☐ e. I had a breastfeeding problem (specify):

     _____
   - ☐ f. Other _____

4. How old was your baby when you started to use this breast pump?
   - ☐ a. Less than 2 weeks ☐ d. 3 to 6 months
   - ☐ b. 2 to 4 weeks ☐ e. Over 6 months
   - ☐ c. 1 to 2 months

5. The breast pump helped me:
   - ☐ a. Breastfeed longer than I had planned
   - ☐ b. Breastfeed for as long as I had planned
   - ☐ c. Did not make a difference in how long I breastfed
   - ☐ d. Return to exclusive breastfeeding

6. Reasons why I stopped using the pump (check ***all*** that apply)
   - ☐ a. I could not figure out how to use it
   - ☐ b. It was hard to put together
   - ☐ c. It took too long to pump my milk
   - ☐ d. It made me sore
   - ☐ e. No support at home/work/school
   - ☐ f. Other _____

7. How many days during the week were you usually separated from your baby? (check ***one***)
   - ☐ a. 1 day ☐ d. 4 days
   - ☐ b. 2 days ☐ e. more than 4 days a week
   - ☐ c. 3 days

8. How many hours a day were you usually separated from your baby? (check ***one***)
   - ☐ a. Less than 2 hours a day on the days separated
   - ☐ b. 2–4 hours a day on the days separated
   - ☐ c. Over 4 hours a day on the days separated

9. How many times a day did you usually put baby to breast? (check ***one***)
   - ☐ a. 1 to 2 times a day ☐ d. 9 or more times a day
   - ☐ b. 3 to 5 times a day ☐ e. never
   - ☐ c. 6 to 8 times a day

10. How many days a week did you usually use your pump? (check ***one***)
    - ☐ a. Everyday ☐ c. 1 to 3 days a week
    - ☐ b. 4 to 6 days a week ☐ d. Less than once a week

11. On the days you used your pump, how many times a day did you usually use it? (check ***one***)
    - ☐ a. 1 to 2 times a day
    - ☐ b. 3 to 5 times a day
    - ☐ c. 6 to 8 times a day
    - ☐ d. 9 or more times a day

12. How much milk did you usually get each time you pumped? (check ***one***)
    - ☐ a. l to 2 oz. ☐ d. 6 to 8 oz.
    - ☐ b. 3 to 4 oz. ☐ e. More than 8 oz.
    - ☐ c. 5 to 6 oz.

13. What more can WIC do to help breastfeeding mothers?

    _____

    _____

Pumping and Storing Breastmilk

You can give breastmilk to your baby if you are separated for a short or long time. This guide can help you be at ease saving your milk.

Easy Steps to Pump Breastmilk

1) Wash your hands and get all your things together and ready

- Electric pump, manual pump or wide-mouthed collection cup if hand expressing
- Hard plastic or glass bottles or disposable plastic milk storage bags

2) Look to see if equipment is clean

- If dirty, wash equipment in hot soapy water, rinse and air dry
- Clean at the end of pumping and sterilize once a day according to manufacturer's directions

3) Get comfortable and try any of these ways to help you relax

- Massage your breasts
- Play relaxing music
- If pumping at home, ask someone to rub your back
- Look at a picture of your baby
- Feel and smell the baby's blanket or piece of clothing
- Breathe slowly and deeply

4) How to use the pump

- Hand express some milk before starting to pump
- Center the nipple in pump flange
- If using an electric pump, start with the lowest pressure and increase until milk flows or sprays
- Continue until milk flow drops then switch sides
- If you have enough time, do each side twice to get the most milk
- If using the double pump, there is no need to switch sides. Double pumping should take 8-15 minutes

Using a breast pump should never hurt.
If you feel any pain, call your WIC office at

_____

Storing Breastmilk

Breastmilk is good stored in clean containers:

IF the milk is stored ...	THEN keep it as long as…
~in a cooler with 3 frozen icepacks	24 hours
~at room temperature (up to 78° F/25° C)	6-8 hours
~ in the refrigerator (39°F/4° C or lower)	5 days*
~in a freezer compartment inside a refrigerator	2 weeks
~in a self-contained freezer unit of a refrigerator	3-4 months
~in any freezer that keeps the milk at O° F	6 months or longer

***Most day care providers in Ohio will discard after 24 hours any breastmilk left at the day care center.**

- Always store in the back of the freezer away from the door
- If using disposable bags, double bag before freezing, then place in another ziplock type bag
- Date all stored breastmilk and use earliest date first

Helpful Hints

When is the best time to pump?

- Many mothers pump the most milk early in the morning
- Pump close to baby's nursing times
- Pump when you feel overfull
- Pump when you have 20-30 minutes free time. Working mothers can usually pump 3 times a day at work

How much milk do I put in a bottle or cup?

- Start with 1-3 ounces in each container
- Change the amount as you get to know how much your baby eats at a time
- A baby always gets more milk nursing than you will pumping

Can I put milk from several pumpings in one bottle or cup?

- Yes, but cool fresh pumped milk before adding it to cold or frozen milk.

How do I feed stored milk?

- Thaw milk overnight in the refrigerator or quickly in warm water
- Do not boil on the stove or use a microwave to warm or thaw milk
- Use thawed milk within 24 hours
- Refrigerate thawed milk if you do not use it right away

Breastfeed when you are with your baby to make sure you keep making a lot of milk.

Revised 2014

	A	B	C	D	E	F	G	H
1	**Quarterly Breastfeeding Peer Helper Activity Report**							
2	**WIC County Name:**							
3	**__Quarter FY____**	**Peer Helper Name and hours per week (one column for each peer)**						
4		Name (hrs)	Name (hrs)	Name (hrs)	Name (hrs)	Name (hrs)	Name (hrs)	**TOTAL**
5	**In WIC Clinic**							
6	# pregnant women seen							0
7	# breastfeeding women seen							0
8	# completed calls to pregnant women							0
9	# messages left to pregnant women							0
10	# calls from pregnant women							0
11	# completed calls to breastfeeding women							0
12	# message left for breastfeeding women							0
13	# calls from breastfeeding women							0
14	# times sat in wating area modeling BF							0
15	# bulletin boards designed/helped with							0
16	# times taught/assisted class or support group							0
17	**From Peer Home**							
18	# completed calls to pregnant women							0
19	# messages left to pregnant women							0
20	# calls from pregnant women							0
21	# completed calls to breastfeeding women							0
22	# message left for breastfeeding women							0
23	# calls from breastfeeding women							0
24	**Non Clinic/Peer Home settings**							
25	**# Home visits**							0
26	**# Hospital visits**							0
27	**# Other settings**							0
28	**BF Referrals**							
29	Unresolved Engorgement							0
30	Failure to Thrive							0
31	Baby health problems							0
32	Mother health problems							0
33	Continued poor milk supply							0
34	Alcohol, nicotine and illegal drug abuse							0
35	Premature infant with complications							0
36	Relactation and Induced lactation							0
37	Mastits, unresolved sore nipples							0
38	Pregnant and breastfeeding							0
39	Other:							0
40	**Total BF Referrals**	0	0	0	0	0	0	0
41	**Other Types of Referrals**							0
42	**# Manual or pedal pumps given out**							0
43	**# Electric pumps given out**							0
44	**# Peer program outreach activities**							0
45	**Supervisor Only**							
46	**# Times HP referred part. to a peer**							
47	**# Times peers met with other peers**							
48	**# WIC staff meetings peers attended**							
49	**# WIC staff meetings peers presented**							
50	**# Private meetings with supervisor**							0
51	**# Part. contacted by sup. for peer evaluation**							

Success Stories this Quarter								
Concerns/Barriers this Quarter								
Notes								

Release Form for Distribution of Breast Pump Ohio WIC Program

(This form may be kept in the participant's or infant's chart or a central file. A signed copy must be given to the participant.)

I understand that the Ohio WIC program is supplying me a breast pump to help me continue to provide breastmilk to my baby when I return to work or school or to help me provide my milk to my baby who is unable to nurse at the breast.

I agree to abide by the use agreement described below in order to receive a breast pump made available by the WIC program. I further understand that_____ (the WIC grantee agency), the state of Ohio, or _____ (individual) is not a dealer in this type of goods.

I further agree not to bring any claim against any agency or individual listed above, the state of Ohio, or any official or employee connected with this program for damages or expenses arising from my use of the breast pump.

Checklist

☐ Pump Survey initiated

Participant understands:

☐ How to hand express her milk
☐ How to assemble, use and clean the pump and kit
☐ How to store/warm milk

Participant was given: (as appropriate)

☐ Info on hand expression
☐ Written instructions or video
☐ Pump release form
☐ Pumping and Storing Breastmilk handout
☐ Tips for Returning to Work/School handout
☐ Employer Letter

Use Agreement

I agree to:

1. Use the pump and its parts as instructed and according to manufacturer's instructions;
2. Report any difficulty with the pump to WIC immediately;
3. Consult with my local WIC breastfeeding contact person **before** I stop breastfeeding (phone number of WIC breastfeeding contact person _____),
4. Pay a fully refundable deposit (on **loaned** pump) of $_____,
5. Return the **loaned** pump to WIC, when asked. If not returned upon request, I understand that it will be reported to the authorities as stolen and I may be asked to repay the program in the amount of $ _____.
6. **Because the _____ pump is a single-user pump not under warranty for use by more than one person, I agree not to give, loan or sell this pump**

(Participant signature)	Date
(WIC designated staff person signature)	Date

Participant Information: for WIC Clinic Use Only

WIC Clinc #			**Phone Contacts**
Mom's Name (print)		WIC ID #	**1st required by two weeks after issuance** Date_____ Staff Initials_____
Child's name (print)		WIC ID #	
Child's age in weeks	Message ph #	Cell Ph #	**2nd required by six weeks after issuance** Date_____ Staff Initials_____
Name/type of pump distributed			
If loaner pump, ODH/WIC ID#			
Reason issued (check one): ☐ work ☐ school ☐ sick baby ☐ sick mother ☐ other_____			
Mom breastfeeding exclusively at pump issuance? ☐ YES ☐ NO		Date loaned pump returned _____	

USING *Loving Support*® TO MANAGE
PEER COUNSELING
PROGRAMS

SAMPLE CONFIDENTIALITY STATEMENT
HANDLING OF WIC PARTICIPANT INFORMATION

Trust and confidence are needed for a successful program. This trust must be on all levels…between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and clients.

Clients share personal information in order to be served as WIC participants. This includes medical, financial, and personal information. At the same time, clients have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss client information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a client. This includes ensuring that client records and materials in your possession are not able to be viewed by anyone other than authorized WIC program employees either by access to files, or by observation due to careless record management.

AGREEMENT

I have carefully read the above Confidentiality Agreement and understand the confidential nature of all client information and records. I understand that it is my job to share client information *only* with staff involved in the case, and understand that I am prohibited by law from disclosing any such confidential information to any individuals other than authorized WIC Program employees and agencies with which the participant has given written permission to share information. I understand that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and subject to possible legal penalty.

_____

Name *(please print)*

_____ _____

Signature **Date**

_____ _____

Witness **Date**

SAMPLE JOB DESCRIPTION
WIC SENIOR BREASTFEEDING PEER COUNSELOR

Title: WIC SENIOR BREASTFEEDING PEER COUNSELOR

General Description:
A WIC Senior Breastfeeding Peer Counselor is a paraprofessional support person who provides both basic and more advanced breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers, and assists new peer counselors in their job.

Qualifications:
- Has breastfed at least one baby (does not have to be currently breastfeeding).
- Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.
- Has demonstrated expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor, or through additional lactation training and experience.
- Can work about 10-20 hours a week.
- Has a telephone, and is willing to make phone calls from home.
- Has reliable transportation.

Training
- Participates in all training programs of peer counselors, including attending formal training sessions, observing other peer counselors or lactation consultants helping mothers, and reading assigned books or materials about breastfeeding.
- Attends additional training conferences or workshops on breastfeeding as appropriate.
- Reads additional books and materials about breastfeeding as appropriate.

Supervision:
The senior peer counselor is supervised by the _____.

Duties:
The WIC Senior Breastfeeding Peer Counselor:
1. Attends breastfeeding training classes in lactation management.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.

5. Provides information and support for women in managing common maternal and infant breastfeeding problems that may occur.
6. Receives referrals from peer counselors and WIC clinic staff regarding more advanced level follow-up needed with new mothers.
7. Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
8. Respects each client by keeping her information strictly confidential.
9. Keeps accurate records of all contacts made with WIC clients.
10. Refers mothers, according to clinic-established protocols, to the:
    - WIC nutritionist or breastfeeding coordinator.
    - Lactation consultant.
    - The mother's physician or nurse.
    - Public health programs in the community.
    - Social service agencies.
11. Teaches prenatal classes and leads breastfeeding support groups.
12. Mentors new peer counselors through ongoing guidance, accepting referrals of mothers who need follow-up care, and reporting program information to supervisors.
13. Attends monthly staff meetings and breastfeeding conferences/workshops, as appropriate.
14. Reads assigned books and materials on breastfeeding provided by the supervisor.
15. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

_____ _____

WIC Senior Breastfeeding Peer Counselor Date

How would you respond to a mother who, despite your best efforts, decided to pursue a path different from what you have recommended? _____
_____
_____

How would you feel about going into someone's home? _____
_____

How do you feel about making and taking calls from your home? _____
_____

Time Schedule:
Are you working outside the home now? ☐Yes ☐No If yes: ☐Full Time ☐Part Time

If yes, what are your work hours? Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Transportation: ☐Own Car ☐ Ride Bus ☐ None

WIC Health Professional Guide to Support Normal Breastfeeding in the Birth Month

Breastfeeding priorities for WIC HP 1) Assess BF 2) Teach about normal BF techniques 3) Refer when indicated

Assess

Refer to column 3 for any "No" answer with an asterisk (*).

For Baby:

- Baby appears healthy and alert
- 5 wet & 3 bowel movements (BMs) each 24 hours by day 5 *
- Urine looks like clear water *
- BMs are yellow & seedy by day 5 *
- Baby nurses 8-12 times in 24 hrs.
- Baby has gained at least ½ oz /day *
- Back to birth weight (BW) by day 10 *
- Fists relax & open during a feed
- No formula supplements being offered

For Mom:

- Mom noticed milk production
- Mom says breastfeeding is pain free *
- Mom feels breasts soften after a feed

Teach

(use *How to Breastfeed* booklet & suggested materials)

Go over and/or teach:

- Positioning & latch–on (Four Steps to a Great Latch)
- No pacifier or bottles until 3 to 4 weeks of age
- Encourage Skin-to-Skin holding especially when feeding (Hold Me, Mom card)
- Feed baby on cue at least 8-12 times in 24 hours (Hunger Signs magnet)
- Discuss normal # & color of BMs and wet diapers per day (Diaper Diary)
- Listen for swallowing - normal suck-suck-swallow ratio
- Symptoms of & treatment for engorgement
- Hand expression

Refer

Generally, refer to BF Coordinator and/or consulting IBCLC if:

- < 3 BMs each 24 hrs by day 5
- Urine dark, scant & pungent
- BW not regained by day 10
- Sore nipples do not improve after positioning/latch instruction (✓within 48 hours)
- Weight loss from BW is ≥7%
- Mom's breasts do not respond to treatment for engorgement (✓within 48 hours)

Additionally, refer to Health Care Provider if:

- BMs are still dark colored & sticky by day 5
- Weight loss from BW is ≥ 10%
- No weight gain from BW by day 5
- Baby's skin and/or eyes look yellow

Ohio WIC 1/2010

Hispanic Breastfeeding Materials

Consejos para madres que amamantan y desean volver a la escuela

- Cuéntele a la enfermera de la escuela y al profesor del curso (*homeroom*), que quiere amamantar a su bebé, cuando regrese a la misma.

- Averigüe si su escuela ofrece atención infantil en sus recintos, para las madres estudiantes.

- Si cuentan con atención infantil en sus recintos, pregúnteles si puede amamantar a su bebé en los recreos entre clase y clase, y en la hora del almuerzo.

- Si no se ofrecen servicios de atención infantil, pregunte si puede bombear su leche tres o cuatro veces durante el día.

- Solicite que le permitan usar un cuarto privado y limpio (no el baño) para extraer la leche.

- Tenga consigo una foto de su bebé, una mantita o cualquier otro objeto que le recuerde a su hijito(a), mientras esté en la escuela. Eso podrá ayudar a que la leche baje cuando la extrae.

- Pregunte dónde puede conservar la leche. Si no tienen lugar para ello, puede utilizar el envase refrigerador que viene con su bomba mamaria.

- Congele un suministro de leche bombeada, unas dos semanas antes de volver a la escuela.

- Amamante a su bebé tan frecuentemente como pueda. Amamantar al bebé por las noches le ayudará a mantener el suministro de leche.

- Escoja un jueves o un viernes, como primer día de su regreso a clases. De este modo, tendrá el fin de semana para planificar mejor la siguiente semana.

- Consiga un grupo de apoyo o pregunte si puede iniciar uno en la escuela.

- Propóngase objetivos de amamantamiento; y amamante a su bebé tanto tiempo como usted y su bebé deseen.

Recuerde: muchas madres continúan amamantando a sus bebés, luego de regresar a la escuela.

¡Usted también puede hacerlo!

Consejos para madres que amamantan y vuelven a trabajar fuera de su hogar

- Antes de dar a luz, hable con su supervisor(a) acerca de su decisión de continuar amamantando a su bebé, cuando regrese a trabajar. Proporciónele información sobre los beneficios de amamantar a su bebé al empleador.
- Tome una licencia por maternidad lo más larga posible. Si puede costearlo, tome su licencia bajo el amparo de la Ley de Licencia Médica Familiar.
- Explore la posibilidad de regresar al trabajo por medio tiempo, o compartiéndolo con otro(a) empleado(a).
- Asegúrese de que su suministro de leche esté bien establecido antes de volver a trabajar. Por lo general, toma de tres a cuatro semanas establecer un suministro adecuado de leche.
- Procure conseguir un lugar donde pueda amamantar a su bebé, en caso de que alguien pueda llevárselo a su lugar de trabajo.
- Si puede, coloque al bebé en un centro de atención infantil cercano a su lugar de trabajo, y amamántelo durante sus recreos laborales y en la hora del almuerzo.
- Si no puede amamantar a su bebé durante el día, solicite que se le permita usar un espacio privado en el trabajo (de ser posible, no el baño de damas) para bombear la leche.
- Consiga un lugar seguro donde guardar la leche extraída. A falta de nevera donde conservarla, un refrigerador portátil con un paquete de hielo podrán mantenerla fresca.
- Haga arreglos con su empleador y sus compañeros de trabajo, a fin de que le permitan pasar más tiempo bombeando leche, si así lo necesita. Puede que necesite agregar cinco minutos a sus recreos de la mañana y de la tarde.
- Si le es imposible extraer y guardar su leche, puede amamantar a su bebé mientras esté con él, y pedirle a la proveedora de atención infantil que complemente la alimentación del bebé con un preparado especial (*formula supplement*), cuando usted no esté para amamantarlo.
- Comience a preparar un suministro de reserva de leche congelada, unas dos semanas antes de volver a trabajar.
- Escoja un jueves o un viernes, como primer día de su regreso al trabajo. De este modo, tendrá el fin de semana para descansar y hasta para cambiar de planes, si así lo necesitara.

Recuerde: muchas madres continúan amamantando a sus bebés, luego de regresar a sus trabajos.

¡Usted también puede hacerlo!

Para bombear y guardar la leche materna

Aun separada de su bebé por poco o mucho tiempo, usted puede lactarlo con leche materna. Esta guía le ayudará a lograrlo.

Pasos fáciles para bombear la leche materna

1) Lávese bien las manos y aliste todo lo que va a necesitar.

    - Una bomba mamaria eléctrica o manual, o un recipiente de boca ancha si va a extraer la leche a mano.
    - Botellas de plástico duro o de vidrio, o bolsitas plásticas desechables especiales para guardar leche.

2) Verifique que el equipo esté limpio.

    - Si está sucio, lávelo con agua jabonosa caliente, enjuáguelo bien y déjelo secar al aire.
    - Limpie todo al finalizar el bombeo y esterilice el equipo una vez al día, conforme a las direcciones del fabricante.

3) Póngase cómoda y trate algo de esto para relajarse:

    - Masajee sus pechos.
    - Ponga música relajante.
    - Si bombea sus pechos en casa, pídale a alguien que mientras tanto, le friccione la espalda.
    - Mire una foto de su bebé.
    - Toque y huela alguna mantita o alguna ropita de su bebé.
    - Respire despacio y profundamente.

4) Cómo utilizar la bomba mamaria.

    - Extraiga algo de leche manualmente, antes de empezar a utilizar la bomba mamaria.
    - Centre el pezón dentro del reborde de la bomba.
    - Si utiliza una bomba eléctrica, comience con menos presión y auméntela gradualmente hasta que la leche fluya o se esparza.
    - Siga hasta que la leche gotee; luego, cambie de lado.
    - Si tiene tiempo suficiente, bombee cada lado dos veces, para obtener más leche.
    - Si usa la bomba doble, no hay necesidad de cambiar de lado. El bombeo doble debería tomar entre ocho y quince minutos.

El uso de la bomba mamaria nunca debería lastimarla. Si siente cualquier tipo de dolor, llame a la oficina de WIC, al _____.

Esta es una institución que ofrece igualdad de oportunidades.

(Véase al dorso)

Para guardar la leche materna

La leche materna se conserva bien en recipientes <u>limpios</u>.

SI la leche se guarda...	**GUÁRDELA tanto como...**
…en una hielera con tres bolsas de hielo	24 horas.
... a temperatura ambiente (hasta a 78º F/25º C)	6-8 horas.
... en la nevera (39º F/4º C o menos)	5 días*.
... en el compartimento del congelador, <u>dentro</u> de la nevera	2 semanas.
... en una unidad congeladora <u>independiente</u> de la nevera	3-4 meses.
... en cualquier congelador que mantenga la leche a 0^{o} F	6 meses o más.

*** La mayoría de los proveedores de atención diurna de Ohio desecharán después de 24 horas, cualquier leche materna que se haya dejado en el centro de atención diurna.**

- Siempre guarde la leche en el fondo del congelador, lejos de la puerta.
- Si utiliza bolsas desechables, utilice <u>dos</u> para la leche que va a congelar, y luego, coloque el paquete así preparado, dentro de otra bolsita del tipo de las Ziplock.
- Indique la fecha en todos los recipientes o bolsas que contengan leche materna, y utilice primero las fechas más tempranas (las que colocó antes en el congelador o la nevera).

Consejos útiles

<u>¿Cuándo es el mejor momento para bombear la leche materna?</u>

- Muchas madres suelen bombear más leche por la mañana temprano.
- Bombee la leche cerca de la hora en que debe alimentar a su bebé.
- Cuando sienta los pechos demasiado llenos.
- Cuando tenga veinte o treinta (20 ó 30) minutos libres. Las madres que trabajan suelen bombear la leche unas tres veces al día, en el trabajo.

<u>¿Cuánta leche debo servir en un biberón o en una taza?</u>

- Comience con una a tres onzas en cada recipiente.
- Cambie la cantidad, a medida que vea cuánta necesita tomar su bebé, cada vez que lo alimenta.
- La criatura siempre obtiene más leche cuando mama, que la que usted saca por bombeo.

<u>¿Puedo poner leche de varios bombeos en un solo biberón o en una misma taza?</u>

Sí, pero enfríe la leche recién bombeada antes de añadirla a la leche fría o congelada.

<u>¿Cómo debo alistar la leche guardada en la nevera o en el congelador?</u>

- Descongele la leche, colocándola en la nevera durante la noche o, rápidamente, en agua tibia.
- No la hierva sobre la cocina ni utilice un horno microonda para entibiarla o descongelarla.
- Utilice la leche descongelada dentro de un plazo de 24 horas.
- Coloque en la nevera la leche descongelada que no utilice de inmediato.
-

<u>Para asegurarse de continuar produciendo leche abundante, amamante a su bebé cuando esté con él</u>.

¿Por qué tengo que aprender la extracción manual?

Toda nueva madre debería saber cómo extraer la leche de los senos, manualmente.

Las madres que prefieren no amamantar a sus bebés, pueden necesitar aún más de la extracción manual; pues su bebé no está tomando la leche que naturalmente viene, tras su nacimiento.

Utilice la extracción manual para:

- suavizar sus pechos, a fin de que la criaturita pueda aferrarse a ellos más fácilmente;
- aliviar la hinchazón dolorosa y la abundancia de leche;
- recoger leche para utilizarla después;
- tratar un conducto mamario colocado en su pecho;
- vaciar el pecho de la leche que debe tirarse cuando se consumen ciertos medicamentos; y
- aliviar cualquier otra sensación de llenura en los pechos.

¿Qué equipo voy a necesitar para esto?

Se utiliza menos equipo para extraer la leche manualmente, que para cualquier otra manera de recogerla.

- Todo lo que necesita son sus manos y un recipiente de boca ancha.
- La extracción manual es silenciosa, y puede hacerse en cualquier lugar privado.
- No requiere de electricidad.
- Algunas madres consiguen sacar más leche con la extracción manual, que con la bomba mamaria.

¿Cómo debo hacerlo?

1. Lávese bien las manos y el recipiente que va a usar.
2. Tenga en cuenta que va a demorarse tanto como cuando amamanta a su bebé.
3. Encuentre un sitio calmo e íntimo, donde pueda sentarse cómodamente, y coloque el recipiente sobre una mesa o un mostrador.
4. Mire la fotografía de su bebé, o huela su mantita o alguna otra ropita suya, para relajarse mejor.

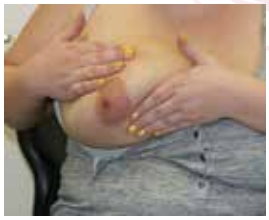
Véase al dorso

Extracción Manual

La extracción manual puede ser usada para aliviar la preción, para ayudar a que el bebé se prenda del pezón y para recoger la leche, envés de usar una bomba extractora.

Cómo extraer con sus manos:

1. Sientese e inclinese hacia el frente.
2. Gentilmente dese un masaje en los senos.



3. Ponga su dedo pulgar y otros dedos una pulgada de lejos de la aréola en forma de la letra C.

4. Precione hacia **atrás** y gentilmente y con firmeza apriete junto. Relaje y repita. **No** espere ver leche enseguida.

5. Mantenga sus dedos en forma C y rote (dele vuelta) a su mano alrededor de su seno.

6. Para recoger leche, extraiga manualmente cada seno por 10-15 minutos, o hasta que la leche fluja suavemente. Use un envase limpio.

Revised 2014

Nutrition Education

ASSESSING THE PARENT – INFANT RELATIONSHIP: OBSERVABLE RISK FACTORS

HOLDING: Support a parent gives to the infant in arms and the way the infant molds while being held.
Importance: When held securely, infant feels safe and supported. Leads to trust and interest in primary attachment figure.

