



Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children
Spring 2005

Volume 14, Number 1

*March is
National Nutrition
Month*

Celebrate the past — Embrace the future

By Mike Montgomery
Texas WIC Director



It's hard to believe it's already March, 2005. It seems that we were just celebrating our 30th anniversary in 2004 — a year of change for the Texas WIC program. We saw the dissolution of the Texas Department of Health, and the birth of the Department of State Health Services. We saw position cuts and staffing changes.

But one thing has stayed the same for the 30 years of our WIC history in Texas. Our clinic staffs continue to provide outstanding service to the WIC community. It's wonderful to know that — despite sweeping changes, surging caseloads, and the everyday struggle to keep up with demand — you are maintaining excellence in customer service. Services to our clients have not suffered as our caseload has reached a new height of over 900,000 women, infants, and children.

You may have seen our 30th anniversary video, where local agency directors who have been around for many years have told tales of delivering formula on motorcycles, stamping punch-card food vouchers with the dates to spend — entering the numbers by hand in a manually kept log — and rescuing babies and moms by helping and referring them when they need it most. We are thankful for those first 30 years.

But we know our great deeds and innovative practices won't stop here.

We've already implemented our EBT pilot project. Like the current system, which prints vouchers and which replaced the punch-card manual system in 1995, the EBT system will completely change our delivery of food benefits in 2005–06.

I have been associated with the WIC program for 28 years at the national-federal, regional-federal, state, and city levels of management. I have witnessed a dedication and commitment to the WIC program and its mission everywhere I have been. This commitment is evident at all levels, and makes me proud to have played a part and honored to have worked with such dedicated people in pursuit of this mission.

Let's celebrate our past, for it is colored with success stories and full of the good things we have accomplished in our communities. But let's also look forward to a bright future and embrace the changes that will enable us to reach every woman, infant, and child who needs us.

In this issue...

Articles & Features

- 4 *Local agency spotlight: New San Antonio WIC Clinic*
- 6 *Avoid food contamination during pregnancy*
- 9 *WIC News reader survey*
- 12 *Examining duration and exclusivity of Breastfeeding*
- 17 *WIC works*
- 18 *WIC and PKU*
- 20 *Food stamp and TANF update*
- 22 *March is National Nutrition Month!*
- 23 *Newsworthy Nutrition*
- 27 *Dietetic internship announcement*

Columns

- 2 *Mike Montgomery*
- 11 *Eaton Wright*
- 25 *News to use*

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Texas WIC NEWS

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New San Antonio WIC clinic design pleases clients, kids, and staff alike

By Joyce Leatherwood

Two San Antonio WIC clinics closed early this year, and in their place arose a fantastic new clinic that has become the model for a beautifully functioning, client and staff-friendly public health facility. The clinic has been open since February 2004 — barely long enough for the fresh paint to dry — but long enough to gather a monthly caseload of 6,000 clients.

The facility is impressive for a number of reasons. The first thing that clients notice when they walk in are the colors — soft blue, yellow, mint green, and rose alternate on adjoining walls. WIC director Melanie Ritsema agrees, “Wherever you’re standing you see a different color.”

She adds proudly, “We got to design this clinic from the ground up. The architect was experienced in designing for health clinics. The Southwestern color scheme was his idea.” Without seeing it, having different colors on different walls might sound chaotic, but the effect is not. The colors are warm, inviting, and reassuring. Ritsema remarked, “At another clinic we designed a few years ago, the color scheme of alternating black, red, and white diagonal floor tiles was too stimulating and energetic for kids.” The muted tones of the Southwestern colors are bright, but soothing.

The second thing clients notice is the spaciousness. The clinic building (see Figure 1) is a big rectangle, with an open floor plan, and a large, enclosed classroom in the middle. A wide hallway starts at the lobby entrance, goes around the classroom, and leads back to the lobby. Restrooms, all staff workrooms, and offices all open onto the hallway. This design encourages an intuitive movement around the central classroom as clients go through the WIC procedures.

Both staff and clients appreciate the clinic design because it encourages an easy, ordered flow of traffic. As a client enters the clinic, the reception and WIC data area where the administrative staff works are separated from the lobby by a half-wall. One side of the staff area is open to the lobby; the other side opens to the waiting area for vouchers and the classroom. After clients check in, they move from the lobby down the hall, past the central classroom, to the back of



the building, where another, smaller, and more intimate waiting area — complete with tables, chairs, and toys for the kids — welcomes them to the eligibility-screening area. When their screening is completed, they move down the hall to the left, continuing around the