Risk indicators: Parent holds infant:	Infant:
1. away from body	1. resists holding , arches away
2. awkwardly or stifling	2. does not relax, pulls away often
3. tightly and prolonged, so as to constrain movement	3. clings unceasingly

LOOKING: Eye-to-face contact between parent and infant that is initiated, sustained, and is purposeful.
Importance: Looking increases feelings of care, pride, wonder, enchantment and love.

Risk indicators: Parent's looks at infant are:	Infant:
1. absent	1. always looks away
2. rare or fleeting	2. rarely searches for parent's face or looks with fleeting glances
3. prolonged or with riveted quality	3. seems riveted to parent's face for prolonged periods.

TALKING/
VOCALIZING: Communication and response between parent and infant.
Importance: Talking increases interest, enjoyment and playful exchanges that is basic to appropriate interaction.

Risk indicators: Parent:	Infant:
1. never speaks to infant	1. never vocalizes, is always quiet
2. rarely coos, murmurs or uses words	2. rarely coos, babbles or whimpers
3. vocalizations are too intense and constant	3. cries intensely, uncontrollably for prolonged periods

TOUCHING: The effort to initiate and sustain skin-to-skin contact.
Importance: Touching suggests warmth, care, affection, strength, presence and gentleness.

Risk indicators: Parent:	Infant:
1. never reaches toward or touches infant	1. never reaches for or touches parent
2. rarely or only fleetingly touches infant	2. rarely touches parent
3. when close, is always touching infant	3. is constantly touching or clinging to parent

EMOTION: The state that characterizes the parent's or infant's behavior during observation.
Importance: Expression of emotion provides infant with powerful first message about how the caregiving environment is to be experienced.

Risk indicators: Parent is:	Infant is:
1. always intensely anquished and fearful	1. always intensely anquished and fearful
2. frequently irritable and fearful	2. frequently irritable and fearful
3. mostly bland or constricted in expressions	3. mostly bland or constricted in expressions
4. has constant, fixed smile and contented appearance	4. has constant, fixed smile and contented appearance

Merrill-Palmer Institute
Wayne State University
Deborah Weatherston
Kathleen Baltman
Adapted from Massie-Campbel Scale (1982)

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* Indicates references with information regarding telephone “buddy” support.

1/26/99

BULLETIN BOARD EVALUATION

Topic:
Date evaluated:

Criteria	Acceptable	Unacceptable	Comments
Is the theme of the bulletin board clear?	☐	☐	
Are examples used to promote behavior change?	☐	☐	
Is there an evaluation method?	☐	☐	
Is the bulletin board appropriate for the intended audience? (Including appropriate, 6-8th grade, literacy level)	☐	☐	
Is only one idea presented with no more than three supporting points?	☐	☐	
Is the bulletin board relevant to at least one participant category?	☐	☐	
Does the bulletin board convey a positive message? Use an active voice?	☐	☐	
Is the information current? (not more than four years old)	☐	☐	
Does the layout balance white space with words and illustrations?	☐	☐	

Comments:

Ohio WIC Bulletin Board Tool Kit

Bulletin Boards are a great way to:

- Provide information,
- Meet participants' nutrition education requirements,
- Promote public health messages,
- Reinforce a topic,
- Reach visual learners,
- Publicize an event,
- Allow staff to be creative, and
- Decorate a lobby, waiting area or office.

Content

There are two types of bulletin boards. Promotional give general information or announce an event. Educational give participants specific nutrition information and can fulfill nutrition education requirements.

For Every Bulletin Board

Consider your audience. Think about their:

- age,
- education,
- socioeconomic status, and
- ethnic background.

Just like a class,

- The theme of the board should be instantly clear to viewers.
- Focus on a single topic with no more than three supporting points.
- Topics must be relevant to at least one category of WIC participants. Topics pertaining to more than one category are encouraged.
- Graphics should reflect favorable images of a diverse population.
- Content should be culturally appropriate.
- Target a 6-8th grade reading level.
- Use a positive and active voice in writing text.
- Information must be accurate and up to date.
- Change the board frequently.

Promotional Bulletin Boards

No evaluation is required for bulletin boards containing non-nutritional public health information (ex. car seats, safety, toilet training, etc.) or announce an event. These bulletin boards cannot be used to fulfill participants' nutrition education requirements.

Educational Bulletin Boards

- Include need-to-know information instead of nice-to-know

The board **must contain**:

-**Measurable objectives**- what should the participant/guardian know after viewing the board?

-Content or *short statements* that tell a participant/guardian how to use the message to make behavioral changes in their life

-Practice activities, when appropriate or *statements* that ask the participant/guardian to decide upon and make one desired behavioral change, or questions that ask the participant/guardian to do an activity at home

-Evaluation method or *questions* that ask a participant/guardian: What did you learn from this board? Or, what can you try at home now that you read this information? Evaluation methods include:

1. Question and Answer or True/False
2. A participant initiated or written goal
3. An activity (write a snack you could give to your child)

BULLETIN BOARD EVALUATION

Topic:
Date evaluated:

Criteria	Acceptable	Unacceptable	Comments
Is the theme of the bulletin board clear?	☐	☐	
Are examples used to promote behavior change?	☐	☐	
Is there an evaluation method?	☐	☐	
Is the bulletin board appropriate for the intended audience? (Including appropriate, 6-8th grade, literacy level)	☐	☐	
Is only one idea presented with no more than three supporting points?	☐	☐	
Is the bulletin board relevant to at least one participant category?	☐	☐	
Does the bulletin board convey a positive message? Use an active voice?	☐	☐	
Is the information current? (not more than four years old)	☐	☐	
Does the layout balance white space with words and illustrations?	☐	☐	

Comments:

Layout

- Every board should have a noticeable title introducing the topic. The title should be short, simple, and identify the display.
- Make letters large enough to read.
- Consider ease of viewing. Is the bulletin board accessible to the client?
- Make use of the space. There should be enough on the board to make it interesting and enough margin and blank space to let the viewer's eyes concentrate on the message.
- Borders, pictures, etc. can grab the viewer's attention. They should contribute to the board's main message without overpowering it.
- Topics must be relevant to at least one category of WIC participants. Topics pertaining to more than one category are encouraged.

Design

- Color combinations with high contrast between the background and letters are easier to read and can be viewed from greater distances
- Backgrounds and lettering can come from many materials. Some ideas:

  Background: butcher paper, construction paper, newspaper, material, wrapping paper, fabric

  Lettering: pre-made, purchased at a teaching store or enlarged from a template

    Cut from felt, foil, cork, fabric, styrofoam, or construction paper

    Drawn directly on the background using markers, crayons, or chalk

    Computer generated

- Using a border can give the board a finished look.
- Three-dimensional objects and varying textures make the bulletin board more interesting. Try things like plastic flowers, food boxes, artificial fruit, etc.
- Try interactive bulletin boards. Use pockets and flaps to hide answers to questions displayed on the board.
- Experiment with portable bulletin boards.

Ideas to Get Started

Make a miniature kite soaring across your bulletin board and write “Set Your Sights High” to encourage good prenatal care of nutrition information.

Use catchy, familiar phrases and symbols: "Put on Your Thinking Cap", "Make My Day", "The Sky’s the Limit", or "Breastfeeding: It’s a Good Thing!"

Use traffic signs to list the "signs of developmental readiness" for starting solids.

Use a toy train to illustrate "getting on the right track" toward good nutrition.

Courtesy of the California WIC program

General Tips

- Make use of seasons and observances. For example, in January - National Birth Defects Awareness month, in February – Give Kids A Smile Day, in March - National Nutrition Month. More examples can be found at the National Health Observance web site: www.healthfinder.gov/nho/default.aspx
- Attach a manila envelope or staple a paper pocket to hold handouts.
- Make use of teaching stores bulletin board decorations and supplies.
- Laminating bulletin board materials makes them easily reusable. Place the parts of the bulletin board in an envelope for reuse.
- Use overhead transparencies to enlarge pictures and letters. Pictures can be found on the internet, in coloring books, or in bulletin board books.
- Use local high school art students or preschool children to help create and decorate bulletin boards.
- Consider including newspaper articles, comics, photos from WIC events, and other items of interest.
    - Remember to solicit participant consent for photographs.
    - Check if any copyrights apply.
- The internet has many free bulletin board ideas and printouts.

1. Team Nutrition web page/type “bulletin board” in the search box

   http://healthymeals.nal.usda.gov

2. The WIC Bulletin Board Exchange includes ideas for decorating and posting nutrition and health-related bulletin boards in WIC agencies. The ideas have been collected from WIC staff and include photos, when available. (part of the WIC WORKS website)

   http://riley.nal.usda.gov/wicworks/bulletinboard/BBSearch.php

3. My Pyramid web page has educator ideas and graphics that can be used

   www.mypyramid.gov

COUNSELING TIPS

All participants are scheduled for appropriate midcertification nutrition education appointments. The following list covers suggested topics to address with each category of WIC participant. All subject areas do not have to be addressed at each appointment. The health professional should use her discretion when determining the subject matter covered during the counseling session.

Pregnant Participants

- Ask about any problems during pregnancy and discuss the most pertinent.
- Check weight gain and discuss concerns.
- Review meals away from home (fast foods).
- Review the five food groups as illustrated in the food pyramid.
- Review use of caffeinated beverages.
- Review problems associated with substance abuse.
- Promote breastfeeding by addressing concerns and providing basic breastfeeding management information as outlined in the Infant Feeding and Breastfeeding Support policies for the Ohio Department of Health (OOH) WIC and CFHS Programs.

Breastfeeding Participants

- Determine if there are any problems with breastfeeding.
- Review the necessary frequency and duration of breastfeeding sessions.
- Give mother information about how to tell if the baby is getting enough breastmilk.
- Discuss growth spurts and the need for increased nursing to increase milk supply. Reassure mother that this is a temporary situation.
- Encourage exclusive nursing for 4-6 months, but help mother to incorporate breastfeeding into her lifestyle as appropriate.
- Support mother in the fulfillment of her breastfeeding plans.
- Review the five food groups as illustrated in the food pyramid. Emphasize that all new mothers need to eat well. A perfect diet is not necessary for breastfeeding success.
- Encourage physical rest needed by all new mothers.
- Review use of caffeinated beverages.
- Review problems associated with substance abuse.
- Refer to a breastfeeding support group.

Postpartum Non-breastfeeding Participants

- Check weight.
- Discuss weight loss techniques, if indicated.
- Review meals away from home (fast foods).

- Review the five food groups as illustrated in the food pyramid.
- Emphasize need for all new mothers to remain healthy by eating properly and getting adequate rest.
- Review use of caffeinated beverages.
- Review problems associated with substance abuse.
- Refer to family planning services.

Infant Participants 0-6 months of age

- Teach safe expressed breastmilk/formula preparation.
- If infant is not breastfed, discuss reasons for use of iron-fortified formula only through the first year.
- Teach appropriate bottlefeeding techniques,i.e., always hold the baby to feed, do not prop the bottle.
- Discuss ways to avoid Baby Bottle Tooth Decay, i.e., put only water in night time bottles.
- Delay solids until 4-6 months as recommended by the American Academy of Pediatrics.
- Teach introduction of solids: one type at a time and solids by spoon only.

Infant participants 6-12 months of age

- Teach preparation of own baby foods.
- If commercial baby food is used, discuss purchasing types with no fillers, sugars, or salt added; no meat dinners, baby puddings or desserts.
- Delay introduction of meats and egg yolk until 8 months of age. Delay introduction of whole eggs until 12 months of age.
- Discuss introduction of finger foods. Discuss foods that can easily cause choking.
- Teach cup use.
- Teach dental hygiene techniques.

Child Participants 1-5 years of age

- Review five food groups as illustrated in the food pyramid, emphasizing Vitamin A and Vitamin C rich foods.
- Discuss meal timings -3 meals + 2-3 nutritious snacks per day.
- Recommend eating meals together as a family bonding activity.
- Weigh child and teach appropriate portion sizes if child is either underweight or overweight or at discretion of the health professional.
- Discuss common eating problems. Teach the caregiver to be responsible for providing healthy food choices, but the child is responsible for how much she eats.

Evaluation Tool for Educational Materials

Title:

Producer/Publisher Date:

Address:

Cost: _____ (each); _____ per _____ (bulk price) Date (of price) _____

Format

☐single sheet ☐newsletter ☐poster; size_____
☐pamphlet ☐audio/visual ☐bulletin board
☐booklet ☐other:_____
☐camera-ready, reproducible

Target Audience

☐not clearly identified ☐caregiver of infant/child ☐professional
☐prenatal ☐preschool child ☐paraprofessional
☐breastfeeding ☐adolescent
☐postpartum ☐adult, general

Language Availability

☐English ☐Arabic ☐Vietnamese ☐Laotian ☐Hmong
☐Spanish ☐Chinese ☐Cambodian ☐Other:_____

Assess Reading Level

Grade reading level: _____
(Use attached Worksheet for SMOG.)

Key Concept or Message:

Strengths:

Weaknesses:

Recommended for Use: Yes No

Evaluator Name:_____ Date Reviewed:_____

Continued on backside

	Excellent	Acceptable	Unacceptable	Comments
CONTENT				
Accurate, scientifically valid				
"Need to know" information is stressed				
Concurs with the Ohio WIC Policy and Procedures				
Contains an early identified, clear message				
The material presents "how to" information				
STYLE				
Appropriate length for the target population				
Appropriate reading level for the target population				
Free of ethnic/gender stereotyping				
Written in an active voice				
Organized and follows a logical sequence				
DESIGN				
Unique/interesting, will gain and hold attention of viewer				
Pleasing colors, sound				
High quality artwork, paper, typeset, etc.				
Illustrations convey a message and are relevant				

For Printed Materials

☐Bold or italic rather than all caps are used to give emphasis
☐Headers are simple and close to the text
☐Uppercase letters are used only where grammatically needed
☐Type and styles of print are easy-to-read
☐Type size and style is appropriate for the age and/or reading level of target audience
☐Layout balances white space with words and illustrations
☐Fonts are consistent throughout the document
☐Words are used with their literal meaning, not in an ironic or joking manner.

WORKSHEET

SMOG (Simple Measure of Gobbledegook) **Readability Test Formula**

Readability Tests help you determine the grade level at which your material is written. This test will also help you develop materials for certain age groups. The Readability Test alone will not help you predict how well your target audience will interpret and understand the message you are trying to convey. The following information about the SMOG test will give you practice in determining the reading level of your material.

Longer Passages

Perhaps the quickest way to administer the SMOG test is by using the SMOG conversion table. Simply count the number of words with three or more syllables in a chain of 30 sentences in your draft. The sentences should be in groups of ten: ten sentences near the beginning, ten from the middle and ten from the end. Then look up the approximate grade level on Table I. The SMOG formula can predict the grade level difficulty of a passage within 1.5 grades in 68 percent of the passages.

Shorter Passages

Sometimes it may be necessary to assess the readability of a passage of less than 30 sentences.

You can still use the SMOG formula to obtain an approximate grade level by using a conversion number from Table 2 and then using Table I to find the grade level.

First count the number of sentences in your material and the words with the three or more syllables. In the bottom row of Table 2, locate the number of sentences, and locate the conversion number in the top row.

Multiply the word count found earlier by the conversion number. Use the number in Table I to obtain the corresponding grade level.

For example, suppose your material consisted of 15 sentences and you counted 12 words of three or more syllables in this material. Proceed as *follows:*

1. In the Table 2, bottom row, locate the number of sentences in your material. For your material, the number is 15.
2. Opposite 15 in the top row, table 2, find the conversion number. The conversion number for 15 is 2.0.
3. Multiply your word count of 12 by 2 to get 24.
4. Now look at Table I to find the grade level. For a word count of 24, the grade level is 8.

Table I
SMOG Conversion Table*

Total Polysyllabic Word Counts	0-2	3-6	7-12	13-20	21-30	31-42	43-56	57-72	73-90	91-110	111-132	133-156	157-182	183-210	211-240
Approximate Grade Level (+ 1.5 Grades)	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Table 2
SMOG Conversion for Samples With Fewer Than 30 Sentences

Conversion #	1.03	1.07	1.1	1.15	1.2	1.25	1.3	1.36	1.43	1.5	1.58	1.67	1.76	1.87	2.0	2.14	2.3	2.5	2.7	3.0
Number of Sentences In Sample Material	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10

* Developed by Harold C. McGraw

INDIVIDUAL MODULE FORMAT

1. Format module to be ONLY 1-2 pages in length (8 ½ X 11 paper).

2. Plan for the actual module to be taken home with the participant or guardian. (This includes the evaluation portion of the module).

3. Plan for the module to be produced by the State WIC office as a reproducible master. (Local projects can choose to use colored paper, etc).

4. Check literacy level. Target a 6-8th grade reading level.

5. Use attractive and appropriate pictures.

6. Address ONE KEY MESSAGE (objective); NO MORE than 3 supporting points per module.

7. Make the key message **BOLD**, LARGER PRINT, s p a c e d, or differentiated in some manner from the rest of the module text.

8. Provide a coloring sheet for 2-5 year old children, as appropriate to the topic, for each module. For example, no coloring sheet needed for topics addressing pregnancy.

9. Plan the module so that it takes 5-10 minutes for a participant to complete.

10. Include an evaluation with the module. The evaluation may be :

    1) Question and Answer or True/False,
    2) a participant initiated or written goal, or
    3) an activity (Write a snack you could give to your child).

11. Use culturally sensitive pictures/terminology.

12. Use a positive and active voice in writing text.

13. Use adults/teens as the target audience.

14. Test the developed module with at least 5 participants at the local clinic for feedback.

Module C Algorithm:
Feeding Skills

Which best describes how you provide food to your child?

- I decide how much or what my child should eat.
- I provide a selection of food and my child decides how much or what he or she should eat

Great! It is good you do this, as letting your child pick how much and what foods to eat results in healthy growth and development. Have you been doing this over the past few months?

YES **NOT ALWAYS**

M

Congratulations! You are helping your child grow and develop in a healthy way. Here are some ideas to help you keep letting your child choose how to eat:

- Plan for fun food activities
- Stay away from using food as a reward
- Get your child involved in preparing meals
- Involve the family in eating together and making meals fun

Exit Survey

A

It is good that you are trying to help your child develop his or her own eating habits. The following can help turn this into a regular habit:

- Offer new foods to your child
- Offer different types of foods
- Pick healthy foods that your child likes
- Get your kids involved!
- Be a role model to your kids
- Let your child choose what foods to put on the plate

Exit Survey

Many parents choose how much and what their children should eat. This is not always good, though, because we tend to either feed our children too much or not enough and at times when they aren't always hungry. Are you interested in learning how to let your child decide how much and what to eat?

YES **NO**

Wonderful! Letting children decide on what and how much to eat helps them grow and develop normally. Are you ready to start doing this soon?

YES **NO**

P

Good for you! You have taken a big step for your child's health. Here are some tips on how you can start letting your child decide on what and how much to eat:

- Be a good role model
- Make mealtime fun
- Learn more about what foods provide for healthy growth
- Start small and add new ideas one at a time
- Congratulate yourself and your family for healthy eating
- Ask people you trust how to get started
- Any age child can do this!

NEXT

Are you ***now*** ready to start letting your child choose how much and what to eat?

YES **NO**

Checklist of why not

Exit Survey

C

It is good you are interested in letting your child make eating choices. What is holding you back from starting this today?

- I do not have the time or patience
- My child is a picky eater
- My child won't eat enough unless I do it for him or her
- Everyone around us eats the way we do
- My child eats the way I learned to eat as a child
- I just don't know how to do this
- My child is not old enough to do this

NEXT

Do you now believe you could ***soon*** start letting your child choose how much and what to eat?

YES **NO**

Checklist of why not

Exit Survey

PC

Many people find it hard to let their children make decisions about eating choices. Did you know that letting children make choices about eating will help them build confidence, learn how to eat only when hungry, grow at a healthy rate, *and* can help reduce childhood obesity, diabetes, and other problems? Why aren't you interested in learning how to let your child make eating choices?

- It's the way I learned to eat as a child
- There is never enough time to do what is needed to make this happen
- My child doesn't know how to do this
- I'm not sure what foods allow for "healthy growth"
- I've tried this before and it just doesn't work
- I don't know how to do this
- My child isn't old enough to do this

NEXT

Are you ***now*** more interested in letting your child make his or her own eating choices?

YES

I'M NOT SURE IF I'M READ

Checklist of why not

Exit Survey

Module D Algorithm: Feeding Environment Skills

Which best describes your mealtime?

- We usually eat while watching TV or some other activity
- It seems like someone is usually on the telephone when we eat
- We don't really eat together as a family
- We usually eat a s a family at the table
- Our dog seems to have his own chair at the table!
- I don't allow our mealtimes to be interrupted by the TV, phone, or other distractions

Great! It is good you do this, as eating together and reducing distractions during mealtimes helps children learn good eating habits. Have you been doing this over the past few months?

YES

M

Congratulations! You are helping your child learn habits for growing and developing in a healthy way. Here are some ideas to help you keep a positive eating environment:

- Plan for fun food activities
- Stay away from using food as a reward
- Get your child involved in preparing meals
- Involve the family in eating together and making meals fun
- Share family stories at mealtimes

Exit Survey

NOT ALWAYS

A

It is good that you are willing to help your child learn good eating habits. The following can help turn this into a regular habit:

- Move the distractions, like the telephone, away from the table
- Only use the table for eating meals
- Don't let pets sit around the table during mealtimes
- Get your child involved!
- Be a role model to your child
- Set a time for when meals are to be served

Exit Survey

Many parents find it difficult to create an eating environment that focuses on the family. Distractions like TV, telephones, pets, and the like take away from a child's ability to pick healthy food choices. Are you interested in learning how you can change the way in which your family eats meals?

YES

Wonderful! Creating a focused eating environment helps children grow and develop normally. Are you ready to start doing this soon?

YES

P

Good for you! You have taken a big step for your child's health. Here are some tips on how you can start focusing on eating together and reducing external distractions:

- Be a good role model
- Make mealtimes fun
- Find out from your family members when the best time is for meals to take place
- Unplug the phone and TV during mealtimes
- Start small and congratulate your family on eating together
- Ask people you trust how to get started
- Offer regular meals and snacks

NEXT

Are you ***now*** ready to start eating together without external distractions?

YES

NO

Checklist of why not

Exit Survey

NO

C

It is good you are interested in setting up a positive eating environment. What is holding you back from starting this today?

- I do not have the time or patience
- Mealtimes are stressful
- My family has different schedules
- Everyone around us eats the way we do
- My child eats the way I learned to eat as a child
- I just don't know how to do this
- No one in my family will support me with this

NEXT

Do you now believe you could ***soon*** start making changes in your child's eating environment?

YES

NO

Checklist of why not

Exit Survey

NO

PC

Many people find it hard to change eating and feeding habits. Did you know that a child who eats with the family without other distractions is more likely to grow and development normally? Why aren't you interested in learning how to make these changes?

- It's the way I learned to eat as a child
- There is never enough time to do what is needed to make this happen
- Everyone in the family is on a different schedule
- I have no control!
- I've tried this before and it just doesn't work
- I don't know how to do this
- My child isn't old enough to do this

NEXT

Are you ***now*** more interested in changing the setting in which your child eats?

YES

I'M NOT SURE IF I'M READ

Checklist of why not

Exit Survey

NON-WIC MIDCERTIFICATION NUTRITION EDUCATION AUTHORIZATION

Name of program:_____

Address of program:_____

Phone number of program:_____

Contact person:_____

****

What does the program do?

Who does the program serve?

Describe the program's nutrition component.

How often is the nutrition component offered?

Who provides the program's nutrition component?

Signature of local
agency staff: _____ Date:_____

Signature of WIC staff reviewer:_____ Date:_____

NON-WIC MIDCERTIFICATION NUTRITION EDUCATION
CERTIFICATE OF ATTENDANCE

To be filled out by the WIC health professional:

Name of WIC participant:_____

Certification Date/Base Date: _____

WIC health professional signature: _____ Date _____

****

To be filled out by local non-WIC agency staff:

Name, location, and phone number of the agency providing the education:

_____

_____

_____

Class Title or Topic of Discussion_____

_____

Signature of agency staff:_____

Date:_____

****

To the WIC participant:

To get credit for this nutrition education and to continue to receive WIC foods, complete this form and take it to the WIC clinic by the following date: _____.

Ohio Department of Health
Policy on Infant Feeding

Purpose:
The Ohio Department of Health (ODH) is committed to promoting optimal health and safety for all Ohio infants and to reducing infant mortality. ODH recognizes its leadership role in establishing standards for policies and practices that promote healthy behaviors among its employees, programs, subgrantees, and other state agencies for what ODH believes to be in the best interest of Ohio citizens. The purpose of this policy is to establish a consistent infant feeding message across all department programs and activities that work in Maternal and Infant Health Programs.

Policy:
The Ohio Department of Health, in alignment with the American Academy of Pediatrics, recommends exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant. [i] The Ohio Department of Health recognizes that there are rare individual and/or family circumstances in which breastfeeding must be limited or is contraindicated.

Procedures:
1. ODH subgrantees working in Maternal and Infant Health Programs shall adopt the ODH Infant Feeding Policy or similar written infant feeding policy that is communicated to all staff.

2. ODH staff and subgrantees working in Maternal and Infant Health Programs will be provided breastfeeding support training on a yearly basis.

3. ODH programs and subgrantees working in Maternal and Infant Health will maintain an up-to-date list of local breastfeeding educational and supportive resources.

4. ODH programs and subgrantees working in Maternal and Infant Health will include breastfeeding supportive messages in all applicable activities and publications.

5. ODH will form an ad hoc committee consisting of ODH staff working in all program areas to support and monitor breastfeeding activities on an agency wide basis.

6. ODH programs and subgrantees will not advertise the use of term infant formula.

7. ODH program and subgrantee materials should avoid images of infants being formula fed (bottle fed) unless the materials are designed specifically to address bottle feeding or other special infant feeding circumstances (e.g., safe bottle feeding, bottle feeding like a breast-fed baby, G tube feeding).

8. ODH recommends that infant feeding messages be delivered in culturally appropriate methods to reach diverse populations; and that messages must be linguistically suitable for various literacy levels. We understand that the method of delivery may vary, but the recommendations will remain the same.

9. ODH recognizes that the majority of infant feeding messages are directed at healthy newborns. For infants with special health care needs the messaging may need to be adapted to meet the needs of these infants and mothers. It is important for mothers of infants with special health care needs to consult their healthcare professionals for feeding guidance and recommendations.

Background:
Breastfed infants experience immunological and nutritional benefits that infants who are not breastfed do not receive. Benefits of breastfeeding include: improved developmental and psychosocial outcomes, increased mother/infant bonding, reduced health care costs, less environmental waste and reduced infant mortality. Breastfeeding is linked to decreased risk of Sudden Infant Death Syndrome (SIDS), necrotizing enterocolitis (NEC), ear infections, GI infections, celiac disease, inflammatory bowel disease, obesity, diabetes, childhood leukemia and lymphoma, and better neurodevelopmental outcomes.

Numerous professional and public health organizations support breastfeeding and the use of human milk as the preferred method of providing infant nutrition and promoting infant health. Organizations showing their support include: the American Academy of Pediatrics; American College of Obstetricians and Gynecologists; American Academy of Family Physicians; American College of Nurse-Midwives; Academy of Nutrition and Dietetics; US Department of Health and Human Services; National Center for Chronic Disease Prevention and Health Promotion; United States Breastfeeding Committee; International Lactation Consultant Association; Academy of Breastfeeding Medicine; World Health Organization; Neonatal Nurse Practitioner; Association of Women's Health, Obstetric and Neonatal Nurses; and the National Association of Pediatric Nurse Practitioners. [ii]

Yet, according to the Centers for Disease Control and Prevention (CDC), only 64.7% of white, non-Hispanic mothers, 61.3% of Hispanic mothers, and 54.1% of black, non-Hispanic mothers initiated breastfeeding in Ohio. By six months post-partum, only 34.2% of Hispanic mothers, 33.4% of white, non-Hispanic mothers, and 23.4% of black, non-Hispanic mothers are breastfeeding in Ohio. By 12 months, 15.3% of Hispanic mothers, 14.7% of white, non-Hispanic mothers, 9.5% of black, non-Hispanic mothers are breastfeeding. Improving breastfeeding initiation and duration rates among all demographic groups can help to reduce infant morbidity and mortality. [iii]

The most common barriers to breastfeeding experienced by nursing mothers include: lack of knowledge, social support, and support from health care providers as well as lack of availability or awareness of breastfeeding support programs, child care or work constraints and embarrassment. [iv] Addressing these barriers at the community and policy level can help individual mothers achieve their own breastfeeding goals and can improve population health by increasing babies that breastfeed for the recommended length of time.

In the 2011 *Call to Action to Support Breastfeeding*, the Surgeon General called for a society-wide approach to support mothers and babies who are breastfeeding. Previous recommendations from the Surgeon General include: improving professional education in human lactation and breastfeeding; developing public education and promotional efforts, strengthening the support for breastfeeding in the health care system, developing a broad range of support services in the community, initiating a national breastfeeding promotion effort directed to women who work, and expanding research on human lactation and breastfeeding. Shifting this norm for Ohioans will require involvement of mothers and their families, communities, employers, businesses, health care and public health programs. [iv]

The Ohio Department of Health programs should aim to establish breastfeeding as the cultural norm for Ohio infants. It is the right of every baby to have the opportunity to breastfeed or receive human milk. In the American Academy of Pediatrics 2011 expanded policy statement *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment* breastfeeding is recommended as a protective factor against SIDS since breastfeeding and the use of human milk reduces the risk of SIDS. [i] Location of feeding is also referenced. Infants may be brought into the bed for feeding or comforting but should be returned to their own crib or bassinet when the parent is ready to return to sleep. Because of the extremely high risk of SIDS and suffocation on couches and armchairs, infants should not be fed on a couch or armchair when there is a high risk that the parent might fall asleep.

Regardless of milk source or feeding methods, babies should be held while being fed and held often when not being fed. [vi] Breastfeeding and the use of human milk also reduces the risk of SIDS. [i]

References:

[i] American Academy of Pediatrics. (2012). Breastfeeding and the Use of Human Milk, *Pediatrics*, 129 (3), e827-e841. Retrieved from http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html

[ii] U.S. Department of Health and Human Services. (2000). *HHS Blueprint for Action on Breastfeeding*. Washington D.C: U.S. Department of Health and Human Services, Office of Women's Health. Retrieved from: http://www.womenshealth.gov/archive/breastfeeding/programs/blueprints/bluprntbk2.pdf

[iii] Scanlon, K. S., Grummer-Strawn, L., Li, R., Chen, J., Molinari, N., Perrine, C. G. Racial and Ethnic Differences in Breastfeeding Initiation and Duration, by State --- National Immunization Survey, United States, 2004—2008, *Morbidity and Mortality Weekly Report*, 59(11);327-334. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5911a2.htm

[iv] U.S. Department of Health and Human Services. (2011). *The Surgeon General's Call to Action to Support Breastfeeding.* Washington, D.C.: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from: http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf

[v] Australian Breastfeeding Association. (2012). Position Statement on Breastfeeding. Retrieved October 17, 2012, from: https://www.breastfeeding.asn.au/aboutaba/positionstatement

[vi] American Academy of Pediatrics. (2011). SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment, *Pediatrics*, 128 (5), 1030-1039. Retrieved from http://pediatrics.aappublications.org/content/128/5/1030.full.pdf+html?sid=e488fc34-715b-4fb8-a433-40600375ef59

Ohio Department of Health
Policy on Infant Safe Sleep

Purpose:

The Ohio Department of Health (ODH) is committed to promoting optimal health and safety for all Ohio infants and to reducing infant mortality. ODH recognizes its leadership role in establishing standards for policies and practices that promote healthy behaviors among its employees, programs, subgrantees, and other state agencies for what ODH believes to be in the best interest of Ohio's citizens. The purpose of this policy is to establish a consistent infant safe sleep message across all department programs and activities.

Policy:

In all activities and publications, ODH programs and subgrantees shall adhere to the infant safe sleep standards as endorsed by the American Academy of Pediatrics (AAP) in their Task Force on Sudden Infant Death Syndrome's report, *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment,* released in October, 2011. [i]

Procedures:

1. ODH programs, subgrantees and contractors must adopt this ODH Infant Safe Sleep policy which shall be routinely communicated to all staff.

2. While it is not possible to guarantee complete prevention of sleep-related deaths, ODH shall urge parents and caregivers to follow these recommendations as the most effective way to reduce the risk of sleep-related infant death.
   - Place infants for sleep wholly on the back for every sleep, nap time and night time.
   - Use a firm sleep surface. A firm crib mattress with a tight-fitting sheet in a safety-approved crib is the recommended surface.
   - Room-sharing without bedsharing is recommended. The infant's crib should be in the parents' bedroom, close to the parents' bed.
   - Keep soft objects, loose bedding and bumper pads out of the crib.
   - Offer a pacifier at sleep time after breastfeeding has been established.
   - Avoid overheating by excessive clothing, bundling or room temperature.
   - Avoid commercial devices such as wedges, positioners and monitors marketed to reduce the risk of SIDS. None have been proven safe or effective.
   - Encourage supervised "tummy time" when infant is awake to avoid flat spots on the back of the infant's head and to strengthen the upper torso and neck.
   - Breastfeeding is recommended. ODH and the AAP recommend exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.[ii] ODH recognizes that in individual circumstances breastfeeding may be contraindicated or must be limited. Mothers of children with special health care needs should follow recommendations of their health care provider.
   - All infants should be immunized in accordance with AAP and Centers for Disease Control and Prevention recommendations.
   - Pregnant women should receive regular prenatal care.
   - Do not smoke during pregnancy. Avoid exposure of infants and pregnant women to secondhand smoke.
   - Not a single drop of alcohol or illicit drugs should be consumed during pregnancy. Continue to avoid alcohol and illicit drugs after the infant's birth.

3. ODH recommends that safe sleep messages must be delivered in culturally appropriate methods to reach diverse populations; and that messages must be linguistically suitable for various literacy levels and sensitive to family history of infant death. The policy shall be that the method of delivery may vary, but the recommendations will remain the same. Under no circumstances shall ODH programs indicate that it is acceptable to share a sleep surface with an infant; to place an infant on his or her stomach or side to sleep; or to use any other sleep surface besides a safety-approved crib or bassinet. Mothers of children with special health care needs should follow recommendations of their health care providers.

4. All publications shall adhere to the safe sleep image guidelines as established by First Candle in August, 2009.[iii] Using appropriate images will reinforce the safe sleep messages ODH provides.
   - Infants should be shown sleeping or being put to sleep on their backs.
   - Infants should be shown sleeping in a crib that meets current safety standards, play yard or similar safe, but separate sleep environment (not with an adult or on an adult bed, sofa, chair, or other unsafe place).
   - Infants should not be shown sleeping in car seats, infant carriers, swings, slings or other similar products.
   - Infants should not be shown sleeping in positioners or on wedges.
   - Where possible, photos should demonstrate room sharing for infants under 6 months of age, by showing the infant's separate, safe sleep area in the room beside the adult bed.
   - Photos should not show soft or loose items such as blankets, quilts, bumper pads, pillows or stuffed animals in the infant's sleep space.
   - If possible, infants should be dressed in a wearable blanket or other sleeper instead of loose blankets.
   - Do not show infants sharing a sleep space. Even multiples should each have their own crib.
   - Consider showing a pacifier with a sleeping infant greater than one month of age.
   - The infant's sleep space should be shown a safe distance away from windows. If a window shade is shown, the cord should not be in close proximity to or within reach of the infant.
   - The crib mattress height should be shown at the lowest level for infants who appear to be able to pull or stand up.
   - Crib gyms or mobiles should not be used in photos of infants who appear to be five months of age and older.

Background:

Sleep-related infant deaths are those which happen suddenly and unexpectedly in a sleep environment. The causes include sudden infant death syndrome (SIDS), accidental suffocation, positional asphyxia, overlay, and undetermined causes. The distinction between the causes of these sleep-related deaths is challenging and many risk factors are similar. [iv]

Sleep-related deaths are the leading cause of death between one month and one year of age. In 2010 more than three Ohio infant deaths each week were sleep-related. Infant sleep-related deaths outnumber deaths of children of all ages (0-17 years) from vehicular crashes.

According to the Ohio Child Fatality Review for 2010 deaths, more than half of the sleep-related deaths likely could have been prevented by placing the baby on his/her back in a safe sleep environment. Sixty percent of the deaths occurred in beds not intended for infants, on couches or on chairs. Sixty-two percent occurred when the infant was sharing a sleep surface with another person. Forty-two percent of the infants had been exposed to tobacco smoke either in utero or after birth. The AAP recommendations for safe infant sleeping environments address these and other important risk factors.

References:

[i] Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment, *Pediatrics*, October, 2011. www.pediatrics.org/cgi/doi/10.1542/peds.2011-2284.

[ii] Breastfeeding and the Use of Human Milk, *Pediatrics*, February, 2012. http://pediatrics.aappublications.org/content/129/3/e827.full.html.

[iii] Safe Sleep Saves Lives! Image Guidelines, First Candle, August, 2009. www.firstcandle.org/?s=safe+sleep+image+guidelines.

[iv] Ohio Department of Health, *Ohio Child Fatality Review Twelfth Annual Report*. September, 2012. http://www.odh.ohio.gov/odhprograms/cfhs/cfr/cfrrept.aspx.

Ohio WIC Program High-Risk Policy
Quick Reference

Health professionals may use this form as a quick reference for determining if a participant meets high-risk parameters and follow-up requirements.

Risk Code/Category/Criteria	Wkly/Monthly LD, RN F/U	Midcert. & Recert. LD, RN F/U	Major points	Referral *Mandatory	Documentation
(10 & 13) (P) < 18.5 BMI and not gaining rec. amounts	4-6 wk intervals until wt. gain WNL	Every 3 mo. when wt. gain WNL F/U monthly if wt gain below normal limits	wt ✓, dietary habit info., caloric intake, link between wt. gain & birth wt.	***Initially:** MD (HEA 4427) **F/U:** at HP discretion	Mark HR block, counseling, concerns, referrals, appts. not kept, reschedule attempts, telephone counseling and other non-WIC HP documentation
(13 & 46) (P) Smokes 20 cigs/day **and** < 18.5 BMI	4-6 wk intervals until wt. gain WNL	Every 3 mo. when wt. gain WNL F/U monthly if wt. gain below normal limits	wt. ✓, dietary habit info., caloric intake, enc. stop smoking, link between smoking, wt. gain & birth wt.	**Initially:** stop smoking program ***F/U:** MD, if wt. gain < 1#/ wk. (HEA 4427)	**Same**
(14 & 46) (B dyad) Smokes 20 cigs /day **and** PP wt. or current wt. is < 18.5 BMI	**Infant:** encourage wkly. wt. ✓ until wt. gain WNL	Every 3 mo. when mother & infant wt. gain WNL	wt. ✓, dietary habit info.,↓ breastmilk with ↑ smoking, enc. stop smoking, smoke **after** nursing not right before	**Mother:** Stop smoking program ***Infant:** if wt gain **<4 oz. /wk** refer **immediately** to primary care provider (HEA 4427)	**Same**
(20) (P) (I) (C) Hct ≤ 30.0% Hgb ≤ 10.0 gm./l00 ml.		Every 3 mo. (see policy for exceptions)	✓Hct/Hgb, dietary habit info.,take supplements, Vit. C foods, link between ↓ iron and growth, ✓lead intake	***Initially:** MD (HEA 4427) lead testing if indicated **F/U:** MD again if values not WNL (see exception)	**Same**
(20) (B) (N) Hct≤ 33.0% Hgb ≤ 11.0 gm./l00 ml.		Every 3 mo. (see policy for exceptions)	✓Hct/Hgb, dietary habit info., take supplements, Vit. C foods, how to maintain milk supply, ✓lead intake, adequate milk supply	***Initially:** MD (HEA 4427) lead testing if indicated **F/U:** MD again if values not WNL (see exception)	**Same**

Risk Code/Category/Criteria	Wkly/Monthly LD, RN F/U	Midcert. & Recert. LD, RN F/U	Major points	Referral *Mandatory	Documentation
(40) (P) Women ≤ 15 yrs. at the time of conception	within 6 wks after cert if living cond. are a concern or ↑ nutrn. concerns	Every 3 mo.	wt. ✓, dietary habit information, evaluate living conditions	Appropriate service agencies that are available in the community	Mark HR block, counseling, concerns, referrals, appts. not kept, reschedule attempts, telephone counseling and other non-WIC HP documentation
(40) (B dyad) (N) Women ≤ 15 yrs. at the time of conception for most recent pregnancy	within 6 wks after cert if living cond. are a concern or ↑ nutrn. Concerns **Infant:** enc. wkly wt. ✓	Every 3 months	wt. ✓, dietary habit info., milk supply, evaluate living conditions,	**Mother:** BF support, appropriate service agencies ***Infant:** if wt. not > BW at 2-3 wks. refer **immediately** to primary care provider (HEA 4427)	**Same**
(44) (P) Gestational diabetes	Health professional discretion	Every 3 mo.	wt. ✓, dietary habit info., diet as it relates to condition, ✓special product use, reinforce nutrition plan	Specialist RD/LD or other health care provider as needed	**Same**
(47 or 48) (P) Any alcohol use (ETOH) **or** illegal drug use or misuse of prescription drugs	Within 6 wks. of cert./ then monthly, if wt. gain abnormal.	Every 3 mo. when wt. gain WNL F/U monthly if wt gain below normal limits	Ask about current ETOH/drug use, wt. ✓, dietary habit information, encourage participation in referral programs	*MD and/or ETOH/drug abuse programs (HEA 4427)	**Same**
(47 or 48) (B , N) Current illegal drug use or misuse of prescription drugs **or** 3 oz liquor, or 2 cans beer or 10 oz of wine every day **or** binge drinking **or** heavy drinking	Monthly if wt. is less than 18.5 BMI **Infant:** Enc. wkly wt. ✓	Every 3 mo. when wt. gain WNL	Ask about current ETOH/drug use, wt. ✓, dietary habit info., ✓milk supply, pump & dump during heavy use, rec. BF cease if drug use continues, family planning needs, encourage participation in referral programs	*MD and/or ETOH/drug abuse programs (HEA 4427) ***Infant:** if wt. not > BW at 2-3 wks. refer **immediately** to primary care provider (HEA 4427)	**Same**

Risk Code/Category/Criteria	Wkly/Monthly LD, RN F/U	Midcert. & Recert. LD, RN F/U	Major points	Referral *Mandatory	Documentation
(50 & 51) (I) Preterm (≤37 wks gestation) **and** Birth weight ≤ 2500 gm or 5-lbs.8 oz.		Every 3 mo D/C wt. ✓ if diet & growth WNL	wt. ✓, dietary habit info., adequate caloric intake, formula prep.	Pediatrician if growth negative or erratic IBCLC, as needed	**Same**
(54) (C) Children ≥ 24 mos. and less than 5 yrs. old and ≥ 95th % BMI or wt. for stature		Every 3 mo.	Dietary habit info., healthy snack & food choices, physical activity level, caregiver chooses food, child chooses how much, healthy kids come in all shapes	*MD (HEA 4427) private practice RD, LD for wt. mgmt. plan	**Same**
(56) (I) (C) FTT or inadequate rate of wt. gain		Every 3 mo.	wt. ✓, dietary habit info., assess that special formula being used correctly, reinforce nutrition plan	Specialist RD/LD or other health care provider as diagnosis indicates Breastfed infants to IBCLC or CLC	**Same**

Risk Code/Category/Criteria	Wkly/Monthly LD, RN F/U	Midcert. & Recert. LD, RN F/U	Major points	Referral *Mandatory	Documentation
(74) (B) (I) Complications or potential complications of BF	**Mother:** Wkly. until milk supply OK. & BF problem resolved (can be phone F/U, **IF** infant wt. gain WNL) **Infant:** Encourage wkly wt. ✓	D/C midcert growth ✓ when growth & diet WNL	**Mother:** ✓BF issues, comfort tech., latch-on, how to ↑ milk supply, caloric needs for nursing multiples, how to supplement if indicated **Infant:** wt. ✓(4oz /wk), # nursings/day, # wet & dirty diapers/day, effective milk removal, supplemental feedings as appropriate, reinforce other HP objectives	***Initially:** Trained WIC staff ***F/U:** IBCLC, MD, pediatrician (HEA 4427) ***Infant:** if wt. not > BW at 2-3 wks. refer **immediately** to IBCLC and primary care provider (HEA 4427)	Mark HR block, counseling, concerns, referrals, appts. not kept, reschedule attempts, telephone counseling and other non-WIC HP documentation
(91 or 93) (P), (B), (N), (I), (C) Inborn Errors of Metabolism or Medical condition that affects nutrient intake or utilization	**BF Infant:** Encourage wkly wt. ✓	Every 3 mo.	dietary habit info., review formula prep., reinforce dietary objectives P,B, N = ✓ weight status I/C = ✓growth	Metabolic service provider (if not seeing one yet) or other care providers as needed ***BF Infant:** if wt. not > BW at 2-3 wks. refer **immediately** to primary care provider (HEA 4427)	**Same**

POLICY ON

HOME VISITING PROGRAMS

Ohio Department of Health

Division of Family and Community Health Services

Updated January, 2003

ACKNOWLEDGEMENTS

This project was made possible due to the persistence and creative contributions of the members of the Division of Family and Community Health Services Home Visiting Workgroup:

Bureau of Community Health Services and Systems Development, Ruth Shrock **(Workgroup Chair)**

Bureau for Children with Medical Handicaps, Judith Asmus

Bureau of Child and Family Health Services, Olga Alvarez-Ott, Jo Bouchard, and Diana Deyo

Bureau of Community Health Services and Systems Development, Deborah Stokes

Bureau of Early Intervention Services, Debbie Cheatham and Barbara Weinberg

Bureau of Nutrition Services, Trish Kazacos

Other Reviewers:

Cindy Oser, Bureau of Early Intervention Services
Judith D'Amico, Ohio Family and Children First Initiative State Team
Will McHugh, Ohio Department of Health

A special thanks to Will McHugh and his committee for laying the ground work for this project in the report, **Home-Visiting for At-Risk Families: Family Perspectives and Ohio's Service Delivery System** (1995).

Updated January 2003, by:

Bureau for Children with Medical Handicaps, Kathy Bachmann

Bureau of Early Intervention Services, Debbie Cheatham

Bureau of Child and Family Health Services, Lori Deacon

POLICY ON HOME VISITING PROGRAMS: SUMMARY

Home visiting, as used in this policy, is defined as a strategy for service delivery. "Home visiting" does not refer to a specific program, service or funding stream; it is not a specific, uniformly defined service. Home visiting strategy is used throughout public health to provide services to many different populations and to achieve many different goals: counseling, service coordination, outreach, education, referrals, linkage to services, mentoring, providing health services, family support and advocacy for clients. Research demonstrates that home visiting can have very positive effects on the health and safety of families and children when systematically planned, implemented, and evaluated.

This document is intended to guide the development of policies for the home visiting programs and services supported by or developed through the Ohio Department of Health.

In addition to the principle that home visiting programs, by definition, are family centered, the following elements are essential components of any home visiting program.

Home visiting programs:

1. are family centered, culturally competent, sensitive to the unique characteristics and circumstances of their clients, and based on mutual trust and partnerships among service providers, individuals and families;

2. are planned and implemented based on a community needs assessment and analysis of existing resources;

3. have clear, measurable, and feasible goals, objectives, and activities;

4. have an evaluation component;

5. have a well-trained, dedicated, valued staff that are administratively supervised and supported; and,

6. are coordinated with other services needed by the client and are delivered by a written plan of action based on needs, concerns, and desires of the family.

POLICY ON HOME VISITING PROGRAM

Each of the essential components of home visiting programs are outlined below with a statement of the component, a brief rationale, and some points to consider. These components can be used as a guide for developing or evaluating home visiting programs.

1. Home visiting programs are family centered, culturally competent, sensitive to the unique characteristics and circumstances of their clients, and based on mutual trust and partnerships among service providers, individuals and families.

Rationale: When individual participants and families are part of the decision-making process, the results are more satisfying.

Some Points to Consider: Becoming Family-Centered:

A. The individual and family's needs and desires are considered.

- Family centered care is consumer-driven. With input from the home visitor, families determine all aspects of service delivery and resource provision.
- Input on services should be obtained from the community and the families to be served.

B. Services are focused on supporting the individual and family.

- Professionals are seen as the agents and instruments of families, and intervene in ways that maximally promote family decision-making, capabilities, and competencies.
- Intervention practices are almost entirely strength- and competency-based. Provision of resources and supports aim primarily to build the family's capacity to establish both informal and formal networks of resources.

C. Home visitors understand, acknowledge and respect cultural differences among participants, between home visitors and participants; and, between participants and health/social service system.

- Staff and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.
- Cultural competence is a process, not a destination. Culturally competent systems of care do not ask families to accommodate their beliefs, attitudes and behaviors to the dominant culture, but ensure that the system adapts to help the families feel at home in the program except where cultural norms may cause harm. Use positive, persistent outreach efforts to build family trust.

D. Home visiting services are designed to be flexible in intensity and duration.

- Home visiting services should be offered intensively in the beginning, with well-defined criteria for increasing or decreasing intensity and/or duration. The commitment to services should be as long term as needed.

E. Home visiting services are offered voluntarily and are confidential.

- Services should never be forced upon a family.
- Appropriate consent for sharing of information with other agencies must always be obtained.

2. Home visiting programs are planned and implemented based on a community needs assessment and analysis of existing resources.

Rationale: Home visiting services must not duplicate other such services in the community. Families do not appreciate or develop trust when they have multiple home visitors. Duplicative services also are not cost effective. Community assessment as well as the family's desire for home visiting should help to determine if and when services should take place in the home.

Some Points to Consider:

A. The needs and resource assessment should include the following elements:

- Documentation of current problems/needs/resources based on local data.
- Determination of what services are currently available and where they are located.
- Determination of services that are not presently available.
- Documentation of reasons for lack of access to existing services.
- Determination of what needs realistically can be met by the proposed home visiting service.

3. Home visiting programs have clear, measurable, and feasible goals, objectives, and activities.

Rationale: In order to conduct an evaluation, goals and objectives and activities need to be determined prior to implementation of the home visiting program.

Some Points to Consider:

A. What is the purpose or function of the home visiting program?

Home visiting is one strategy for service delivery; it is not a single, specific, uniformly defined

service. Home visiting is used to serve many different populations and to achieve many different goals, including counseling, service coordination, outreach, education, referrals, linkage to services, mentoring, and advocacy for clients. Home visiting programs can have positive effects for many families and children. Successful programs require careful planning and attention to the needs and circumstances of participating families, as well as training, continuing support, and supervision for home visiting staff.

The purpose of the home visiting program could include:

- Outreach. The purpose of outreach activities is to extend community services to a wider segment of the population. Outreach consists of techniques to promote and advertise a program or services. The role of outreach staff is to find, recruit and enroll clients in the program.
- Service provision or intervention (e.g. providing a service in the home versus the school, agency, or office).
- Support or mentoring.
- Care or service coordination. Service coordination is the process of assisting families or individuals to access needed services, eliminate barriers and to ensure continuity throughout all phases of service delivery. This process involves coordination among multiple service providers, maximizes the use of existing resources and is tailored to meet the unique circumstances of each individual or family.
- Information and referral to other agencies – including follow-up to assure that the individual or family is receiving the service.
- Education. (e.g., home-based Head Start, parenting instruction, instruction to home-bound pupils).
- Multiple purposes: a combination of the above.

B. What is the target population and demographics for the home visiting program? Such as:

- All pregnant women or those in defined neighborhoods or census tracks?
- All high-risk pregnant women? (What are the risk criteria?)
- All newborns and their mothers?
- All families with children of preschool age in a defined census tract?
- Breastfeeding women?
- Infants and toddlers at risk for or with developmental disabilities?

C. What are the expected outcomes and how will they be measured by providers and families?

- Does the program expect to impact morbidity/mortality or to change behaviors such as utilization of prenatal care?
- Does the program expect standardized data collection or reporting?
- Are the goals realistic given the time between intervention and outcome?
- Are the objectives measurable?
- Have the goals been mutually set?

D. Home visitors should be chosen based on the overall purpose of the program. For example:

- Paraprofessionals
- Licensed or certified health professionals such as nurses or dietitians
- Community Care Coordinators[1] and lay community workers
- Social service professionals
- Licensed or certified child educators

4. Home visiting programs have an evaluation component.

Rationale: Evaluation and monitoring are essential program components. Careful systematic evaluation helps determine if the program is being implemented as planned and if it is reaching the target population. Evaluation also measures program outcomes against pre-set criteria. The results of program evaluation form the basis for short and long term planning and provide timely information to funders, administrators, legislators, and health service providers.

Some Points to Consider:

- What is the proposed impact of the project?
- What outcomes will be measured? What is realistic?
- What processes will be measured; e. g., frequency and duration of visits, effect of varying case loads, nature of staff support, home visitor credentials, client's risks and needs, the intent of the home visit.
- What are the costs/cost benefits of the program?
- Are the clients satisfied with services received?

5. Home visiting programs have a well-trained, dedicated, valued staff who are administratively supervised and supported.

Rationale: Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as: cultural competency, substance abuse, reporting child abuse, domestic violence, drug exposed infants, and services in their community. They should also have supervisors with whom to discuss cases and to seek guidance

[1] *The Community Care Coordinator (CCC) is a trained advocate from the targeted community who empowers individuals to access community resources through education, outreach, home visits, and referrals. The CCC helps recognize potential problems to prevent poor health outcomes.*

for problems. Service providers should also receive specialized training in the areas related to the target population e.g. basic health care, prenatal care and child development.

Some Points to Consider:

A. Home visitors should be selected according to desired outcomes and objectives of the program. Job descriptions, supervision and specific responsibilities reflect program purpose and function. Home visitors also should be selected because of their personal characteristics (i.e., non-judgmental, compassionate, able to establish a trusting relationship)

- Do they have the right mix of basic health, wellness and social skills appropriate for the needs of the families they serve?
- Do they represent the cultural and linguistic backgrounds of the population to be served or demonstrate the ability to serve them?

B. Home visitors must have on-going training, supervision, and support.

- Service providers should receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations so that they are making a difference and in order to avoid stress-related burnout.
- All home visitors, whether professional, lay or Community Care Coordinators must be oriented to program purpose and function. Continuous in-service training is crucial.
- Community Care Coordinators, lay, and paraprofessional home visitors should have relationships with professional staff that promote partnerships and mentoring.
- Supervisors need to be available and accessible for consultation to home visitors.
- Home visitors need support to maintain consistent, quality services.
- Home visitors should have opportunities to obtain support from peer home visitors and supervisors.
- Home visitors should be provided appropriate clerical support for paperwork and appointments.

C. Caseloads must be limited and determined by the purpose of the program and population served. Excessive caseloads reduce quality of service and produce staff burnout and turnover, which can increase costs. Appropriate caseloads vary greatly with the intensity of the services provided. If caseloads are too high, home visitors will be unlikely to provide individualized service.

6. Home visiting services are based on needs, concerns, and desires of the family and are coordinated with other services needed by the client and are delivered by a written plan of action (such as a nursing care plan, an Individualized Family Service Plan, or a treatment plan).

Rationale: There must be a systemic process for assessing the comprehensive needs of the family and developing a plan for services. The determination of services needed by the family should be guided by this systematic process that includes a standardized tool to identify needs and plan for services.

Some Points to Consider:

A. What services are needed/desired by the client/family?

Examples of services could include: primary or specialty medical care, child care, social services, housing, transportation, education, nutrition and job services.

B. Is there a written plan of action?

Home visitors should develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress; and ways to work with the family more effectively.

For families receiving other services, there ideally should be only one plan of action. The home visiting plan should not be a separate plan, but should be incorporated into existing plans, such as an Individualized Family Service Plan (IFSP) for infants and toddlers with or at risk of developmental delays or disabilities, an Individualized Education Plan (IEP) for children receiving public school special education services, or other plan for one or more family members.

C. Who should be involved in or provide coordination for the plan?

One person should be chosen by the family to coordinate services. There may be many different people or agencies involved in providing the services included in the plan**.** The role of the individual chosen to coordinate services is to collaborate with other service providers and the family to develop, review, and evaluate the plan, and to make sure the plan is carried out as written.

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POST INTERVIEW SELF ASSESSMENT CHECK LIST

Use this check list to identify your interviewing strengths and weaknesses. Did you:

Arrange the interview setting for privacy and comfort?

Have necessary supplies on hand?

Review participant's WIC record and, if available, the participant's medical record?

Determine focus and objective of interview?

Introduce yourself and tell participant approximately how long the interview would last?

Explain the purpose of the interview to the participant? Converse with the participant for a few minutes before beginning to fill out forms?

Collect missing health information and clarify pertinent health information in medical records?

Inquire about participant's knowledge and perception of diet- related health problems?

Ask a minimum number of Yes/No questions?

Remain nonjudgmental about information obtained?

Not ask questions that implied the correct/incorrect answer?

Allow sufficient time for the participant to respond to questions?

Reword questions, when necessary, to clarify responses?

Respond to participant's concerns and interests but keep the interview on track?

Minimize interruptions?

Ask questions that were specifically appropriate for this participant based on health risk factors and cultural/ financial/social factors?

Provide need-to-know information rather than nice-to-know information?

Determine participant's understanding of the problem and the options available to resolve the situation?

Involve the participant in the decision making process?

Professional Journals and Newsletters

Birth - Published four times per year by Blackwell Science, Inc., subscription rate of $160/year.

Write to: Blackwell Science, Inc.
Commerce Place, 350 Main Street
Malden, MA 02148-5018

Breastfeeding Abstracts - Published four times per year by La Leche League International, subscription rate of $12.00/year.

Write to: La Leche League International
Post Office Box 1209
Franklin Park, IL 60131-8209

Environmental Nutrition - Published monthly by Environmental Nutrition Inc., subscription rate of $30/year.

Write to: Environmental Nutrition
P.O. Box 420451
Palm Coast, FL 32142-0451

Journal of the American Dietetic Association - Published monthly by the American Dietetic Association, subscription rate of $125/year.

Write to: The American Dietetic Association
216 W. Jackson Blvd.
Chicago, IL 60606-6995

Journal of Human Lactation - Published quarterly by the International Lactation Consultant Association, subscription rate of $260/year.

Write to: Publisher at Subscription Department
Human Sciences Press, Inc.
233 Spring Street
New York, NY 10013-1578

Journal of Nutrition Education - Published bimonthly by the Society for Nutrition Education, subscription rate of $119/year.

Write to: Decker Periodicals
4 Hughson Street South, 4th Floor
Hamilton, Ontario Canada L8N321

Journal of Pediatrics - Published monthly by Mosby, subscription rate of $127/year.

Write to: Mosby
11830 Westline Industrial Drive
St. Louis, MO 63146

Nutrition Action - Published ten times per year the by Center for Science in the Public Interest, subscription rate of $24/year.

Write to: Center for Science in the Public Interest
1875 Connecticut Avenue, N.W.,
Suite 300
Washington, D.C. 20009-5728

Nutrition Week - Published weekly by the Community Nutrition Institute, subscription rate of $85/year.

Write to: Community Nutrition Institute
910 17th. Street, N.W.
Suite 413
Washington, D.C. 20006

Pediatrics - Published monthly by the American Academy of Pediatrics, subscription rate of $120/year.

Write to: American Academy of Pediatrics
141 Northwest Point blvd.
Elk Grove Village, IL 60007-1098

Tufts University
Diet & Nutrition Letter - Published monthly by Tufts University Diet and Nutrition Letter, subscription rate of $24/year.

Write to: Tufts University Diet and Nutrition Letter
53 Park Place
New York, NY 10007

University of California
at Berkeley Wellness Letter - Published monthly by Healthletter Assoc., subscription rate of $28/year.

Write to: Healthletter Assoc.
632 Broadway
New York, NY 10012-2614

3/21/2000

SAMPLE

Lesson Evaluation Form – Participant

Project # _____

1. The video I saw today was: _____

   _____

2. I am: (you may circle more than 1)

   a. pregnant
   b. breastfeeding
   c. parent of an infant
   d. parent of a child
   e. family or friend

3. How much did you like the video?

   a. alot
   b. a little
   c. did not like

4. Do you plan to use the ideas from the lesson at home?

   a. alot
   b. a little
   c. not very much

5. Do you think this is a good video to show at WIC?

   a. yes
   b. no

   why? _____

   _____

6. What is the most useful thing you learned from the video and lesson today? _____

_____

_____

COMMENTS:

SAMPLE

Lesson Evaluation Form – Staff

Project # _____

Month/Year of lesson use: _____

1. Was the audiovisual easy to see and hear?

   a. yes b. no

2. Was the lesson easy to read and follow?

   a. yes b. no

3. Were participants able to correctly answer the post-test questions?

   a. yes b. no

   if no, which question? _____

4. Was participant feedback:

   a. positive
   b. negative
   c. indifferent

5. Do you plan to use this audiovisual/lesson again?

   a. yes b. no

   comment: _____

   _____

6. What changes would you suggest for improving the lesson?

_____

_____

7. What changes could you suggest for improving the audiovisual?

_____

_____

PLEASE WRITE ANY COMMENTS ON BACK OF THIS PAGE

Sample Lesson Plan Format

Developed by _____
Approved by _____
Date _____
Project _____

TOPIC:

TARGETED AUDIENCE:

LENGTH OF PRESENTATION:

1. Objective/Expected Outcome **(Required):**
   Participant will be able to

2. Content (Need to know information) **(Required):**

3. Practice Activities **(Optional):**

4. Teaching Methods and Materials **(Required):**

5. Evaluation Methods **(Required):**

Sample Lesson Plan Format

Developed by State WIC
Date 9/2003
Project_____

TOPIC: Grow Strong Bones and Muscle

TARGETED AUDIENCE: Children 2-5; Caregivers

LENGTH OF PRESENTATION: 25 minutes

1. Objective/Expected Outcome**:**

   Participant/Caregiver and or child will name one reason it is important to be active every day.

2. Content (Need to know information)**:**

   Movement and activity are as important for bone growth as calcium rich foods. Dairy products like milk, cheese and yogurt are good sources of calcium and vitamin D. Both calcium and vitamin D are used by our bodies to build bone. Activity is calcium's partner in the bone-building business. Activities like walking, running, jumping and hopping are called "weight-bearing" exercises. These activities help our bodies build strong bones. As a bonus, these kinds of activities help develop muscle, and strong muscles help keep our bones strong. This is true for children and adults.

   I'll bet some of you are thinking, "I am so busy. Where will I find time to exercise with my child?!" Right? (Wait for some response.) That is a good point. We are all very busy. But studies show that children watch an average of 3 hours of TV a day. You and your children may watch more or less than that, but don't you agree taking out 30 minutes to do a fun activity like walking or dancing together would be a lot more

entertaining than some of the current sitcoms? (Allow time for responses. Respond as appropriate. You might ask if anyone would like to share something they enjoy doing with their children.) *(Transition into the activity.)*

3. Practice Activities**:**

Tapping, tapping, tapping toes activity - *Sing to the tune of Twinkle, Twinkle Little Star*

Tapping, tapping, tapping toes.
Up and down my little foot goes.
I can tap it here or there.
I can tap it everywhere.
Tapping, tapping, tapping toes.
Up and down my little foot goes.

Marching, marching, marching feet.
Listen to the marching beat.
I stand tall and march along.
As I sing this marching song.
Marching, marching, marching feet.
Listen to the marching beat.

Teach participant's the song and then act out the words as you sing. For example, during the first verse, participants can tap one foot. This verse can be repeated so that each foot gets a chance to tap. During the second verse, participants can march around the room.

4. Teaching Materials and Methods**:**

See instructions with the song. Need adequate room (can always march in place).

5. Evaluation Methods**:**

Ask those who participated to name reasons doing regular activity every day is important. Ask how many of them and their children are active or plan to become more active every day.

Sample Lesson Plan Format

Developed by _____
Approved by _____
Date _____
Project _____

TOPIC: Infant Feeding Choices

TARGETED AUDIENCE: WIC Prenatal Participants

LENGTH OF PRESENTATION: 45 minutes (This class can be offered in 2 sessions if desired).

1. Objective/Expected Outcome **(Required):**

   After attending class, participants will be able to list 3 benefits of breast feeding, will demonstrate how to correctly position a baby at the breast, will describe how to correctly latch a baby to the breast, will correctly answer questions about preparation of formula and/or expressed breastmilk and will demonstrate how to correctly offer a bottle of formula or expressed breastmilk.

2. Content

   I. Introduction to Infant Feeding Choices (5 minutes)

      A. Short history of infant feeding methods
      B. Method of infant feeding is a health decision not merely a lifestyle choice.
      C. Benefits of breast feeding (Studies show that WIC participants know the benefits of breastfeeding, so it is not necessary to spend a lot of time on this subject).

   II. How to Breastfeed (20 minutes)

      A. Discuss briefly the need for all women to be able to position and attach a baby to the breast correctly.
         1. 80% of women try to breastfeed at least once even if they plan to formula feed.
         2. Breastfeeding women can better support a friend or family member who is breastfeeding.
         3. If an emergency occurs and formula or a clean water supply is-unavailable at the time of delivery a mother can still feed her infant.

      B. Teach, correct positioning at the breast.
         1. Using a doll or even a stuffed animal demonstrate correct positioning at the breast. Explain how this position helps infant development and bonding. Discuss how to imitate this position as much as possible to accommodate bottlefeeding.

         2. After distributing dolls (one doll per 3

participants), ask participants to demonstrate to each other how to position correctly for breastfeeding and bottlefeeding.

C. Teach the mechanics of correct latch-on.

1. Demonstrate correct position of the infant's lips, tongue, chin and nose for breastfeeding. (Use slides, overheads, puppets, breast models etc.)

- A shoe such as a sneaker can be used to demonstrate correct/incorrect latch-on. Using the sneaker, shove your hand in and show how the edge and tongue of the shoe are curled in, similar to a poorly latched-on infant. Ask participants if they remember how painful it felt when their shoe was not on correctly.
- Next, ask participants to remember how comfortable the shoe feels as you demonstrate the tongue and edges of the shoe bent out for correct insertion of the foot.

2. Describe differences between breastfeeding and bottlefeeding latch-on which could lead to nipple confusion.

III. Preparation of expressed breastmilk and/or formula (20 minutes)

A. Briefly review methods of breastrnilk expression.
   1. Hand expression
   2. Manual breastpumps
   3. Electric breastpumps

B. Teach preparation of formula (ask a breastfeeding mother to nurse her baby as a comparison to the time factor involved with bottle preparation).
   1. Hand washing
   2. Cleanliness of formula cans (using WIC stock, ask participants to imagine how many hands have handled this can of formula)
   3. Sterilizing bottles and equipment
   4. Dangers of over or under mixing
   5. Safe storage of prepared formula
   6. Shelf life of prepared formula

C. Discuss convenience of breastfeeding and review how to fit breastfeeding into any lifestyle.

3. <u>Practice Activities</u>

- Ask participants to name benefits of breast feeding and you can record them on overhead transparency, paper, or chalkboard.

- Participants will demonstrate correct positioning of baby for breastfeeding and bottle feeding.
- Show an overhead of a poorly latched on baby and ask participants to point out the problems.
- One possible way to teach formula preparation *is* to make it a game. Divide the class into two teams and ask "Jeopardy" like questions about correct formula preparation. You can set up categories, such as, Storage, Safety, Mixing, WIC Types, Possible Contaminants, Allergic Reactions. Winners could receive their benefits before losers.

4. Teaching Methods and Materials

Methods -Lecture, demonstration, practice activities, question and answer

1. Overhead and transparencies
2. Slides or prepared transparencies
3. Clean sneaker
4. Baby dolls
5. Soft breast models
6. Puppets
7. Formula cans
8. Formula bottles

5. Evaluation Methods

Verbalize benefits of breastfeeding, demonstrate correct positioning, identify incorrect latch-on, answer questions about formula preparation.

Sample Plan

Developed by _____
Approved by _____
Date _____
Project _____

TOPIC: Prenatal Nutrition

TARGETED AUDIENCE: 15 – 20 Pregnant WIC Participants

LENGTH OF PRESENTATION: 30 minutes

1. Objective/Expected Outcome

   After attending class, participants will be able to list 3 nutrients and examples of foods supplying them that are necessary for healthy fetal development.

2. Content

   I. Prenatal nutrition
      A. Fetal development
      B. Maternal health
      C. Adequate weight gain

   II. Food Pyramid as it relates to pregnancy
      A. Breads and Cereals
         1) major nutrient supplied (Carbohydrate)
         2) 9-11 servings per day
         3) review choices
      B. Fruits
         1) major nutrient supplied (Vitamin C)
         2) 2+ servings per day
         3) review choices
      C. Vegetables
         1) major nutrient supplied (Vitamin A)
         2) 3+ servings per day
         3) review choices
      D. Milk and other dairy products
         1) major nutrient supplied (Calcium)
         2) 4 servings per day
         3) review choices
      E. Meat and meat substitutes
         1) major nutrient supplied (Protein)
         2) 3 servings per day
         3) review choices
      F. Fluids
         1) why needed
         2) amount needed
         3) water versus other liquids

3. Practice Activities

From a supply of food models, grouped participants will be asked to plan a breakfast, lunch, dinner and snack

4. Teaching Methods and Materials

1. Short film describing the Food Pyramid
2. Paper plates
3. Enough food models (plastic or paper) for several groups
4. Handouts of nutrient requirements for pregnancy

5. Evaluation Methods

1. Review each groups meal plans.
2. Post test asking participants to choose 3 required I nutrients and foods that supply those nutrients. Use a game format by asking participants to match the food with the nutrient. This way participants will not have to write anything but can still demonstrate knowledge.

Sample Substance Abuse Counseling Tips

Sample 1:
CLERK: Now that I have weighed and measured Brittany, there will be a short wait before the nutritionist calls you in. As you are in the waiting room, please help yourself to any pamphlets you would like. We try to promote information on drug, alcohol, and tobacco awareness to all our folks. **You** may not need any of this information, but if you know someone who may need help you could refer them to us or give them one of these pamphlets. You know, many times, parents tell us that they need some of these brochures to help their older children do science and nutrition projects..... Any time you have any questions about any of the pamphlets, the nutritionist will be glad to help.

Sample 2:
NUTRITIONIST: Before I finish today, I want to encourage you to take any pamphlets from the display area in our waiting room. We have materials that cover weaning, the food pyramid, **drug and alcohol use**,..... You know, sometimes you might not need the information, but you might have a friend that has been talking to you about one of these topics....

Sample 3:
NUTRITIONIST: (Pregnant participant) I see here that you marked you have not used any alcohol, drugs, or smoked during this pregnancy.... that's WONDERFUL! As you can see by the information in this pamphlet, those activities are dangerous for the baby. Did you know that? Well, your reading has paid off! Would you like this pamphlet? Any time you need this kind of information for maybe a friend or someone, remember WIC can give it to you or them....

Sample 4:
NUTRITIONIST: (child) You are probably wondering why, throughout our conversation, I have had these two brochures about substance abuse on my desk. Because we are a federal program and try to help women, infants, and children stay healthy, we are proactive about discouraging these substances used among our families. We are **required** to bring up this topic with all new participants. Just so you know, if you or anyone you know ever needs this type of information, you or that person can get it from us. I am NOT implying anything about you or your family or friends, just letting you know we have this type of information here. Any questions about that?

Sample 5:
Nutritionist:.. WIC is a health promotion program, so I am providing this pamphlet which lists the dangers of using tobacco, drugs, and alcohol...

10/1/14

Stages of Change - A Model for Nutrition Counseling

Stage	Description	Behavior Goals	Educational Strategies
Precontemplation *"I am not interested in change"*	• Is unaware of problem and hasn't thought about change, or not interested in change. • Has no intention of taking action within the next 6 months.	• Increase awareness of need for change. • Personalize information on risks and benefits. • Reduce fears associated with having to change behavior (costs are too high, etc.).	• Create supportive climate for change. • Discuss personal aspects and health consequences of poor eating or sedentary behavior. • Assess knowledge, attitudes, and beliefs. • Build on existing knowledge. • Relate to benefits loved ones will receive. • Focus on the impact the negative behavior has on loved ones.
Contemplation *"Someday I will change"*	• Is interested in taking action, but not yet able to commit to it.	• Increase motivation and confidence to perform the new behavior. • Reduce fears associated with having to change behavior.	• Identify problematic behaviors. • Prioritize behaviors to change. • Discuss motivation. • Identify barriers to change and possible solutions. • Suggest small, achievable steps to make a change. • Focus on benefits the change will have on loved ones.
Preparation *"I want to change but I am not sure I can."*	• Intends to take action soon and has taken some behavioral steps in this direction. • Lacks self-efficacy to take steps necessary for long lasting change.	• Resolution of ambivalence • Firm commitment • Initiate change • Increase self-efficacy through gradually increasing more difficult tasks.	• Assist in developing a concrete action plan. • Encourage initial small steps to change. • Discuss earlier attempts to change and ways to succeed. • Elicit support from family and friends.
Action *"I am ready to change."*	• Has changed overt behavior for less than 6 months. • Needs skills for long-term adherence.	• Commit to change	• Reinforce decision. • Reinforce self-confidence. • Assist with self-monitoring, feedback, problem solving, social support, and reinforcement. • Discuss relapse and coping strategies.
Maintenance *"I am in the process of changing."*	• Has changed overt behavior for more than 6 months.	• Reinforce commitment and continue changes/new behaviors.	• Plan follow-up to support changes. • Help prevent relapse. • Assist in coping, reminding, finding alternatives, and avoiding slips/relapses.

Source:
Adapted from: Story M, Holt K, Sofka D, eds. 2000. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health: Appendix F: "*Stages of Change – A Model for Nutrition Counseling*," page 251.

SUBSTANCE ABUSE MATERIALS FOR PROFESSIONALS

Local Agency Resource Manual: The document Providing Drug Abuse Information and Referrals in the WIC Program: A Local Agency Resource Manual contains detailed information on a wide variety of alcohol and other drug (AOO) use issues. This comprehensive manual describes WIC's role in preventing drug abuse, explains the possible effects of maternal AOO use on pregnancy outcomes, details the effects of specific drugs, and offers suggestions for providing clients with information and referrals for assessment.

Videotape: "The WIC Connection: Substance Use Information and Referral" is a 31-minutes training videotape. It illustrates how WIC staff can communicate effectively about .the dangers of AOO by modifying the interviewing skills they already use to determine WIC eligibility or educate clients about nutrition.

Companion Piece to Videotape for WIC Professionals: The companion piece to "The WIC Connection" reinforces and summarizes messages in the video and includes supplementary information and handout text.

Companion Piece to Videotape for Participants: The companion piece for WIC professionals accompanies the videotape, "Lifelines: To Healthy Babies," which warns WIC clients about the dangers and effects of AOD use during pregnancy. This publication discusses the development of the videotape and explains how to utilize it to encourage clients to discuss AOD use.

MATERIALS FOR PARTICIPANTS

VIDEOTAPE: "Lifelines: To Healthy Babies" is a l6-minutes videotape that describes the possible effects of prenatal AOD use on unborn babies. It presents dramatized stories of three low-income women from different ethnic backgrounds who faced choices about using cigarettes, alcohol and other drugs during pregnancy. The video intentionally does not mention the WIC program, so that it can be used by other programs that serve low-income women. In 1992, this video received the prestigious "Golden Eagle" award from the Council on International Non-theatrical Events (CINE).

Brochures: Pregnant? Druas and Alcohol Can Hurt Your Unborn Baby and the spanish version, Embarazada? Tomar Drogas 0 Alcohol Puede Danar A Su Bebe highlights the effects of street drugs, alcohol, cigarette smoking, and over-the-counter (OTC) and prescription medications. USDA pretested it with both WIC participants and residents of a drug treatment center. The cover photograph is intentionally faceless to avoid stereotyping any specific group as more prone to drug addiction. The photographs inside were carefully chosen to represent a wide variety of ethnic groups.

Posters: Pregnant? Drugs and Alcohol Can Hurt Your Unborn Baby and the spanish version, Embarazada? Tomar Drogas 0 Alcohol Puede Danar A Su Bebe, reinforce the message in the brochure. They are designed for display in meeting rooms or waiting areas. The artwork is an enlargement of the brochure cover.

Supervision of Dietetic Technicians and Nutrition Associates

A Dietetic Technician, Registered (DTR) is an individual with an associate degree from an American Dietetic Association (ADA) approved program who has passed the registration examination. They have studied a variety of topics focusing on food, nutrition, and management, through academic preparation and supervised practice. The DTR may only practice under the supervision of a registered/licensed dietitian.

A Dietetic Technician (DT) is an individual who has not taken or passed the registration examination, but otherwise has the same qualifications of the DTR above. The DT is designated to function under the supervision of a registered/licensed dietitian.

A Nutrition Associate (NA) is an individual with a four year degree from an ADA approved program in dietetics. The NA must function under the supervision of a registered/licensed dietitian.

Below is a suggested policy for how nonlicensed nutrition staff can function and be supervised within the WIC program.

Duties:

- perform height/length measurements
- perform weight measurements
- perform blood work
- determine eligibility for WIC
- provide nutrition counseling for non-high-risk individuals
- prescribe WIC food packages
- provide midcertification nutrition counseling for non-high-risk individuals
- provide basic prenatal/infant/child/postpartum nutrition counseling for clients referred from other health department programs

Nonlicensed nutrition staff will not provide nutrition counseling for high-risk participants.

Scheduling

Nonlicensed nutrition staff will not be scheduled as the sole health professional for the clinic if high-risk participants are scheduled. In the event that a high-risk participant is in clinic and a licensed dietitian is not available, e.g. unexpected illness, the nonlicensed nutrition staff may provide limited counseling for that individual, mainly focusing on provision of WIC services and qualifying reasons. The nonlicensed nutrition staff will review the chart and any findings with the first available licensed dietitian as soon as possible. The licensed dietitian will determine if the WIC participant needs to be rescheduled or can be followed-up through a telephone call. The licensed dietitian will complete required documentation on the Health History form indicating the follow-up activities performed.

Referrals to Licensed Dietitians

When nonlicensed nutrition staff are providing nutrition counseling and determine that a participant meets the criteria to be classified as high-risk, the chart/participant will be referred to a licensed dietitian. The licensed dietitian will determine if additional counseling or referral are necessary. Even though a high-risk policy exists to identify high-risk participants, there may be participants that do not meet these criteria that a nonlicensed nutrition staff is not comfortable counseling, e.g. abnormal eating behaviors. If this occurs, the nonlicensed nutrition staff will consult a licensed dietitian who will determine if additional counseling or referrals are necessary. The licensed dietitian will provide the additional nutrition counseling if indicated.

Supervision

Nonlicensed nutrition staff must be supervised by a licensed dietitian in all areas related to the practice of dietetics. Other areas of supervision, including attendance or work habits, can be monitored by supervisors chosen by the WIC program director. Any registered/licensed dietitian on staff can accept participant referrals and serve as a resource person for nonlicensed nutrition staff. The WIC director should clarify all supervisory roles with all staff.

One licensed dietitian on staff must agree to supervise nonlicensed nutrition staff and will disclose on their renewal application for licensure the name of the person supervised. Although the supervising licensed dietitian is not required to notify the Ohio Board of Dietetics of changes in persons supervised between renewals, the licensee is encouraged to update his or her records. This update can be a letter or memorandum written to the Ohio Board of Licensure notifying them of the addition and/or deletion of the exempt person.

The supervising licensed dietitian must conduct periodic chart reviews and observations to monitor the nonlicensed nutrition staff. More specific guidelines regarding the supervision of nonlicensed nutrition staff are located in Appendix 200 in the **Bulletins and Guidelines Related to Ohio Licensure Requirements for Dietetics.**

This saves about an hour of precious time. It's very hard, with active children, waiting for class and leaving with two unhappy kids.

-WIC Participant

wichealth.org
connecting for a healthy future

What is wichealth.org?

- An educational opportunity to help WIC clients change behavior.
- Nutrition education WIC clients can complete on their own time; anywhere they access the Internet: home, work, library, WIC clinics, etc.
- Learning modules developed using educational and communication theories: stages of change, persuasive communication, behavioral intent, and division of responsibility.

What are the benefits?

- For WIC clients: easy, fun, convenient, saves time, and education material is targeted to their interest, needs, and readiness to change.
- For WIC staff: saves staff time, allows staff to follow-up with clients, and reinforces education using stage-appropriate information.

What makes this learning approach unique?

- Program is interactive and responds to clients' interests and needs.
- Clients are directed to web-based educational information based on their stage of readiness to change behavior.

What type of WIC clients are these modules best suited for?

Evaluation data reveal that learning modules are particularly helpful for:

- Clients struggling with issues concerning picky eaters, especially those who are in *Preparation Stage*.
- Clients who are in *Maintenance Stage* who need reinforcements of additional health tips, recipes, and other information to help them maintain this stage.

EDUCATIONAL MODULES

Topics appropriate for the following clients:

Child:
Make Meals & Snacks Simple
**Also available in Spanish*
Steps To A Healthier Family
Secrets For Feeding Picky Eaters
**Also available in Spanish*
Create Good Eating Habits In Your Child
Help Your Child Make Good Eating Choices
Trust Your Child To Eat Enough
**Also available in Spanish*
Happy, Healthy, Active Children
**Also available in Spanish*
Fun and Healthy Drinks for Kids

Infant
Starting to Feed Your Infant Solids
Baby's First Cup

Postpartum moms with a baby:
Be Healthy As Your Baby Grows

Moms breastfeeding for at least 1 month:
Support for Breastfeeding Moms

What do agency staff need to do?

1. Determine if the Internet program topics are age and topic appropriate for a participant's educational plan.
2. Identify women (breastfeeding or postpartum) or child WIC clients who are eligible and determine if parent/caretaker has Internet access.
3. Hand the parent/caretaker the WIC client flyer with the website information and instructions. If client is Spanish-speaking have them visit "es.wichealth.org" or click on the "En Español" link at wichealth.org.
4. Remind the parent/caretaker to complete the evaluation, print off the certificate of completion, and bring it with them to their next clinic visit. Or have them email the certificate if your clinic offers this option.
5. Use the information printed on the certificate to guide follow-up visits. Client's starting stage and ending stage will be noted as well as what action the client has committed to do as a result of the Internet educational experience.
6. Consider visiting wichealthmn.org for an in-depth, self-guided training on motivational negotiation and stages of change theory.

Did you know?

- 97% of users find the website easy to use and helpful
- 89% of users believe they can make changes using what they learned from the website.
- 86% of users want to learn about other WIC nutrition topics using a web-based approach.
- 82% of users like the web better than other nutrition education formats from their WIC office.

What implementation and learning resources are available for WIC staff?

RESOURCE	HOW TO ACCESS IT	PURPOSE
Support Website	*www.wichealthsupport.org*	A website that allows staff to keep up with the ongoing enhancements and upgrades that take place on any of the websites. The website includes a quarterly newsletter, *What's New*, *Lessons from the field*, frequently asked questions, evaluation reports, and wichealth materials. All materials including marketing materials and implementation guide and PowerPoint can be downloaded from this website.
Implementation Materials	Download from *www.wichealthsupport.org* under the "Materials" section.	An implementation manual and PowerPoint with script included are available to WIC staff at state and agency level to assist with implementing wichealth.org in their clinics. It includes an overview of wichealth.org, the theories behind it and covers the steps necessary for successful implementation of wichealth.org.
Motivational Negotiation	*www.wichealthmn.org*	Self-instructional and interactive website designed as a training tool for WIC professionals to help them learn more about the stages of change, motivational negotiation skills and how motivational negotiation can be used within a WIC counseling setting. This training has been approved for 2.0 CPE hours for RDs/DTRs by the ADA CDR.
Live Statistics	*www.stats.wichealth.org*	Wichealth stats is a website that allows WIC staff to view wichealth.org usage by state. The statistics can be broken down by module, child age, client age, beginning and ending stage, computer location and user/child relation.

Laurie Perrelli, MS, RD | Phone: 1-800-942-1636 ext 1-1 or 517-335-8631 | 320 South Walnut, Lansing, MI 48913

wichealth.org
connecting for a healthy future

This saves about an hour of precious time. It's very hard, with active children, waiting for class and leaving with two unhappy kids.
-WIC Participant

What is wichealth.org?

wichealth.org is a secondary contact education method designed to provide WIC clients with an innovative, easy to use, and effective approach to impact nutritional behaviors.

What are the benefits?

• For WIC clients: easy, fun, convenient, saves time, and education material is targeted to their interest, needs, and readiness to change.

• For WIC staff: saves staff time, allows staff to follow-up with clients, and reinforces education using stage-appropriate information.

What makes this learning approach unique?

• wichealth.org is driven by a virtual educator that includes an audio playback function.

• Education provided is based on the client's stage of readiness to change their behavior.

Who can use wichealth.org

• Non high-risk, English and Spanish speaking WIC clients with infants and children ages 0-1 and pregnant and breastfeeding women.

• Clients with the ability to access the Internet from home, work, library, a friend's home, the WIC clinic or anywhere else they may have access.

How does wichealth.org work?

1. Go to wichealth.org

2. Create an account and set up your profile.

3. Choose a lesson from one of the 5 categories.

4. Complete the lesson.

5. Fill out the survey.

6. Print or email your certification of completion.

What do WIC staff need to do?

1. Determine if wichealth.org is appropriate for the client.
2. Provide the client with the wichealth.org client flyer and any other information specific to your clinic.
3. Remind the client to email the certificate to your agency or print it to bring to the next appointment.
4. Use the information printed on the certificate of completion to guide follow-up visits.

Lessons

Pregnant Women

Food Safety for Moms-to-Be*
A Recipe for a Healthy Pregnancy

Family

Eat Well- Spend Less*
Steps To A Healthier Family*
Healthy Whole Grains*

Parents

Be Healthy with Fruits and Veggies*
Be Healthy As Your Baby Grows*
Preparing For A Healthy Pregnancy*

Infants

Starting to Feed Your Infant Solids*
Baby' s Fir s t Cup*
Support for Breastfeeding Moms*

Children Ages 1-5

Make Meals & Snacks Simple*
Secrets For Feeding Picky Eaters*
Create Good Eating Habits In Your Child*
Help Your Child Make Good Eating Choices*
Trust Your Child To Eat Enough*
Happy, Healthy, Active Children*
Build Strong Kids with Dairy Foods*
Fun and Healthy Drinks for Kids*
Fruits and Veggies Grow Healthy Kids*
Keep Your Family Safe From *E.Coli* *

*Available in Spanish

Resources

Support Website for WIC Staff

wichealthsupport.org

Allows staff to keep up with the ongoing enhancements and upgrades related to wichealth.org. Materials to assist with implementation and promotion materials are available to download including:

- Evaluation Reports
- Implementation Materials
- Marketing Materials

Live Statistics

stats.wichealth.org

Wichealth stats is a website that allows WIC staff to view live wichealth.org usage statistics by state.

Motivational Negotiation Tutorial

wichealthmn.org

Self-instructional and interactive website designed as a training tool for WIC professionals to help them learn more about the stages of change, motivational negotiation skills and how motivational negotiation can be used within a WIC counseling setting. This training has been approved for 2.0 CPE hours for RDs/DTRs by the ADA CDR.

wichealth.org
connecting for a healthy future

Do your nutrition education ON THE INTERNET

It's easy! You don't have to be a computer whiz to use this program

It's fun! There are lots of good recipes and tips on preparing healthy foods

It's convenient! You can do it at any time, and anywhere you have internet access

WIC parents that have used it really enjoy it!

Access previously completed Lessons by clicking on the "My Profile" link

Save your favorite links so You can go back and view them at any time!

Save your favorite links so You can go back and view them at any time!

Here is what WIC clients are saying:

Awesome website!!! Lots of great Information and links!

I think the website is great, looks wonderful and very easy to follow. I love having a person talking right there.

This is a great idea! Especially for us Working parents that also have a 9-5 job. It is hard to take a personal or sick day. We like to use those for our sick children not for appointments.

Follow these simple instructions to get started:

1. Go to wichealth.org.
2. Create an account and set up your profile.
3. Choose a lesson from one of the 5 categories.
4. Complete the lesson.
5. Fill out the survey.
6. Print or email your certification of completion.

This will count as your nutrition education

Lessons Currently Available

Pregnant Women

Food Safety for Moms-to-Be*
A Recipe for a Healthy Pregnancy

Family

Eat Well- Spend Less
Steps To A Healthier Family*
Healthy Whole Grains*

Parents

Be Healthy with Fruits and Veggies*
Be Healthy As Your Baby Grows*
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*Available in Spanish

wichealth.org
connecting for a healthy future

ID:
Email:
Contact:

wichealth.org
en Español

Realice su educación alimentaria por INTERNET

¡Es fácil! No necesita ser un experto en computadoras para usar este programa

¡Es divertido! Hay muchas recetas y sugerencias buenas para hacer comidas sanas

¡Es conveniente! Puede hacerla en cualquier momento y lugar, basta tener acceso a Internet

¡Los padres de WIC que la han usado disfrutan mucho de este tipo de educación!

¡Usted puede tener acceso a las lecciones previamente completads al hacer clic en el enlace "Mi perfil"!

¡Guarde sus enlaces favoritos para que pueda regresar y verlos en cualquier momento!

Comparta sus comentarios sobre los vínculos con otras mamás.

Esto es lo que lo que los clientes de WIC dicen:

¡Esta página web es muy impresionante y tiene una gran cantidad de información y enlaces!

Creo que el sitio web es muy útil, se ve maravilloso y es muy fácil de usar. Me encanta escuchar a una persona que hable allí.

¡Esta es una gran idea, especialmente para nosotros, los padres que también trabajamos de 9-5. Es difícil tomarse un día libre o faltar al trabajo por enfermedad. Nos gusta utilizar estos dias para cuidar a nuestros niños enfermos, no para citas.

Para comenzar, siga estas instrucciones sencillas:

1. Vaya al sition Web: wichealth.org.
2. Abra una cuenta.
3. De las 5 categorías, elige una lección.
4. Complete la lección.
5. Llene la encuesta.
6. Imprima o envie por correo electrónico su certificado de finalización.

Esto se cuenta como parte de su educación alimentaria

Lecciones actualmente disponibles

Mujeres embarazadas
Seguridad alimentaria para futuras mamás

Familia
Aliméntese bien - gaste menos
El camino hacia tener una familia más saludable
Los granos integrales sanos

Padres
Manténgase saludable comiendo frutas y vegetales
Este sano/a a medida que su hijo/a crece
Preparándose para un embarazo saludable

Niños de 0 a 1 año de edad
Iniciar su bebé a comer alimentos sólidos
El primer vaso del bebé
Apoyo para las madres que amamantan

Niños de 1 a 5 años de edad
Planifique las comidas y bocadillos de manera sencilla
Secretos para alimentar a los ninos que dan dificultad para comer
Como crear unos buenos habitos alimenticios en su hijo/a
Ayude a su hijo/a a elegir bien los alimentos
Confie que su hijo/a se este alimentando bien
Niños felices, activos y saludables
Alimente a sus niños con productos lácteos para un crecimiento fuerte y vigoroso
Bebidas saludables y divertidas para niños
Los niños crecen saludables con frutas y vegetales
Preserve a su familia libre de la bacteria *E.Coli*

wichealth.org
en Español

Identificación:
Correo electrónico:
Contacto:

wichealth.org
connecting for a healthy future

Do your nutrition education

ONLINE

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Access previously completed lessons by clicking on the "My Profile" link!

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Share your comments about links.

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¡Usted puede tener acceso a las lecciones previamente completads al hacer clic en el enlace "Mi perfil"!

¡Guarde sus enlaces favoritos para que pueda regresar y verlos en cualquier momento!

Comparta sus comentarios sobre los vínculos con otras mamás.

wichealth.org
en Español

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Lecciones actualmente disponibles

Mujeres embarazadas
- Seguridad alimentaria para futuras mamás

Niños de 0 a 1 año de edad
- Iniciar su bebé a comer alimentos sólidos
- El primer vaso del bebé
- Apoyo para las madres que amamantan

Niños de 1 a 5 años de edad
- Planifique las comidas y bocadillos de manera sencilla
- Secretos para alimentar a los ninos que dan dificultad para comer
- Como crear unos buenos habitos alimenticios en su hijo/a
- Ayude a su hijo/a a elegir bien los alimentos
- Confie que su hijo/a se este alimentando bien
- Niños felices, activos y saludables
- Alimente a sus niños con productos lácteos para un crecimiento fuerte y vigoroso
- Bebidas saludables y divertidas para niños
- Los niños crecen saludables con frutas y vegetales
- Preserve a su familia libre de la bacteria *E.Coli*

Familia
- Aliméntese bien – gaste menos
- El camino hacia tener una familia más saludable
- Los granos integrales sanos

Padres
- Manténgase saludable comiendo frutas y vegetales
- Este sano/a a medida que su hijo/a crece
- Preparándose para un embarazo saludable

Identificación:

Correo electrónico:

Contacto:

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Do your next WIC nutrition education…**On The Internet.** It's Easy!

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WIC NUTRITION EDUCATION MATERIALS
REQUEST FORM
(Individual Items and/or Orders)

PROJECT NAME: ____

MATERIAL REQUESTED: ____

____

____

____

JUSTIFICATION: ____

____

____

ESTIMATED COST: ____________

SHIPPING /HANDLING: ____________

TOTAL COST: ____________

SUPPLIER: ____

____

WIC DIRECTOR'S SIGNATURE ____

= =
(FOR STATE WIC ACTION)

STATE WIC APPROVAL ( ) YES ( ) NO

SIGNATURE: ____

DATE: ______________________________

COMMENTS: ____

____

____

REV / FY92

WIC PARTICIPANT SURVEY

1. **Are you currently a: (Check all that apply)**

___ **Pregnant woman on WIC**
___ **Breastfeeding woman on WIC**
___ **Nonbreastfeeding woman on WIC**
___ **Teenager (19 years or younger) on WIC**
___ **Parent or caretaker of an infant**
___ **Parent or caretaker of a child**

2. **How did you find out about WIC? (Check all that apply)**

___ **Billboard**
___ **Clinic brochure**
___ **Doctor**
___ **Flyers**
___ **Mail insert**
___ **Unemployment**
___ **Friend**
___ **Hospital**
___ **Job and Family Services**
___ **Ohio Works First (OWF)**
___ **Head Start**
___ **Newspaper**
___ **Poster**
___ **Relatives**
___ **TV**
___ **Other:** _____

3. **The WIC staff also told me about: (Check all that apply)**

___ **Immunizations**
___ **Prenatal clinic**
___ **Well child clinic**
___ **Head Start**
___ **Lead screening**
___ **Help for children with medical handicaps**
___ **Medical card**
___ **Food stamps**
___ **Ohio Works First**
___ **GRADS**
___ **Breastfeeding support programs**
___ **Other:** _____

4. **Is the WIC staff helpful when you call or come into the clinic?**

___ **Yes** ___ **No**

If you checked no, please tell us why: _____

_____

5. **If you thought that WIC treated you unfairly, you would: (Check all that apply)**

___ **Request a fair hearing**
___ **Tell a friend**
___ **Do nothing**
___ **Call WIC Director/ Office**
___ **Stop WIC**
___ **Other:** _____

6. **Is it hard for you to keep your WIC appointment? (Check all that apply)**

___ **No Problem**
___ **Yes**
_____ **I forgot my appointment**
_____ **No babysitter**
_____ **No transpotation**
_____ **Other:** _____

7. **Was your time in the WIC clinic:**

___ **About what you expected**
___ **Longer than you expected**
___ **Shorter than you expected**

8. The medical or nutrition reason for being on WIC for me or my child is: (Check all that apply)

- ___ Smoking
- ___ Teen mom
- ___ Close Pregnancies
- ___ High Weight
- ___ Low Weight
- ___ Poor Diet
- ___ Low blood iron
- ___ Short for age
- ___ Not told
- ___ I do not remember
- ___ Other: _____

9. Check all the topics you would like to learn more about:

- ___ Feeding the Baby (0-6 months)
- ___ Feeding the Older Baby (6-12 months)
- ___ Feeding the Toddler (1-2 years)
- ___ Getting Your Child to Eat Better
- ___ Eating on the Run
- ___ Food Demonstrations or Recipes
- ___ Smart Shopping for Food
- ___ Iron in Your Diet
- ___ Food Guide Pyramid
- ___ Fitness/ Exercise
- ___ Breastfeeding
- ___ Other: _____

10. How do you like to learn? (Check all that apply)

- ___ Group Classes
- ___ Newspapers
- ___ Newsletters
- ___ Posters
- ___ Magazines
- ___ Cooking demonstrations
- ___ Talking with WIC Health professional
- ___ Food tasting
- ___ Videos
- ___ Books

11. What do you feel the WIC program or staff does well? _____

12. If you could change anything about the WIC program or staff, what would it be? _____

FOR POSTPARTUM, PREGNANT, AND BREASTFEEDING WOMEN ONLY

13. Did the WIC clinic give you the following information on breastfeeding? (Check all that apply)

- ___ I was not on WIC while pregnant
- ___ Why it is best to breastfeed
- ___ How to breastfeed
- ___ Who to call for breastfeeding help or questions
- ___ Offered a class on breastfeeding or infant feeding
- ___ No breastfeeding information offered

14. If you breastfed or tried breastfeeding, did anyone offer to help you soon after your baby was born?

___ Yes ___ No ___ Did not breastfeed

If yes, check all who helped you:

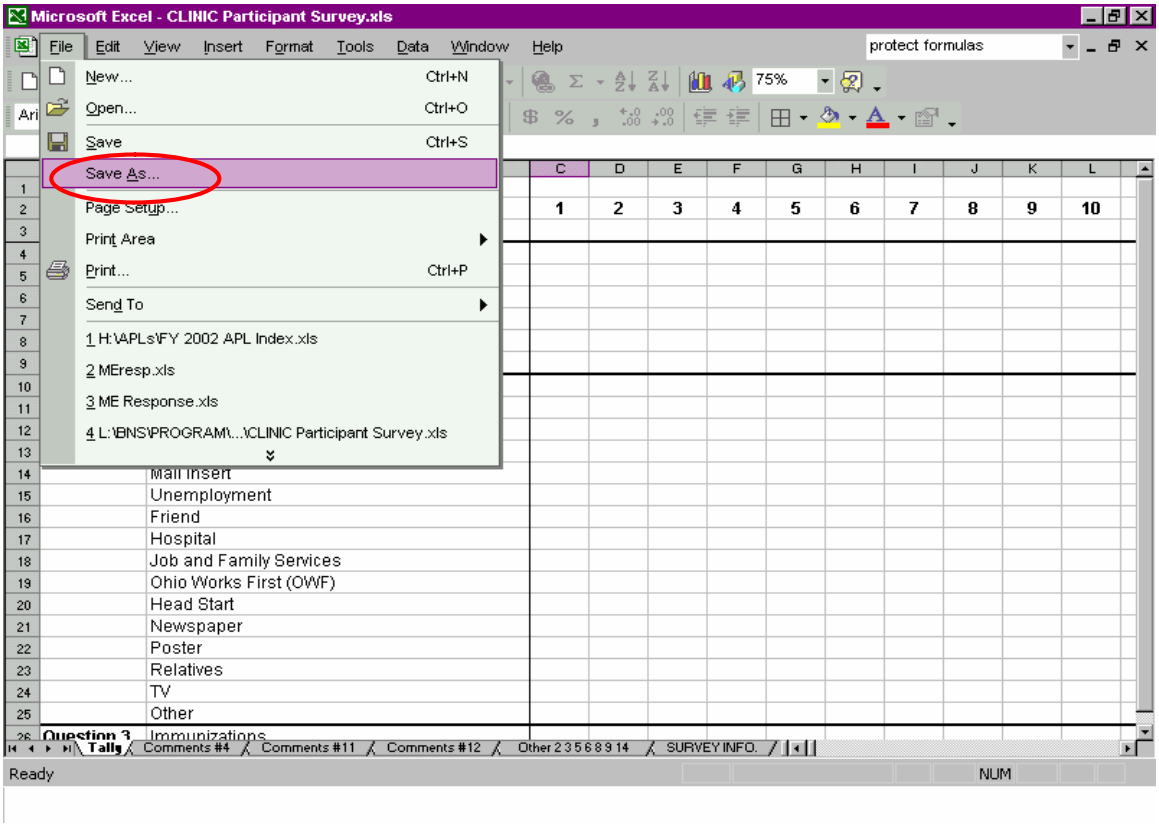
- ___ WIC Health professional
- ___ WIC Breastfeeding Helper
- ___ Hospital Nurse or Lactation Consultant
- ___ Nurse (other than in the hospital)
- ___ La Leche League
- ___ Social Worker
- ___ Friend or Relative
- ___ Other: _____

WIC Participant Survey – Instructions A

This set of instructions is for single-clinic projects and multiple-clinic projects that only wish to see results for the entire project.

Please read all instructions before inputting participant survey data*

1. To start, open Microsoft Excel and insert the participant survey CD. Click on "File" and then click on "Open." "Look in" the "E:" drive and then double click on the icon: **CLINIC Participant Survey. When the file opens, click on "File" and then click on "Save As." Substitute the project name and the year for "CLINIC" and save it in your "My Documents" file.** This will preserve a blank master and provide you with your working document. **Save often while entering data.** You may receive a warning message when you Save that tells you that the file was created using a later version of Microsoft Excel and that saving may cause some features to be lost. When it asks if you want to continue with the Save, click on the button that says **Yes**.

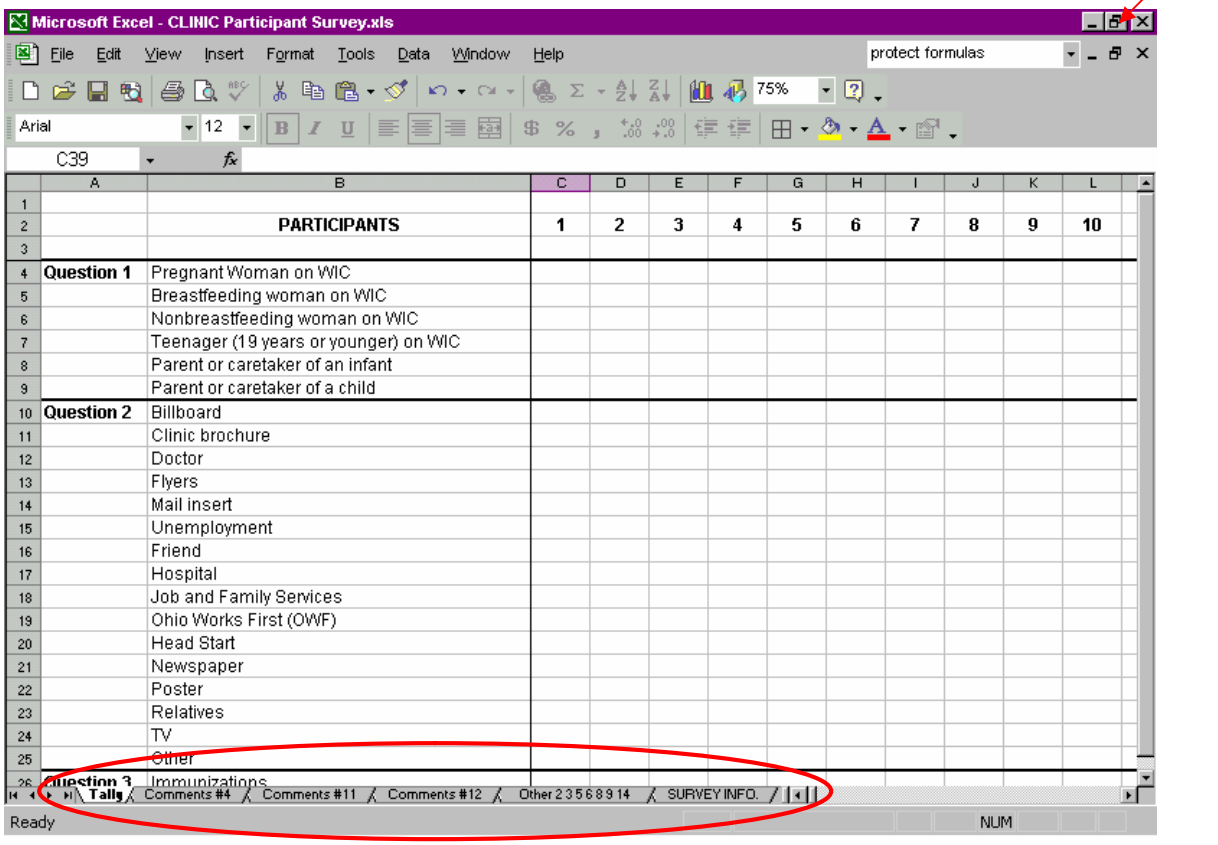


Save the File name as**: "Your Project Name Year" Participant Survey. (ex: Defiance 2003 Participant Survey.xls)**

Save in: My Documents

Note: There are two copies of the participant survey on the disk. Single-clinic projects and multiple-clinic projects that only want to see results for the entire project will use **only the file titled "CLINIC Participant Survey**." Multiple-clinic projects that wish to see results for each individual clinic in addition to project totals will use both the "CLINIC Participant Survey" and the "MASTER Participant Survey." **These projects should follow "WIC Participant Survey – Instructions B."**

2. Once the document is opened, look at the bottom of the screen. There will be six different tab buttons. (Ex: Tally, Comments # 4, Comments #11 etc.) If you cannot see the tab buttons, check to make sure that the worksheet is maximized (middle button on upper right hand corner). Use the left and right arrows to the left of the tabs at the bottom of the screen to access all the tabs.



Explanation of Tabs:

Each tab is a different page on which to input information:

Tally - This page is where each participant's responses from the completed WIC Participant Surveys will be entered. Once information is entered on this sheet, it will automatically appear on the "Survey Info" sheet.

Comments #4, # 11, # 12 - These sheets are where the answers and comments for questions 4, 11, and 12 are entered.

Other 2, 3, 5, 6, 8, 9, 14 - This page is where each participant's information from the "**Other:**" category on questions 2, 3, 5, 6, 8, 9, and 14 is entered. **(Enter the related question number under "Question #." Enter the participant's answer under "Comments and answers.")**

Survey Info - This page is where all tallied information will be shown. **(You do not have to do anything with this page.)**

How to Input Information:

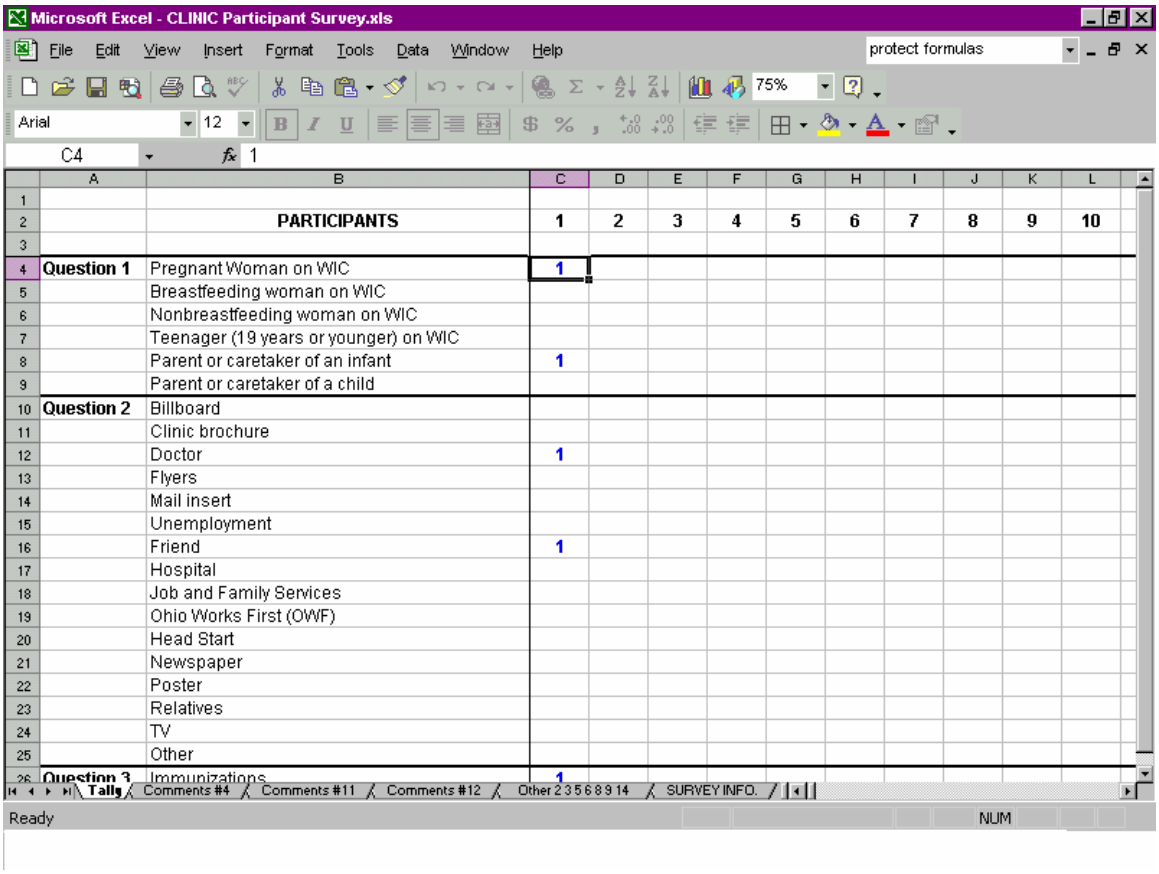
3. To begin to input an individual participant's information, click on the "Tally" tab. The "Tally" tab is set up so that all of the possible answers from the participant survey are on the left side of the sheet and there are numbers across the top of the page starting from 1. There are two options for entering the results of the participant survey. The first is that the information from each participant survey is entered in its own column. The second option is to tally the participant survey results manually and enter the totals on the "Tally" sheet.

   Note: The tally sheet accommodates 250 surveys. If you need more columns than this, you will need to begin another worksheet.

4. **To enter each individual survey,** input the responses from the first participant survey under number 1; enter the responses from the second participant survey under number 2 and so on. For each response on the completed participant survey enter a "1" next to that response on the "Tally" sheet (do not enter "X"). The responses to questions 4, 11, and 12 are to be entered on the tabs for those questions. "Other" responses should be entered on the "Other" tab, with the question number typed in the column before the response. There is room for 40 comments on each of the "comments" and "other" tabs. If you need more space than this, you may add as many rows as you need.

   Note: If more than one participant made the exact same comment for a particular question, you only need to type it once and then put the number of times it was made in parenthesis behind it.

5. **To enter all survey info rmation at once,** total the responses to the participant survey manually. Enter these totals next to the appropriate response under column number 1. All responses to questions 4, 11, and 12 are to be entered on the tabs for those questions. "Other" responses should be entered on the "Other" tab, with the question number typed in the column before the response. There is room for 40 comments on each of the "comments" and "other" tabs. If you need more space than this, you may add as many rows as you need.



After entering a participant's information, it will automatically total on the SURVEY INFO tab.

6. After all participant survey data has been entered and the file has been saved, print the "Survey Info," "Comments," and "Other" sheets and use this information to write your assessment. The assessment should be typed in Microsoft Word.

7. Once all participant survey data has been entered and saved and the assessment is complete, you are ready to transmit the data. **To transmit this information to the State WIC office, attach both the Excel and the Word files to an email addressed to your Nutrition and Administrative Services Consultant and send it.**

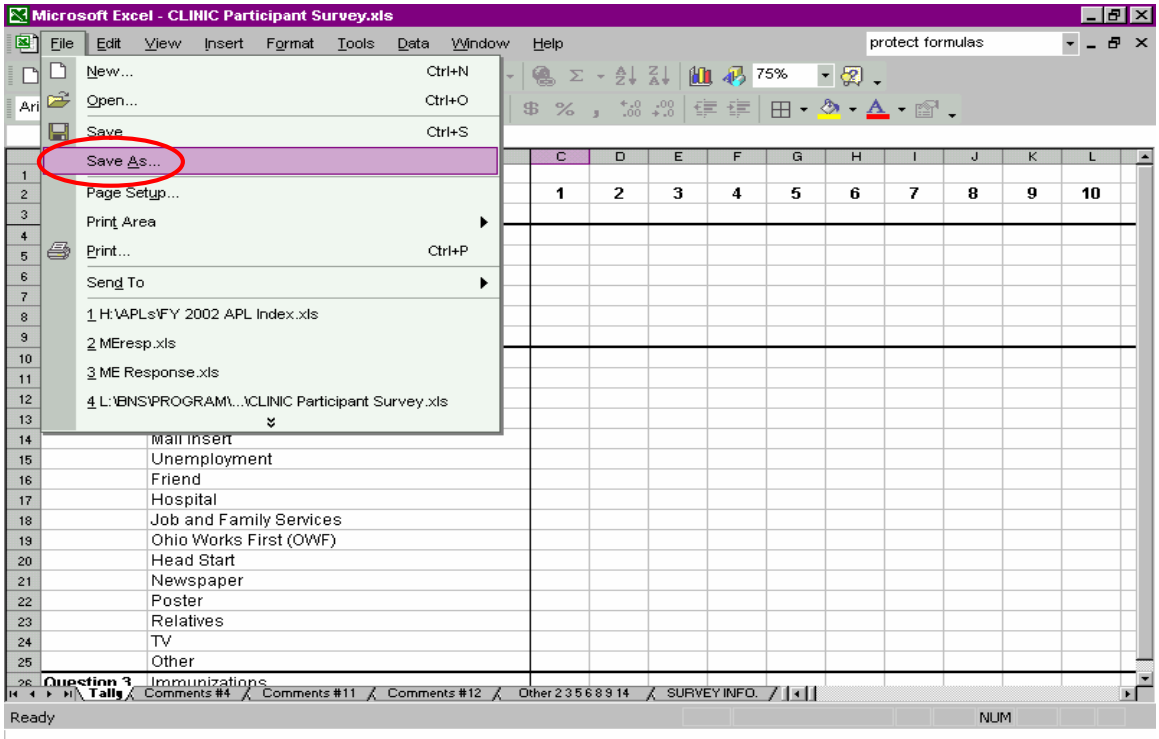
If you encounter any problems or have any questions, call the direct number of your Nutrition and Administrative Services Consultant or 614/644-8571.

WIC Participant Survey – Instructions B

This set of instructions is for multiple-clinic projects that wish to see results for individual clinics in addition to the results of the entire project.

Please read all instructions before inputting participant survey data

1. To start, open Microsoft Excel and insert the participant survey CD. Click on "File" and then click on "Open." "Look in" the "E:" drive and then double click on the icon: **CLINIC Participant Survey. When the file opens, click on "File" and then click on "Save As." Substitute the clinic name and the year for "CLINIC" and save it in your "My Documents" file. Save one copy for each clinic in your project.** This will preserve a blank master and provide you with your working documents. These files are where you will enter survey results for each individual clinic. They are for your information only and do not need to be sent to the State WIC office. **Save often while entering data.** You may receive a warning message when you Save that tells you that the file was created using a later version of Microsoft Excel and that saving may cause some features to be lost. When it asks you if you want to continue with the Save, click on the button that says **Yes**.

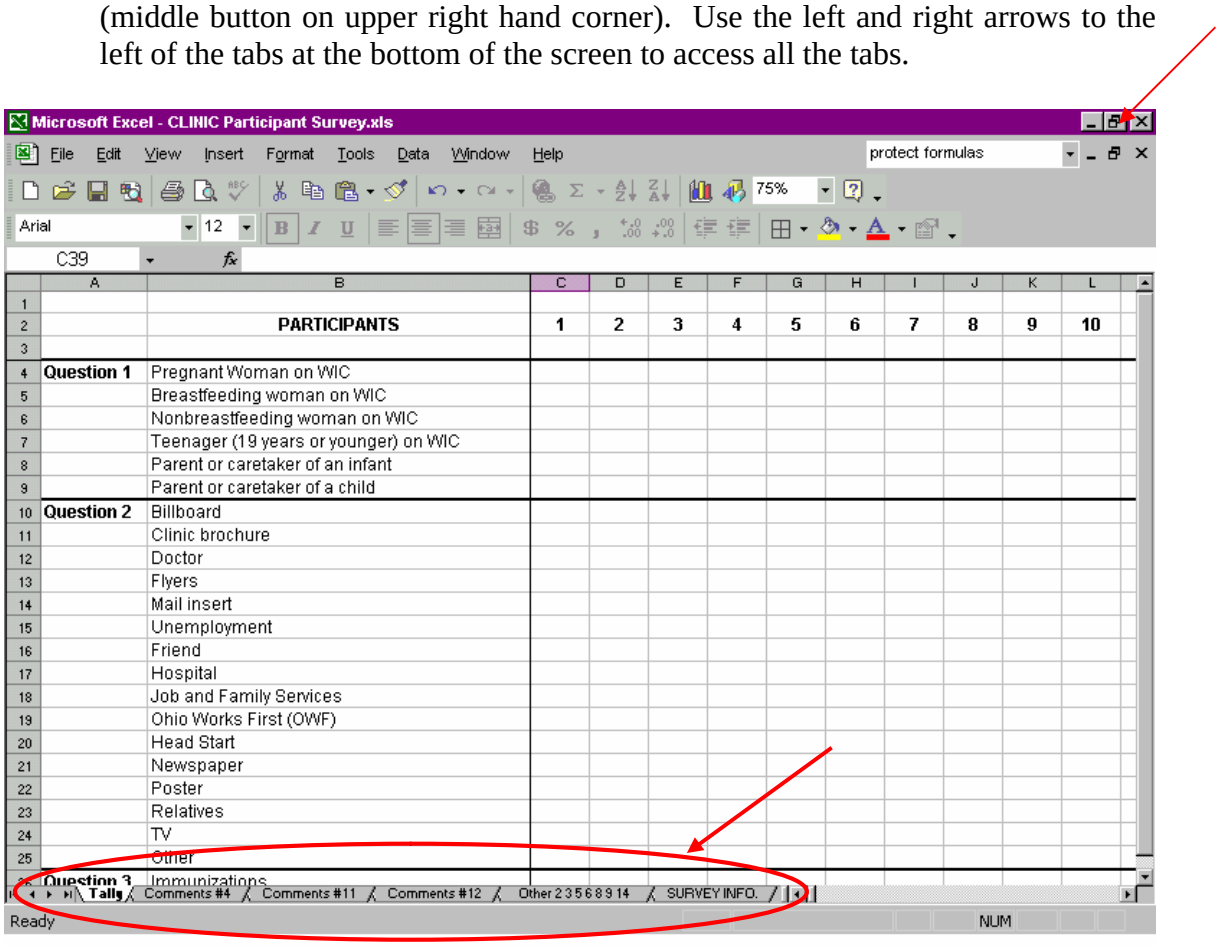


Save the File name as: **"Clinic Name Year" Participant Survey.**
(ex: Defiance 2003 Participant Survey.xls)

Save in: My Documents

Note: There are two copies of the participant survey on the disk. Multiple-clinic projects that wish to see results for each individual clinic in addition to project totals will **use both the "CLINIC Participant Survey" and the "MASTER Participant Survey."** Single-clinic projects and multiple-clinic projects that only want to see results for the entire project will use only the file titled "CLINIC Participant Survey." **These projects should follow "WIC Participant Survey – Instructions A."**

2. Once the document is opened, look at the bottom of the screen. There will be six different tab buttons. (Ex: Tally, Comments # 4, Comments #11, etc.) If you cannot see the tab buttons, check to make sure that the worksheet is maximized (middle button on upper right hand corner). Use the left and right arrows to the left of the tabs at the bottom of the screen to access all the tabs.



Explanation of Tabs:

Each tab is a different page on which to input information:

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Comments #4, #11, #12 - These sheets are where the answers and comments for questions 4, 11, and 12 are entered.

Other 2, 3, 5, 6, 8, 9, 14 - This page is where each participant's information from the "**Other:**" category on questions 2, 3, 5, 6, 8, 9, and 14 is entered. **(Enter the related question number under "Question #." Enter the participant's answer under "Comments and Answers.")**

Survey Info - This page is where all tallied information will be shown. **(You do not have to do anything with this page.)**

How to Input Information:

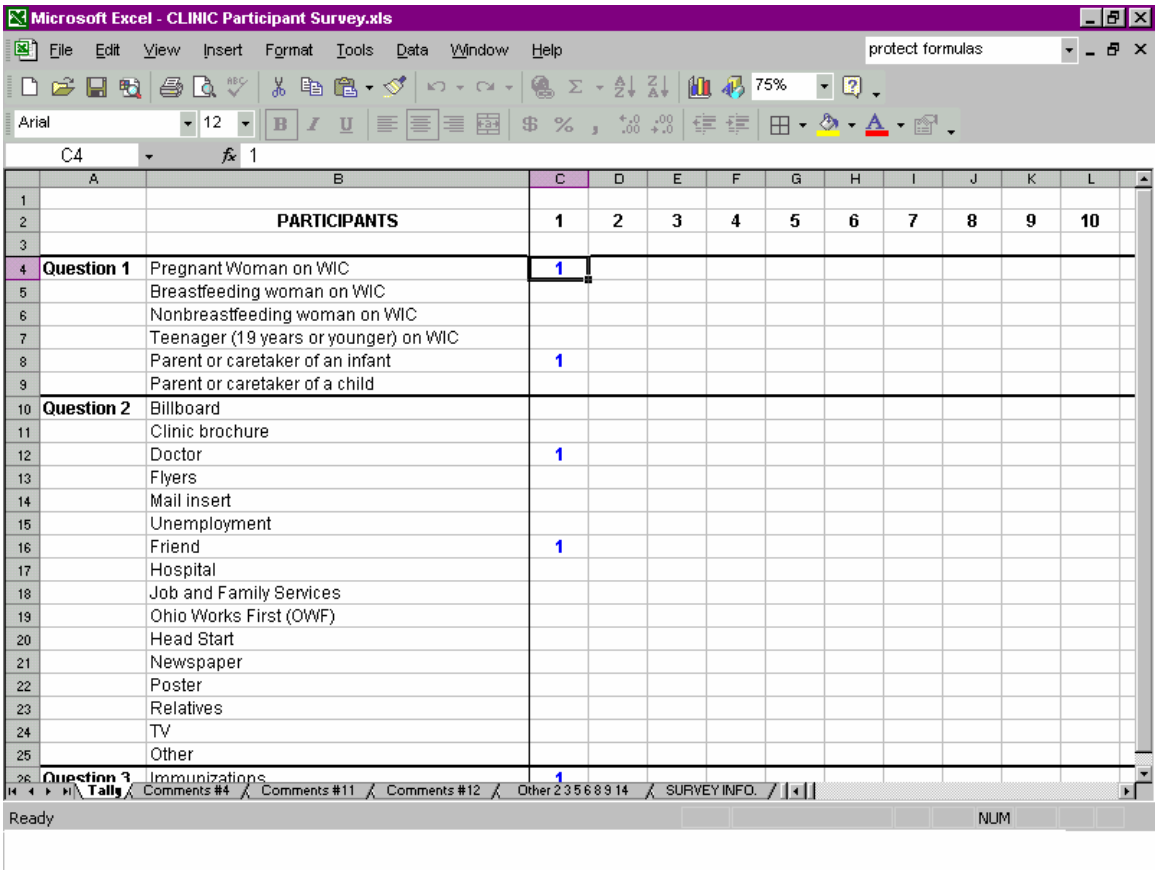
3. To begin to input an individual participant's information, click on the "Tally" tab. The "Tally" tab is set up so that all of the possible answers from the participant survey are on the left side of the sheet and there are numbers across the top of the page starting from 1. There are two options for entering the results of the participant survey. The first is that the information from each participant survey is entered in its own column. The second option is to tally the participant survey results manually and enter the totals on the "Tally" sheet.

   Note: The tally sheet accommodates 250 surveys. If you need more columns than this, you will need to begin another worksheet.

4. **To enter each individual sur vey,** input the responses from the first participant survey under number 1; enter the responses from the second participant survey under number 2 and so on. For each response on the completed participant survey enter a "1" next to that response on the "Tally" sheet (do not enter "X".) The responses to questions 4, 11, and 12 are to be entered on the tabs for those questions. "Other" responses should be entered on the "Other" tab, with the question number typed in the column before the response. There is room for 40 comments on each of the "comments" and "other" tabs. If you need more space than this, you may add as many rows as you need.

   Note: If more than one participant made the exact same comment for a particular question, you only need to type it once and then put the number of times it was made in parenthesis behind it.

5. **To enter all survey info rmation at once,** total the responses to the participant survey manually. Enter these totals next to the appropriate response under column number 1. All responses to questions 4, 11, and 12 are to be entered on the tabs for those questions. "Other" responses should be entered on the "Other" tab, with the question number typed in the column before the response. There is room for 40 comments on each of the "comments" and "other" tabs. If you need more space than this, you may add as many rows as you need.



After entering a participant's information, it will automatically total on the SURVEY INFO tab.

6. When all participant survey data has been entered and saved for all clinics, print the "Survey Info," "Comments," and "Other" sheets for each clinic. You will use this information to do the tally for the entire project.

7. Next, open the file "MASTER Participant Survey." When the file opens, click on "File" and then click on "Save As." Substitute your **project** name and the year for "MASTER" and save it in your "My Documents" file. This will be the file where you will compile the results for your entire project.

8. Once your master copy has been saved, go to the "Tally" sheet and enter the clinic numbers (or names) at the top of each column. Use the "Survey Info" sheets that you printed with each clinic's results to enter each clinic's totals in the appropriate column on the "Tally" sheet. Compile all comments from all clinics on the appropriate sheets on the master participant survey. (See numbers 3-5 above for more detailed instructions.) **This and the assessment are the only files that will need to be sent to the State WIC office.**

9. After all data from all clinics has been entered into the master participant survey file and the file has been saved, print the "Survey Info," "Comments," and "Other" sheets and use this information to write your assessment. The assessment should be typed in Microsoft Word.

10. Once all participant survey data has been entered and saved and the assessment is complete, you are ready to transmit the data. Please submit only the participant survey data and assessment **for the entire project** to the State WIC office. The results for individual clinics are for your information only. **To transmit this information to the State WIC office, attach both the Excel (Master Participant Survey) and the Word (Assessment) files to an email addressed to your Nutrition and Administrative Services Consultant and send it.**

If you encounter any problems or have any questions, call the direct number of your Nutrition and Administrative Services Consultant or 614/644-8571.

WIC REFERENCE MATERIALS AND VIDEO REQUEST FORM

A project can request a maximum of TWO videos and/or training manuals or cassettes per date. They must be returned by **United Parcel Service (UPS)** only. DO NOT send by regular mail.

We will try to fill all requests. If we cannot, the Nutrition and Administrative Services (NAS) Unit secretary will call to set up a substitute date or selection.

To order, send a copy of this completed form to:

Bureau of Nutrition Service
Nutrition and Administrative Services Unit
246 North High Street – 6th Floor
Columbus, OH 43215

Please fill out the following information completely.

Date: _____ **Project Name**: _____

Your Name: _____

Address:_____

_____

Phone number:_____

Videos Requested: (can be checked out for a maximum of two weeks)
Order videos at least three weeks in advance of the date that you intend to use them.

1) _____ 2)_____

Date Needed: _____ Due Date: _____
(Two weeks after date needed)

Training Manuals: (can be checked out for a maximum of two months)

1) _____ 2)_____

Due Date:_____

Cassettes: (can be checked out for a maximum of two months)

1) _____ 2)_____

Due Date: _____

FOR WIC USE ONLY

OUT: **REC'D:**

WIC Specific Nutrition Policies

- Alcohol Screening and Brief Intervention (ASBI) Procedures
  - ✓ ASBI Follow-up Visit Questions – English
  - ✓ ASBI Follow-up Visit Questions - Spanish
  - ✓ ASBI Scoring Tool
  - ✓ ASBI Screening Tool - English
  - ✓ ASBI Screening Tool - Spanish
- Assessment and Documentation of Tube Feedings and Supplement Use with Risk Codes 56, 91, and 93
- Assessment for Overfeeding of Formula
- Gestational Diabetes (GDM) Assessment & Counseling Tips for Health Professionals
- Pica Assessment and Counseling Tips for Health Professionals
- Nutrition Practice Guidelines for Children
- Nutrition Practice Guidelines for Infants
- Nutrition Practice Guidelines for Postpartum Women
- Nutrition Practice Guidelines for Pregnant Women

Alcohol Screening and Brief Intervention (ASBI) Procedures

***Review ASBI video training at: OhioTrain Course#1044743**
For rapport building and clinic flow purposes, ASBI procedures usually occur at the end of the prenatal certification appointment prior to completion of the WTW letter and care plan.

Assessment

A. From the *Screening Tool* and *ASBI Scoring Tool*:
   - Determine need for a brief intervention and high-risk status.
     - Positive (red) answers to questions 2, 3, or 4 of the *ASBI Screening Tool* indicate current drinking while pregnant. The health professional must provide a brief intervention, mark as high-risk on the Nutrition Care Plan (NCP), and schedule a follow-up appointment within 4-6 weeks.
     - Positive (red) answers to questions 1 or 5 indicate risky behavior that increases her risk to consume alcohol while pregnant. The health professional must provide a brief intervention, and schedule for an individual midcertification appointment.
     - Even if the mother reports drinking before she knew she was pregnant, but stopped immediately, any positive (red) answers are treated as stated above. If she continues to abstain at the individual follow-up appointment, she can be made non-high-risk.
     - Negative answers to all questions, require no further follow-up.

B. Remember to use VENA skills to establish rapport and obtain accurate information. Show empathy and cultural awareness by nodding and encouraging the participant to provide details about alcohol use. Ask open ended questions and let the participant lead the conversation.

C. Information to help with critical thinking:
   - Clarify any answers, as needed, without "leading" the participant. Note: more participants misunderstand question 5 that relates to feeling the effects of alcohol. Participants often think the question is asking, "How many drinks till I feel drunk?" Clarify and ask: "I see you marked __ drinks for question 5. What are you feeling after that many drinks?" If she reports reactions that are closer to tipsy or drunk, ask: "How many drinks does it take to feel something that tells you that you drank alcohol, like a warm feeling in your stomach, or the sense that your muscles are relaxing."
   - Check that the information provided on the *Screening Tool* matches or relates to the answers provided on the *Health History* (HHX)form. Clarify with documentation if needed. Remember: the substantiation of risk code 47 is dependent on *Health History* documentation.

Counseling

A. Review the **entire** *WIC Project Care Health and Behavior Workbook.*

B. Emphasize pages related to participant answers and participant acceptance. (In rare instances, a participant can refuse to review the workbook.)
C. Always complete the goal page.
D. Basic counseling message: no alcohol during pregnancy.
E. If the participant cannot commit to abstinence, counsel to decrease alcohol intake.
F. If the participant is concerned of alcohol effects to her baby, refer to her doctor and reassure her that by stopping now she is doing the best for her baby.
G. Refer to treatment as needed for more thorough counseling.

Plan

As you review the workbook with the participant, you will use critical thinking to assess her alcohol use, her attitudes toward alcohol consumption, and the situations in which she uses alcohol to cope. A plan will be created with this information in mind.

A. You will help her identify risky situations and help her identify ways in which she can cope with her risky situations. Her way of coping with her risky situation can be her nutrition goal. Some common strategies are:
    - Going for a walk or exercising
    - Talking to a trusted friend
    - Having something other than alcohol to drink- like mixing fruit juice with carbonated water/soda
    - Having a snack instead

B. If the participant is sure she cannot abstain from drinking alcohol use, she will need to identify ways to drink the least amount of alcohol possible. Her way of decreasing consumption can be her nutrition goal. Some common strategies are:
    - Drinking the drink slowly to make it last and not drinking directly from the container
    - Diluting the alcohol down with juice, water, soda
    - Eating food while drinking alcohol

Documentation

On the *HHX, Screening Tool* or *Nutrition Care Plan* (NCP) if a participant screens positive and a brief intervention is given:

A. S/O: any information provided by the participant regarding alcohol use

B. Assessment: appropriate codes +
At a minimum must include:
    - Documentation of ASBI completed.
    Acceptable examples: "ASBI-done", "ASBI – refused"
    - Remember: risk code 47, although related to a participant's diet, is **not** considered a diet assessment.

C. Plan:

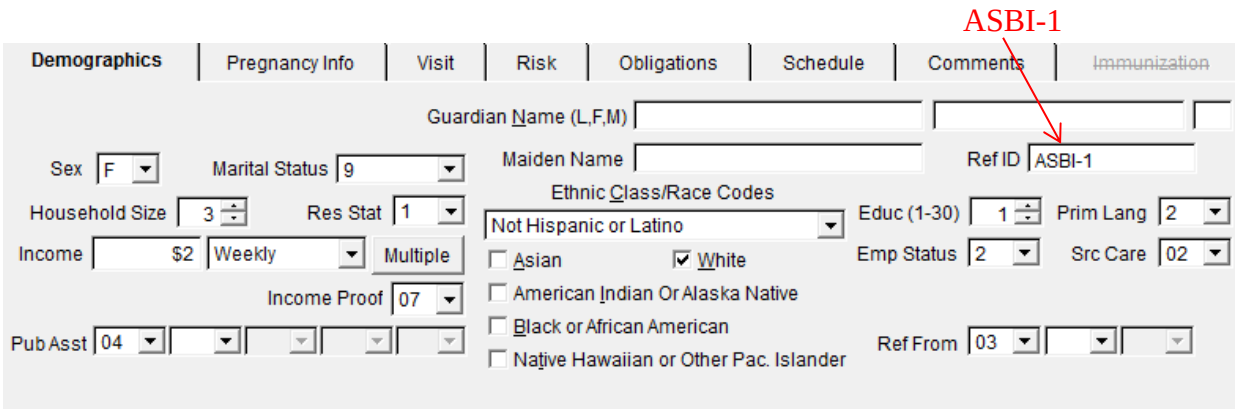
- Generally, the plan on the NCP and goal on the WTW letter will be consistent and related to abstaining or decreasing alcohol use unless the participant has made it clear they want to follow a different self-selected goal.

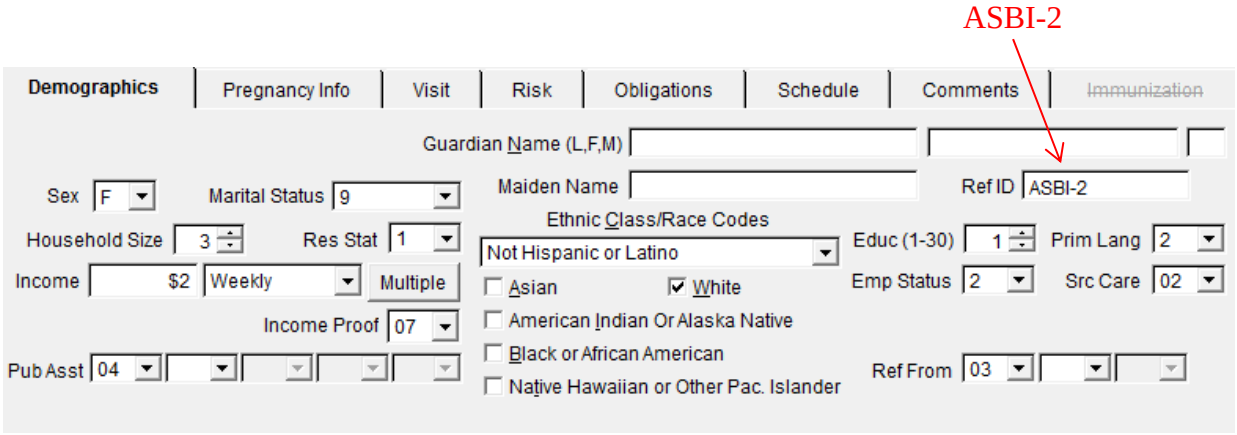
- Generally the alcohol related goal in the *WIC Project Care Health and Behavior Workbook* should also match the NCP and WTW letter.

- Examples:
  "Stop using all alcohol."
  "Quit drinking alcohol."
  "Drink only one drink per week."
  "Take a walk when the urge to have a beer happens."
  "Dilute wine with fruit juice and soda to decrease amount."

Computer Documentation

Reference ID field on the Demographics screen to record your ASBI data; please enter ASBI-1 for women that are screened, and use ASBI-2 for women that are screened and that receive intervention (see picture below). Run the ODHWIC0022 - Reference Text Summary report available in Cognos to keep track of the number of pregnant women screened (ASBI-1) and the number of pregnant women screened and who received a brief intervention (ASBI-2).





ASBI Follow-up Visit Questions

Participant ID_____

Today's Date: __ __/__ __/__ __ __ __
Mo Day Yr

---

1. **How often did you have 4 or more drinks in one day in the past 30 days?** Circle your answer below.

   10 or more 9 8 7 6 5 4 3 2 1 0

2. **How many drinks did you have on a typical day when you were drinking alcohol in the past 30 days?** Circle your answer below.

   10 or more 9 8 7 6 5 4 3 2 1 0

3. **During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?**

   Write one number between 0 and 30 days. _____days

4. **Since the first visit when we talked about drinking have you had an alcoholic beverage?** Check your answer.

   ___Yes ___No

Preguntas de la Visita de Seguimiento de ASBI

ID del Participante_____

Fecha de Hoy: __ __/__ __/__ __ __ __
Mes Día Año

---

1. ¿Cuán a menudo bebió 4 o más bebidas con alcohol en un día en los últimos 30 días? Circule su respuesta.

10 o más 9 8 7 6 5 4 3 2 1 0

2. ¿Cuántas bebidas con alcohol bebió usted en un día típico cuando consumió alcohol en los últimos 30 días ? Circule su respuesta.

10 o más 9 8 7 6 5 4 3 2 1 0

3. ¿Cuántos días bebió una o más bebidas con alcohol durante los últimos 30 días?

Escriba un número entre 0 y 30 días. _____días

4. ¿Desde la primera visita cuando hablamos acerca de beber, ha consumido alguna bebida con alcohol? Marque su respuesta.

___Sí ___No

ASBI Scoring Tool

1. Before you were pregnant, how often did you drink beer, wine, or other alcoholic beverages?

- ☐ 4 or more times a week
- ☐ 2-3 times a week
- ☐ 2-4 times a month
- ☐ Monthly or less
- ☐ Never

2. Currently, how often do you drink beer, wine, or other alcoholic beverages?

- ☐ 4 or more times a week
- ☐ 2-3 times a week
- ☐ 2-4 times a month
- ☐ Monthly or less
- ☐ Never

3. Currently, how many drinks do you usually have at one time?

10 or more 9 8 7 6 5 4 3 2 1 0

4. Within the last <u>month</u>, how many times have you had 3 or more drinks at one time?

10 or more 9 8 7 6 5 4 3 2 1 0

5. How many drinks does it take until you feel the effects of alcohol?

10 or more 9 8 7 6 5 4 3 2 1 0

Stop here.

Participant ID #_____Today's date:_____

ASBI Screening Tool

1. Before you were pregnant, how often did you drink beer, wine, or other alcoholic beverages?

- ☐ 4 or more times a week
- ☐ 2-3 times a week
- ☐ 2-4 times a month
- ☐ Monthly or less
- ☐ Never

2. Currently, how often do you drink beer, wine, or other alcoholic beverages?

- ☐ 4 or more times a week
- ☐ 2-3 times a week
- ☐ 2-4 times a month
- ☐ Monthly or less
- ☐ Never

3. Currently, how many drinks do you usually have at one time?

10 or more 9 8 7 6 5 4 3 2 1 0

4. Within the last <u>month</u>, how many times have you had 3 or more drinks at one time?

10 or more 9 8 7 6 5 4 3 2 1 0

5. How many drinks does it take until you feel the effects of alcohol?

10 or more 9 8 7 6 5 4 3 2 1

Stop here.

Participant ID #_____Today's date:_____

Instrumento de Detección de ASBI

1. ¿Antes de estar embarazada, cuán a menudo consumió cerveza, vino, o otra bebida alcohólica?

- ☐ 4 o más veces en semana
- ☐ 2-3 veces en semana
- ☐ 2-4 veces al mes
- ☐ Mensual o menos
- ☐ Nunca

2. ¿Actualmente, cuán a menudo consume cerveza, vino, o otra bebida alcohólica?

- ☐ 4 o más veces en semana
- ☐ 2-3 veces en semana
- ☐ 2-4 veces al mes
- ☐ Mensual o menos
- ☐ Nunca

3. ¿Actualmente, cuántas bebidas con alcohol usted usualmente bebé en cada ocasión?

10 o más 9 8 7 6 5 4 3 2 1 0

4. ¿En el último <u>mes</u>, cuántas veces a bebido 3 o más bebidas con alcohol en cada ocasión?

10 o más 9 8 7 6 5 4 3 2 1 0

5. ¿Usualmente, cuántas bebidas con alcohol ha bebido cuando siente los effectos del alcohol?

10 o más 9 8 7 6 5 4 3 2 1

Pare Aquí.

Número de ID del Participante_____Fecha de Hoy:_____

Assessment and Documentation of Tube Feedings and Supplement Use with Risk Codes 56, 91, and 93

Assessment:

A. **On the Health History Form (HHX) for pregnant, breastfeeding, or postpartum women if the participant is being tube fed or receiving a supplement, the HP checks:**

√ prenatal weight gain chart and updates with current weight;
√ prenatal weight and current weight;
√ documentation of any medical issue covered by risk code 93 or 91;
√ documentation of vomiting, constipation or diarrhea;
√ documentation on prescription;
√ use of and tolerance of any solid foods; and
√ resources to pay for formula if not on WIC Authorized Foods List (AFL) or needs more than WIC can supply.

HP asks (if not evident on HHX form/script): " Do you use all of the formula ordered each day for the tube feeding?" "Can you tell me how you mix it up?" "Have there been any issues with the tube feeding - clogging in the tube, the tube feeding bag not emptying all of the way?" "Is any other food or liquids given down the tube or PEG?"

B. **On the HHX form for infants or children if they are tube fed or receiving a supplement, the HP checks:**

√ growth chart and updates with current length or height and weight;
√ documentation of any medical issue covered by risk code 93 or 91;
√ documentation of vomiting, constipation or diarrhea;
√ documentation on prescription;
√ use of and tolerance of any solid foods; and
√ resources to pay for supplement if not on WIC AFL or needs more than WIC can supply.

HP asks (if not evident on HHX form): "Can you tell me why your doctor has you mixing the formula differently?" "Can you tell me why the doctor has changed the formula?" "Has Emily been taking all of the formula? "Can you tell me exactly how you mix it up?" "Have there been any issues with the tube feeding - clogging in the tube, the tube feeding bag not emptying all of the way?" "Is any other food or liquids given down the tube or PEG?"

C. **Remember to use VENA skills to establish rapport and discuss the use of specialized formula or tube feeding in a nonthreatening matter-of-fact tone.**

- Show empathy and cultural awareness by nodding and encouraging the participant to provide details about growth, tube feeding or supplement tolerance, and healthcare provider appointments and recommendations.

- Use critical thinking skills to determine what plan or actions are needed by the HP and if a referral is needed.

D. **Information to help with critical thinking:**
   - Is the tube feeding/supplement on the AFL? Will a Medicaid letter be needed?
   - Is the participant being seen regularly by a healthcare provider, healthcare team, or dietitian? (includes tests, weight checks, feeding studies, etc.)
   - Is the tube feeding/supplement appropriate? (Diagnosis, medical issues, any hospitalizations)
   - Can the participant receive extra calories from "regular" foods? Is weight gain acceptable?
   - Does WIC Policy and Procedure Manual allow the use of formula/supplement in this circumstance?
   - Is this a case of a small infant or child that shows consistent growth on growth chart – questionable that supplement is needed or that a different one would work better?
   - Has the exact same amount of tube feeding or supplement been ordered for years?
   - What resources does the participant have available? (BCMH, EI, Public Health RN, etc.)
   - Is there information that may be missing? (Doctor's office has different growth parameters, need update of medical issues, surgeries, hospitalizations, etc.)

Counseling

- Does the participant need more information to fully implement what the doctor has ordered? Does she understand the care plan? Will she accept a referral?
- Your counseling should supplement what the prescribing dietitian, doctor, or healthcare team is doing. In some cases, the participant understands the care plan and is so well informed, you will not need to do much counseling! Other times, the participant may have to wait until you speak to the doctor before you can provide counseling and benefits.

Plan

A. **Use critical thinking to assess the diet and use diet tips or refer.**

Diet Tips

- Discuss appropriateness of formula or supplement (reinforce care plan) or need to speak with doctor before you can provide benefits.
- Suggest use of instant breakfast products or dry milk powder in milk (for women or children).
- Discuss any higher calorie food choices (as appropriate).
- Correct mixing instructions, if you note they are incorrect.
- Provide Medicaid letter, as needed.

B. **Remember the scope of practice for RD, LD, DT, DTR, and RN in WIC and our opportunity in providing for quality continuity of care.**

- Discuss formula information (physician care plan) and tolerance.
- Recommend changes (if WIC cannot supply a supplement) as needed to physician or healthcare team.

C. **Can weigh and measure during high-risk appointment or any time the participant is brought to the clinic.**

D. **Refer to physician, dietitian, or healthcare team.**

When to refer:

- When you question person's ability to mix formula or provide a tube feeding correctly, prescribed tube feeding or supplement is not tolerated or being used by the participant, or anytime participant has questions that need answered by a specialist.
- When the participant's growth is falling off growth chart or when no medical issues are documented on the WIC chart yet.

Assign codes and food package

If through your questions you have determined and documented that the tube feeding and/or supplement is appropriate, assign the appropriate risk codes and food package.

Documentation

On the HHX or Nutrition Care Plan (NCP)

A. S/O: tolerance of formula, use of any solid foods, any information that is provided by the participant or guardian that is related to the tube feeding or supplement.

B. Assessment: 93, 91, 56 + any other appropriate codes.
At a minimum **must** include:
Amount of tube feeding/supplement consumed per day
Tolerance or complications of tube feeding/supplement
Concerns, if any, regarding the caregiver's ability to provide the feeding or compliance issues
Contact with the physician, if necessary, to change amount or type of feeding

Diet assessment examples:
"Averages 1080 cc/day Pediasure & tolerating well. Mom has good knowledge and skill in providing TF." OR
"Drinks 1 Ensure/day, but 2/day ordered. Not tolerating Ensure well. Left message w/DR and suggested change to CIB." OR
"Drinks 2 Pediasures/day as ordered and tolerates. Eats all foods well. Very small child wt/ht is 25%. Contacted State WIC and DR and agreed to supply 1 can Pediasure/day since new foster child and no reliable growth HX. WIC to follow growth at midcert – possibility of decreasing or stopping supplement if growth maintained."

C. Referral : If needed and done, mark box.
   Referral can be paper or verbal. HPs may want to call the physician if there are immediate needs to change the requested formula or amounts of the formula.

***Even if the HP receives information (script) during a midcertification appointment or as a walk-in during a busy clinic, the HP is expected to use critical thinking to assess and document tube feeding/supplement average amount and tolerance on the NCP.**

Assessment for Overfeeding of Formula

From Section 311 of WIC Policy and Procedure Manual:
"Health professionals **must** assess for overfeeding and incorrect feeding position to prevent milk-based low-lactose added rice starch formulas from being misused for normal infant spit-up, and it **must** be documented in the participant's chart. In these instances, instruction should be given on appropriate volumes for age and/or correct feeding positions."

Assessment

A. From health History (HHX) form:
   - Determine how much formula the infant is taking in 24 hour period. Specifically ask and record number of ounces/feeding and how many feedings per 24 hour period.
   - Note if mixing correctly and/or if formula is mixed per alternate directions from a health professional.
   - Note prematurity, reflux or other medical conditions that may induce caregiver to overfeed.
   - Note any medication for reflux.
   - Note additional foods provided with formula (early use and/or high amounts).
   - Note propping or infant feeder use.

B. Remember to use VENA skills to establish rapport and obtain accurate information. Show empathy and cultural awareness by nodding and encouraging the caregiver to provide details about infant feeding. Ask open ended questions and let the caregiver lead the conversation.

C. Information to help with critical thinking:
   - Is the caregiver naming or using any feeding cues?
   - If no feeding cues are named, ask about cues (see TMF1card) or ask the caregiver to describe how the infant sucks at the beginning of feeding versus as the feeding progresses. Is caregiver noting presence or absence of active suck?
   - Does it appear that the feedings are infant-led or self-paced?
   - Is spit-up or vomiting noted? Can the caregiver tell the difference between the two?
   - What does weight gain and growth look like?
   - Consider and compare the documented amount of formula and rate of feeding per 24 hours with *Infant Formula Intake Guidelines* Table 310B.
   - Consider calorie needs per weight. Use Infant Nutrition and Feeding Disk (page 15 Estimated Energy Requirements or Guidelines for Feeding pages 195-196.)
   - Consider any of the information contained in Table 319, *Suggestions for Managing Suspected Formula Intolerance.*
   - Ask about position used during and after feeding (play time after feeding, 60º angle, tummy time, etc.)

Counseling

A. Overfeeding: Counsel on the appropriate techniques so the caregiver can resolve the issue without changing or using inappropriate formulas.
B. Not overfeeding: Provide any information that supplements what the prescribing dietitian, doctor or healthcare team is doing.
C. Counsel on appropriate intake and growth.

Plan

A. Use critical thinking to assess the diet and use diet tips.

   Diet tips
   - Discuss appropriateness of the formula (reinforce care plan) or need to speak with the doctor before you can provide benefits.
   - Correct mixing instructions, if you note they are incorrect.
   - Demonstrate feeding positions, as needed.
   - Discuss paced feeding and feeding cues with mom.
   - Review the difference between normal spit up and vomiting, if needed.

B. Can weigh and measure during high-risk appointment or any time the participant is brought to the clinic.

Documentation

On the HHX or Nutrition Care Plan (NCP)

A. S/O: any information provided by the caregiver that affects regurgitation, use of spit up formula, overfeeding

B. Assessment: appropriate codes *and*
   At a minimum must include:
   - Your assessment of feeding practice (overfeeding) and positioning if you are providing a food package with a milk-based low-lactose added rice starch formula

   Diet assessment examples:

   - Acceptable for issuance of formula
     "Not overfeeding/positioning is OK"
     "Amounts and feeding positions WNL"

   - Rationale for not providing formula
     "Overfeeding d/t use of infant feeder."
     "Positioning OK/overfeeding of formula."

C. Plan: Contact with the physician if necessary, to change the type of formula

Gestational Diabetes (GDM) Assessment & Counseling Tips for Health Professionals

Adapted from HP Newsletter 3/5/2013

Background Information

Newer studies show that women diagnosed with GDM and who follow a healthy diet in the years after pregnancy can significantly reduce their risk developing type 2 diabetes.(1) WIC health professionals can help these women and their families follow a healthy diet and include an appropriate activity level. This Assessment & Counseling Tips will provide a brief review of GDM, discuss assessment, counseling and education, documentation, and resources that can be used.

A. GDM Definition and Characteristics (2)

- diagnosed during pregnancy
- similar to type 1 or type 2 diabetes where the body is not able to use glucose efficiently
- glucose level is higher than normal
- occurs in about 2-10% of pregnancies
- most common metabolic disease of pregnancy
- highest occurrence in women who are Hispanic/Latina, African-American, American Indian, Asian, Pacific Islander or Alaskan Native women; overweight or obese; or from a family with high incidence of diabetes
- actual diagnosis is made from test results listed below (3) (See Appendix 200 *Justifications and References* Risk Code 44 for further specific information. Also note that currently there is some discussion regarding choice of tests and diagnosis resulting in the National Institutes of Health convening a Consensus Development Conference to assess available data.)

B. GDM Diagnostic Levels (3)

Time(h)	100-g Oral Glucose Load	75-g Oral Glucose Load
Fasting	95 mg/dL (5.3 mmol/L)	95 mg/dL (5.3 mmol/L)
1	180 mg/dL (10.0 mmol/L)	180 mg/dL (10.0 mmol/L)
2	155 mg/dL (8.6 mmol/L)	155 mg/dL (8.6 mmol/L)
3	140 mg/dL (7.8 mmol/L)	

C. Diagnosis of GDM

The table above provides information for blood sugar levels that reflect a GDM diagnosis. (See Appendix 200 Justifications and References Code 44 for further specific information. Also note that currently there is some discussion regarding choice of tests and diagnosis resulting in the National Institutes of Health convening a Consensus Development Conference to assess available data.)

D. Treatment of GDM

Diet counseling or Medical Nutrition Therapy (MNT) is one of the primary treatments for the management of GDM. A dietitian or certified diabetes educator will provide a carbohydrate-controlled meal plan that promotes good nutrition and healthy weight gain, achievement and maintenance of normoglycemia, and absence of ketosis. **Breastfeeding should be strongly encouraged as it is associated with maternal weight loss and reduced insulin resistance for both mother and baby.** Health professionals may also see insulin or oral hypoglycemic agents used.

E. Complications of GDM (2)

For mom:
> more likely to develop type 2 diabetes (Risk increases if mom has excessive weight gain or is obese.)
> difficult labor and delivery with caesarian section if baby too big
> higher blood pressure
> higher risk of infection

For child:
> fetal growth retardation or excessive growth
> congenital birth defects
> higher risk for preterm delivery
> low blood sugar and calcium at delivery
> jaundice
> birth trauma including shoulder dystocia due to macrosomia
> increased risk for cardiometabolic diseases (obesity, pre-diabetes, type 2 diabetes)
> higher adiposity (fat cell mass) associated with higher systolic blood pressure
> impaired fine and gross motor functions
> increased rates of inattention and hyperactivity

Assessment:

A. Health History Form Clues that mom has been diagnosed with GDM or is at risk of the diagnosis

- Mom had current baby or previous baby weighing 9 pounds or more a birth.
- Diabetes is checked as a health problem.
- Insulin or oral hypoglycemic medications are listed.
- Diabetic diet, “counts carbs,” low carb diet or other similar verbiage is listed under “Are you on a special diet?”
- High prepregnancy weight, high weight gain during pregnancy, overweight or obese (postpartum) is noted.
- Prenatal weight gain chart indicates elevated weight gain or overweight or obese.
- If participants list “diabetic” as a health problem and checkmark no special diet, clarification is needed!

B. Clarifying Questions

Depending on the information provided by the mom, any of these sample probing questions are appropriate:

Prenatal or Postpartum Visit

- "You listed diabetes, tell me what that means. What are you doing about it? Do you understand the risks for you and your infant?"
- "Tell me about your diet, were you given a meal plan or instructions to count carbs? How do you follow it? Did someone talk to you about how to prepare your foods?"

Postpartum Visit

- "Did your doctor tell you that you are at risk of developing type 2 diabetes? Did he schedule you for testing?"
- "Did your healthcare provider talk to you about your diet or activity level? Do you still need to take insulin (medications)?

C. Assessment

After clarifying mom's strong and weak points in regard to GDM, make your assessment and write it on the Nutrition Care Plan. Samples include:

- "Following diabetic meal plan very well."
- "Good adherence to diabetic diet."
- "Low knowledge of meal plan and still eating many simple sugars."
- "High use of high fatty and sugary foods."
- "Low use of high fiber foods."

Assign risk codes, mark as high-risk, make an individual midcertification appointment or use documentation from an appointment made with an off-site dietitian as midcertification appointment. (See high-risk policy Section 403.1B.)

Complete a *WIC Interagency Referral and Follow-up* Form (HEA 4427) if necessary. (You have concerns that the mom is not following diet guidance or needs more instruction, want to obtain the meal pattern for future reference, or desire to collaborate on the education or follow-up appointments.

Counseling

A. Incorporating VENA Skills and Defining a Goal

Lead with a statement such as one of the following examples:

- "I've asked you many questions about your diet and the information you wrote on your Health History form and these are my concerns …"
- "GDM is a risk during your pregnancy, but you can control it by following the diet and activity suggested by your doctor (dietitian, etc.). I want to be sure that you understand what to do and help you anyway I can. It can be hard to make diet changes all at once; perhaps I can help you with that? What is the hardest change for you?"

- "You remember that GDM was a risk during your pregnancy, it is still a risk for you and your child. Did you know that women who have had GDM can go on to have type 2 diabetes or their children can have type 2 diabetes when they grow up? I want to be sure that you understand what to do and help you anyway I can. Are there parts of the diet that are harder to follow than others? Tell me about that.
- "Lucky for us, WIC provides foods that are high in fiber - whole wheat bread products, fruit and vegetables, whole grain cereals and beans - that will help keep you full and help keep your sugars normal. Are you purchasing these items? How can I help you eat more of these items?"
- "Did you know that following the MyPlate Guidelines is very much like following a diet for diabetes? Can I give you a few ideas on how you can decrease your portions, eat more fiber, try more vegetables, etc.?"

B. Counseling and Goal Setting

- Mom leads: mom decides on the specific goal. If your transition to goal setting was memorable, she will *want* to set a goal related to her GDM!
- What every health professional can say:
    - "The diet that is recommended for diabetics or preventing type 2 diabetes is a healthy diet for everyone much like the MyPlate guidelines. It is low fat, has smaller portions, and WIC foods fit into this manner of eating. What portion of your eating habits can we work on today?"
    - "Since you had GDM during this pregnancy, it is important that you continue to maintain (or change) your habits to get your weight back to prepregnancy levels. (Encourage further weight loss if mom was overweight or obese prenatally.)
    - "I know you said you were not sure about breastfeeding. While you are thinking about our conversation today and looking at the materials I gave you, you might also want to consider that breastfeeding will help lower your blood glucose level and protect your baby from developing type 2 diabetes. This is kind of like getting a two-for-one coupon at the store! "

C. Counseling Tips

- Encourage moms to tell her doctor that she had GDM and tell the pediatrician as the child could have future issues.
- Encourage moms to get tested 6-12 weeks after the baby's birth.
- Breastfeed - it lowers the rate of infant being overweight or obese & helps her return to prepregnancy weight sooner.
- Tell her doctor before her next pregnancy
- Try to get to prepregnancy weight 6-12 months after birth.
- Make healthy food choices – emphasize how WIC foods can help!
- Eat smaller portions.
- Be active.

Referrals

Do you know who provides diabetes counseling in your area? Can you readily access resources to help your mom? All Projects Letter (APL) #2010-110 contains many resources that can be assessed and used.

Midcertification Education

- Check mom's height and weight, praise appropriate weight gain (pregnancy) or loss (postpartum), but do not emphasize weight. (It is more important to emphasize diet success!
- Probe for more information that she understands and is following the advice of the doctor or dietitian.
- Document the content of the session on the *Nutrition Care Plan*.
- Document if her goal was met:
    - No? Can it be restated or approached another way so she can be successful?
    - Yes? Is she ready for a new goal or does she need support to maintain the chosen goal?

Resources:

Gestational Diabetes in Ohio: What Healthcare Providers Need to Know. OhioTRAIN Training Webinar, May 2012

Gestational Diabetes in Ohio – Databook
http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/hprr/diabetes%20prevention%20and%20control/gestationaldiabetesinohio2006-2008.ashx

Gestational Diabetes Supplement
http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/hprr/diabetes%20prevention%20and%20control/supplementgestationaldiabetes.ashx

Gestational Diabetes 0244.13 WIC brochure available from State office

Various handouts available
http://ndep.nih.gov/

Got Diabetes? (CDC#21-1096) & Diabetes and Pregnancy (CDC#21-1095)
http://www2.cdc.gov/ncbddd/faorder/orderform.htm

Diabetes and Pregnancy, Gestational Diabetes, CDC
http://www.cdc.gov/ncbddd/pregnancy_gateway/documents/Diabetes_and_Pregnancy508.pdf

References

1. Deirde K. Tobias, ScD et al. Healthful Dietary Patterns and Type 2 Diabetes Mellitus Risk Among Women With a History of Gestational Diabetes Mellitus. *Archives of Internal Medicine* 2012; 172 (NO 20) 1566-1572.

2. Gestational Diabetes in Ohio: What Healthcare Providers Need to Know. OhioTRAIN Training Webinar, May 2012
3. WIC Policy and Procedure Manual Appendix 200 Risk Code justification and references. Risk Code 44 2012.
4. Seshiah Veeraswamy, et al. Gestational Diabetes: The public health relevance and approach. *Diabetes Research and Clinical Practice 2012; 97 350-358.*

Pica Assessment & Counseling Tips for Health Professionals

Adapted from APL 2012-74 issued 9/6/2012

Assessment:

A. On the Health History (HHX) Form for P, B, &N:
"Check any of these non-food items that you **eat** or **crave**."
HP asks:
- "Are you craving these items or actually eating them?" (Craving is **not** used for risk code selection, but the woman may need further monitoring.)
- "Tell me more about these items you selected, like how long have you been eating them or how frequently do you eat them?" (Use answers to determine if she is compulsively ingesting the items and determine if referral is needed.)
- "Did you eat these items before you were pregnant/breastfeeding/before you had a baby?" (Determine if pica is ongoing concern, possibly related to culture.)
- "Why do you think you crave or are eating these items?" (Determine if cultural, family environment, etc. issue and if referral is needed.)
- "Could you stop eating these items if asked to?" (Determining if compulsive activity and if woman is ready to make a goal to stop or replace the nonfood craving/eating habit.)

B. On the HHX form for children:
"Please check all the nonfood items your child eats."
HP asks:

- "Tell me more about the items you selected, like how long has your child been eating them or how frequently does he eat them?" (Use answers to determine if compulsively or routinely ingesting the items & determine if referral is needed. Is child just exploring his world?)
- "Why do you think he is eating these items?" (Determine if cultural, family environment, etc. issue and if referral is needed.)

C. Remember to use VENA skills to establish rapport and discuss pica in a nonthreatening matter-of-fact tone. Show empathy and cultural awareness by nodding and encouraging participant to speak about the nonfood habits. Use critical thinking skills to determine if the situation should be assigned a risk code, what plan or actions are needed by HP, and if a referral is needed.

D. Information to help with critical thinking:
Pica can be related to:
- Autism (Is someone else following/working on the behavior?)
- Food deprivation (Is the situation resolved? Is someone else following?)
- Neglect (Is someone else following/working on the behavior?)
- Lack of supervision (Is someone else following/working on the behavior?)
- Low iron (What is Hgb today? Should WIC do a test?)
- High lead (Has it been tested?)

- How serious is the PICA?
- Depends on the item eaten/frequency of ingestion

E. Assign the risk code?
If through your questions you have determined and documented that the woman is "compulsively ingesting nonfood items" or the child is "routinely ingesting nonfood items." (Quotes from the PPM risk code 30)
Having more ice in drinks during the summer is not PICA. Eating ice because the apartment has no air conditioning could be mild PICA; it depends on the rest of your diet assessment.

Counseling

Address risks to mom and baby's health (pregnant) or to child's health.
Are you receiving buy-in from the participant? Does the participant need more help to curb or stop habit? Does the participant want to stop the habit? Will she accept a referral?

Plan

A. Use critical thinking to decide to assess diet & use diet tips or refer.

Diet Tips:

- Dry milk powder, dry cereal, trail mix, pretzels or crackers instead of starch
- Frozen fruit instead of ice
- Gum as a safe substitute
- Peanut butter as a substitute for clay
- Graham cracker crumbs instead of dirt

B. Remember: the scope of practice for RD, LD, DT, and RN in WIC: discuss diet/check iron sources/refer/not a mental health professional.

C. Could recheck Hgb even if not the usual appointment to check Hgb.

D. Refer for lead testing (depending on item consumed).

E. Refer to physician/mental health professional.

F. When to refer?
Whenever the HP determines that the pica is severe, is harmful to participant, the HP determines that the physician needs to know the information.

Documentation

A. On the HHX or Nutrition Care Plan (NCP) under S/O: frequency of pica, that woman is actually eating the items, check marked/circled "eat," any follow-up provided by other health professionals.

B. NCP Assessment: 30-pica + other assigned risk codes. Note: by assigning risk code 30 you have provided a targeted diet assessment.

C. NCP Referral (if needed/done). Referral could be paper or verbal.

Nutrition Practice Guidelines for Children (one to five years)

The practice guidelines are intended to help guide the development of the nutrition care plan. Covering the entire list in one session is **not** required nor warranted. Choose the items which are most applicable for each participant or situation, prioritize them, set up a care plan, and provide appropriate follow-up care.

(1) Review the child's growth chart with the parent/caregiver. Discuss normal growth, how this child's growth compares with national standards, and possible factors influencing growth patterns, such as heredity, illness and eating patterns.

(2) Discuss the nutritional needs for child's growth and development in terms of MyPlate guidelines.

(3) Encourage caretakers to take advantage of children's curiosity about food at this stage by encouraging exploration of new foods.

(4) Discuss the importance of the caretaker's attitude towards food and eating. Children will imitate caretakers at mealtimes and quickly learn family food preferences.

(5) Warn the caregiver that practices such as forcing children to eat, bribing them, or teasing them will often cause battles at meals or resentment that may lead to "finicky" eaters or later eating disorders. Mealtimes should be pleasant and relaxed.

(6) Discuss the caregiver's responsibility to make appropriate foods available and to provide structured meals and snacks.

(7) Remind the caregiver that it is still the child's responsibility to decide how much to eat, and if to eat at all.

(8) Counsel the caregiver about food jags (child insists on eating only one or two foods for an extended period) and techniques for handling them. Caregivers need to accept normal developmental stages and their effect on food intake.

(9) Encourage introduction of new foods one at a time in a neutral fashion and in small quantities.

(10) Suggest using small utensils (cups, forks, etc.) which are easy to manipulate for children whose motor skills are still developing.

(11) Discuss food portions appropriate to the age and appetite of the individual child. Small amounts (with second helpings when requested) are more encouraging to a child than oversized portions. A general rule of thumb: a serving is one tablespoon per year of age.

(12) Reinforce that children know when they have had enough to eat. Children should be allowed to stop eating when they feel full even when there is food left on their plate.

(13) Encourage caregivers to provide nutritious food in the home and in other settings in which the child eats to help the child learn how to make good food choices. The primary caregiver should monitor food given by babysitters, day care, etc.

(14) Encourage caretakers to serve three meals and two-to-three snacks daily. Between-meal snacks should be planned so they do not interfere with appetite at mealtimes but are part of the total day's food intake.

(15) Healthy snacks for preschoolers over two years of age include:

- low fat cheeses;
- unsalted crackers;
- raw fruits and vegetables cut in easy-to- handle pieces;
- hard cooked eggs;
- peanut butter
- cereal and low fat milk;
- juices; and,
- low fat yogurt.

(16) Caregivers should avoid sticky, sugary snacks to promote good dental health.

(17) Suggest that caregivers allow the child to help prepare the family meals. This is a great way for a preschooler to develop an interest in food and to practice developing skills.

(18) Offer the following information so that small children can enjoy eating healthy foods and do so without choking.

- Fresh fruits and vegetables offer interesting colors, textures and tastes. These foods can be chopped or sliced into easily handled pieces.
- Vegetables will be accepted more readily if they are not overcooked.
- Meats are easier to chew and digest if they are tender and juicy or prepared with a sauce.
- Children usually prefer mild flavors and simply prepared foods that are soft and easy to chew. Children often prefer single foods rather than mixtures such as casseroles.
- Young children are at risk for choking, so avoid giving them

peanuts, popcorn, hard candies, or hot dogs cut into circles. Children should be seated when eating and adults should supervise for the possibility of choking.

(19) As children approach school age, meal patterns are still important. Caregivers should:

- encourage the child to eat breakfast,
- inquire about school lunches or provide home-prepared lunches, and
- continue snack time supervision.

(20) Review food sources of iron and Vitamin C with the caregiver. Review foods or substances which enhance or prevent iron absorption.

(21) Encourage physical activity and avoidance of excessive television viewing. Encourage activities for the whole family

Nutrition Practice Guidelines for Infants

The practice guidelines are intended to help guide the development of the nutrition care plan. Covering the entire list in one session is **not** required nor warranted. Choose the items which are most applicable for each participant or situation, prioritize them, set up a care plan, and provide appropriate follow-up care.

A. For All Infants

(1) Explain nutritional needs for infant's growth and development in relation to breastmilk or formula intake and the introduction of solid food.

(2) Discuss normal growth and how this infant's growth compares with national standards and possible factors influencing growth patterns; e.g., breastfed or low birth weight.

(3) Counsel the parent/caregiver about the baby's feeding patterns and provide appropriate anticipatory guidance. Encourage demand feeding. Help caregivers understand that their baby will not be predictable. Discuss dehydration indicators and infant cues that indicate hunger and satiety.

(4) Discuss developmental patterns of feeding and eating and approximate time frames relative to the infant's age.

(5) Recommend that the feeding of semisolid foods be delayed until the infant's consumption of food is no longer a reflexive process and the infant has the fine, gross, and oral motor skills to appropriately consume them; i.e., at approximately six months of age.

(6) Discuss the supplementation of breastfeeding or formula with other foods or fluids including the recommendation that fruit juice be given to infants in a cup rather than a bottle.

(7) Caution the caregivers not to give the infant honey, tea, sweetened or caffeine containing beverages.

(8) Discourage any use of syringes, force- feeders, or solids added to bottles with large holes in the nipples. Semisolid foods should be spoon fed only. Spoon feeding is an important developmental step in infant feeding behavior and an aid to muscle coordination needed for speech development.

(9) Explain that when solid foods are introduced, single ingredient foods should be chosen and started one at a time at intervals of three to four days to permit identification of any food intolerance.

(10) Single grain dry cereals, fruits, vegetables or meats may be the first food offered to infants. Rice is considered the least allergenic of cereal grains. Both WIC cereals and baby food meats are good sources of iron for infants. WIC policy authorizes cereal and baby food fruits and vegetables beginning at six months of age at the discretion of the health professional. Baby food meats may be provided to exclusively breastfed infants at six months of age.

(11) Encourage caregivers to purchase single ingredient foods without added salt, sugar or starchy filler or make their own baby foods without these additives. Do not feed directly from the baby food jar to prevent contamination.

(12) Explain that some decrease in appetite in late infancy is to be expected as growth slows, and that it is no cause for alarm.

(13) Instruct the caregivers to help and encourage self-feeding; e.g., drinking from a cup, eating solids, finger foods, eating from a spoon and beginning to experiment with other utensils. Finger foods can be cautiously introduced when the infant consistently puts everything he can reach into his mouth, with good hand to mouth coordination.

(14) Solid food offered to infants less than one year of age should require a minimum of chewing. Avoid giving food such as grapes, raisins, peanut butter, hot dogs, carrots and round candies to infants.

(15) Review food safety precautions including hand washing for infant and caregiver, and discarding leftover formula and food.

(16) In later infancy, encourage caregivers to begin weaning infant from bottle.

(17) Include infants at the family table. Smile, talk, and maintain eye contact with the baby.

(18) Do not use milk to replace breastmilk or formula. At one year old, whole milk can be given.

(18) Discuss methods to prevent baby bottle tooth decay and how to clean gums and teeth.

(19) Discuss the indications for and safe use of nutrient Supplements; e.g., fluoride.

(20) Determine the need for any immediate adjustments in the feeding program.

(21) Assist the caregiver with solving real or perceived feeding problems.

(22) Determine the need to treat or refer food and nutrition-related problems of the infant, such as overnutrition, undernutrition, low blood iron and food allergies or formula intolerance.

(23) Facilitate the caregiver's use of available community services and agencies that provide resources to support maternal and child nutrition.

(24) Hold and cuddle the baby when feeding.

B. For Breastfed Infants

(1) Provide information regarding the management of successful breastfeeding.

(2) Explain that normal weight gain for the breastfed infant is four to seven ounces per week.

(3) Provide support and technical assistance in the art of breast feeding and in coping with other aspects of infant feeding.

(4) Identify barriers that inhibit the continuation of breastfeeding; e.g., returning to work or school, lack of support.

(5) Use problem solving techniques to support breastfeeding women who may otherwise wean their babies prematurely.

(6) Identify the mother's strengths and the resources available to her.

C. For Formula Fed Infants

(1) Counsel about the need for iron-fortified infant formula until the first birthday.

(2) Explain the normal rate of weight gain in formula-fed infants:
0 to 4 months - 1 ounce / day
4 to 8 months - 1 pound / month
8 to 10 months - 1/2 pound per month

(3) Provide instructions for the safe and hygienic preparation of infant formula and supplementary foods.

(4) Discourage adding sweeteners or cereal to the bottle.

(5) Caution about the use of microwaves to heat infant formula.

(6) Provide feeding instructions including infant positioning; caution against the practice of propping the bottle.

D. Neonatal Conditions Warranting Coordination

Conditions where coordination with health professionals with special expertise; e.g., hospital neonatal or metabolic dietitians, physicians or lactation consultants, is recommended, include, but are not limited to:

- low and very low birth weight (< 2500 and <1500 grams),
- congenital anomalies of the gastrointestinal, renal, hepatic, cardiovascular, and central nervous system,
- oral-facial anomalies; e.g., cleft palate,
- some congenital syndromes and genetic disorders,
- inborn errors of metabolism,
- necrotizing enterocolitis,
- excessive or intractable diarrhea or vomiting,
- respiratory distress or apnea,
- chronic lung disease (bronchopulmonary dysplasia),
- maternal diabetes mellitus,
- drug withdrawal,
- sepsis, peritonitis, meningitis,
- perinatal hypoxia, and
- breastfeeding/lactation concerns beyond WIC clinic staff capabilities.

Nutrition Practice Guidelines for Postpartum Women

The practice guidelines are intended to help guide the development of the nutrition care plan. Covering the entire list in one session is **not** required nor warranted. Choose the items which are most applicable for each participant or situation, prioritize them, set up a care plan, and provide appropriate follow-up care.

(1) Encourage a healthful diet based on the Dietary Guidelines to replenish nutrient stores. Discuss needs for specific nutrients; e.g., calcium, iron, folic acid, important for good health during the interconceptual period.

(2) Encourage continued use of prenatal vitamin/minerals until finished.

(3) Provide information on the usual pattern of postpartum weight loss; i.e., that rapid weight loss often occurs over the first month postpartum without restricting food intake, regardless of breastfeeding status. Clarify that (further) weight loss will occur only if energy intake is less than energy expenditure.

(4) Encourage physical activity after physician approval to help promote slow, continued weight loss until prepregnancy weight is achieved.

(5) Refer women who abuse alcohol and/or illegal drugs for expert counseling.

(6) Assist women who smoke cigarettes or use smokeless tobacco to quit or drastically reduce their use. Include diet counseling to address their concerns about weight, as appropriate.

(7) Advise mothers and other family members who smoke to avoid smoking near the infant or other children.

(8) Refer mother to food assistance programs if known or suspected difficulty in obtaining adequate food.

(9) Determine interest in referral to family planning clinic.

(10) Reassure the breastfeeding mother, as appropriate, and reinforce her successes, such as the infant's growth or the feeding relationship. Reaffirm that the mother is doing something really important for her baby.

(11) Refer to the policy and procedure section that discusses breastfeeding support policies for the Ohio Department of Health, WIC and CFHS programs.

Nutrition Practice Guidelines for Pregnant Women

The practice guidelines are intended to help guide the development of the nutrition care plan. Covering the entire list in one session is **not** required nor warranted. Choose the items which are most applicable for each participant or situation, prioritize them, set up a care plan, and provide appropriate follow-up care.

(1) Review and discuss her health history and current status to identify previous, continuing or new obstetrical risk factors with implications for nutrition which may include:

- previous low birth weight baby,
- multiple gestations,
- need for bedrest,
- gestational diabetes, and
- substance abuse.

(2) Review current weight status and weight gain pattern and beliefs about weight gain during pregnancy; screen and make a referral for possible eating disorders if she is preoccupied with her weight, has widely fluctuating weight, or excessively exercises or is dieting.

(3) Discuss desirable weight gain pattern and the range and rate of gain recommended throughout pregnancy and reasons for adequate weight gain; tailor recommendations to the woman's characteristics; i.e., a higher weight gain for women with low prepregnancy weight-for- height status, young age, African-American heritage, multiple gestation, or a lower weight gain for a woman of short stature; adolescents may need extra guidance regarding weight gain and body image.

(4) Evaluate and discuss current dietary intake; compare with recommendations for woman's current stage of pregnancy; discuss how nutrient needs change throughout pregnancy; identify inadequate or excessive nutrient or energy intake related to food choices and/or pica.

(5) Determine need for nutrient supplementation based on current intake and likelihood for significant improvements in quality of food ingested; identify and discuss current use of unprescribed nutrient supplements; discourage reducing sodium intake unless advised by a physician to treat an underlying documented medical condition.

(6) Provide anticipatory guidance for the woman's comfort, including control of nausea and vomiting and early weight changes in first trimester and control of heart burn and constipation later in pregnancy.

(7) Discuss the need for good blood iron status throughout the pregnancy and the relationship between low blood iron and fatigue, shortness of breath, headache and dizziness and possible effects on the outcome of the pregnancy; e.g., woman's low energy level for labor and delivery and infant's prematurity, low birth weight and possibly perinatal death.

(8) Compare woman's blood iron levels with standards for her stage of pregnancy; reinforce physician's recommendations about nutrient supplement dosage and use and monitor compliance; caution about keeping iron supplements in a child-proof location; provide guidance about minimizing the side effects of iron supplements; encourage the consumption of iron and Vitamin C rich foods and discourage dietary practices that interfere with iron absorption; e.g., consuming tea with meals or pica.

(9) Jointly agree upon a total weight gain goal, focusing on a range rather than a single number; help the woman develop a concrete plan for eating enough nutrient-dense food to gain the recommended amount of weight; assist her in identifying acceptable food sources of needed nutrients; jointly decide on strategies for increasing intake of nutrients from foods and to control current bothersome diet-related symptoms.

(10) Provide information about the consequences of the use of harmful substances including excessive caffeine (more than the equivalent of three cups of brewed coffee daily), over- the-counter or prescription drugs without approval of the physician providing prenatal care.

(11) Present information about infant feeding options; discuss and promote breastfeeding; however, support the woman regardless of the feeding method preferred; i.e., provide to all pregnant women instruction on correct positioning and latch-on for breastfeeding and correct preparation and feeding of infant formula. The section entitled Breastfeeding Promotion and Support in the Ohio WIC Policy and Procedure Manual provides information about requirements for breastfeeding promotion and support.

(12) Determine need for, and process referrals for prenatal care, food assistance, treatment for substance abuse, eating disorders, conditions requiring medical follow-up; e.g., very low iron levels, and conditions requiring diet therapy; e.g., gestational diabetes.

(13) Determine how and when additional nutrition education should be provided. Women with certain conditions or characteristics may benefit from frequent counseling; these include, but are not limited to:

- low or excessive weight gain,
- very inadequate dietary intake, and
- very low blood iron levels.

WOMEN, INFANTS AND CHILDREN PROGRAM
VIDEOS/DVDS/CASSETTES/EDUCATIONAL MODULES

A Preemie Needs his Mother – First Steps to Breastfeeding Your Premature Baby
AAP Kids Healthworks Dairy Segment
Age-Appropriate Play -12 to 24 Months
Age-Appropriate Play - 2 and 3 Year-Olds
Age-Appropriate Play - The First 12 Months
A Healthier Baby by Breastfeeding
Alexander, The Elephant Who Couldn't Eat Peanuts
Amazing Talents of the Newborn
Anemia Prevention
Anthropometry
Assessment and Behavioral Management of Childhood Obesity

Baby Bottle Tooth Decay (Spanish & English)
Becoming Baby Friendly – Ten Steps to Successful Breastfeeding
Beech Nuts – Loving Spoonfuls (Spanish)
Being Active as a Family
Being Active During and After Pregnancy
Best Start – Loving Support Ohio
Best Start – Nobody Loves Them Like You Do
Best Start – Training Program
Beyond Nutrition Counseling: Reframing the Battle Against Obesity
Breakfast: Lily Changes a Habit
Breastfed Babies and the Child Care Provider
Breastfed Babies Welcome Here! – A Video Conference about Supporting Working Breastfeeding Mothers
Breastfeeding: A Guide to Successful Positioning
Breastfeeding A Special Relationship
Breastfeeding and Returning to Work
Breastfeeding and Working: It's Worth the Effort
Breastfeeding: Another Way of Saying "I Love You"
Breastfeeding Basics for WIC Staff
Breastfeeding, Dealing with the Problems
Breastfeeding Inservice
Breastfeeding is Best WIC PSA Campaign
Breastfeeding Myths and Barriers
Breastfeeding Techniques that Work!
Breastfeeding: The Cross Cultural Connection ILCA Conference 1996
Breastfeeding: The Why-to, How-To, Can-Do Videos
Breastfeeding: Try It (WIC)
Breastfeeding Your Baby Positioning
Building Strong Families: Helping Kids Behave

Centsible Nutrition
Chicago Breastfeeding Task Force: Nobody Loves them Like you Do
Clap Your Hands
Coping with the Discomforts of Pregnancy
Culturally-specific Beliefs and Practices Around Pregnancy and Breastfeeeding Cultural Beliefs and Practices Panel
Cup Feeding

Delivery Self Attachment
Dietary Change Strategies for Pregnancy
Drugs, Smoking and Alcohol During Pregnancy

Eating for Less Lily Gets Her Money's Worth
Exercise and Pregnancy

Fancy the Clown Meets the Big Four
Fathers Supporting Breastfeeding
Feeding: A Priority for Dietetics Professionals
Feeding A Toddler: Lily gets the Most for Her Money (English & Spanish)
Feeding With Love and Good Sense:
~The Infant
~The Preschooler
~The Older Baby
~The Toddler
Food for Thought
For Goodness Sake! Prevent Anemia
Fruits and Vegetables: Lily Bets on Five a Day

Gestational Diabetes
Get Active, Get Healthy
Get with a Safe Food Attitude – What Moms-to-Be Need to Know about Safe Food Handling
Giving you the Best

Healthy Heroes Animated Video Series
Healthy Ohioans
Helping a Mother to Breastfed – No Finer Investment
HemoCue B-Hemoglobin Test
He's My Dad (English and Spanish)
How to Beat Cigarettes

ILCA Conference 2000
Infant/Maternal Risk Factors Impacting Breastfeeding
Infant Cues – A Feeding Guide
Investing in the Future: Women, Work and Breastfeeding

Janey Junkfood's Fresh Adventure

Learning How to Breastfeed Your Baby
Learning to be Baby Friendly
Lily Feeds Her Growing Family
Lily Talks About WIC
Lily's Ten Best Ideas For Being A Good Parent
Loving Support Broadcast Campaign

Measuring Up
Mighty Me Training Camp
Motivational Interviewing and Model Program: Promoting Lifestyle Behavior Changes: A Counseling Approach

New Baby Care
Nutrition and Feeding Problems of Children with Developmental Disabilities
Nutrition For Children

Osteoporosis

Participant Video from Indiana State WIC
Pregnancy and Nutrition
Providing Good Customer Service from Indiana State WIC
Pump in Style – Electric Breast Pump

Ready to Learn

Sesame Street Lead Away! Lead Poisoning Prevention Project
Snacking Mouse Goes to School
Stop ASAP Avoiding Substance Abuse During Pregnancy
Subtle Aspects of Breastfeeding
Successful Pumping with the Double-Up Breast Pump
Successful Pumping with the Nurture III (English and Spanish)
Supplemental Nursing System/Breastfeeding & Accessories - Vol. 5

Teenage Breastfeeding Mothers: “No one else can do what I’m doing.”
The Baby Feeding Cup
The Clinical Management of Breastfeeding for Health Professionals – Putting it all into Practice
The Clinical Management of Breastfeeding for Health Professionals – The Science and Art of Breastfeeding
The First Years Last Forever
The Happiest Baby on the Block
The Sounds of Life – Parent Video on UNHS in Ohio
The WIC National Breastfeeding Promotion Campaign
Through their eyes – Breastfeeding the Gift for Life

Using the Purely Yours Breast Pumps from Ameda with the HygieniKit Milk Collection System

Weighing and Measuring – Texas WIC
Weight Gain in Obese Prenatal and Nutritional Preeclampsia: From Calcium to Vit. E
Welcome to WIC (English and Spanish)
Whisper Wear – The World’s First Hands-free Breast Pump
WIC Anthropometry – Indiana State WIC
WIC Program Healthy Mothers, Healthy Children

Yes, You Can Breastfeed
Yes, You Can Work and Breastfeed!

BREASTFEEDING
Training Manuals

Name	Author
Breastfeeding First Step to Good Health A Breastfeeding Education Activity package for Grades K-12	New York State Department of Health
Breastfeeding for Healthy Mothers, Healthy Babies For Motivation and Training	Best Start
Breastfeeding: Loving Support ~ Health Care Providers ~ Physicians' Breastfeeding	Best Start
Breastfeeding Peer Counselor Program	District of Columbia WIC Program
Breastfeeding Peer Counselor Mothers Helping Mothers	Illinois Department of Public Health
Breastfeeding Promotion Campaign Loving Support – Makes Breastfeeding Work	Mississippi WIC Program
Building Effective Coalitions	Ontario Ministry of Health Toronto, Ontario
Clinical Lactation (A Visual Guide)	Kathleen G. Auerbach Jan Riordan
Counseling the Nursing Mother – A Lactation Consultant's Guide (Third Edition)	Judith Lauwers Debbie Shinskie
Health and Safety in Child Day Care Breastfed Babies Welcome Here! For Child Care Providers	State of Ohio Ohio Department of Health
Loving Support Through Peer Counseling	Best Start
Loving Support to Manage Peer Counseling Programs	Best Start
Mother's Milk Naturally Nutritious	Michigan Department of Public Health
Peer Counseling ~ An In-Depth Look At Training Peer Helpers Peer Power ~ Becoming An Effective Peer Helper ~ Applying Peer Helper Skills	Judith A. Tindall, Ph.D. Rohen & Associates Psychological Center St. Charles, MO
Supporting Breastfeeding Through Peer Counselor Programs Leaders Guide	Indiana WIC Program Indiana State Department of Health
Three-step Counseling Strategy Loving Support – Makes Breastfeeding Work	Best Start
WIC Breastfeeding Peer Counselor Training Moms To Help Moms	Texas Department of Health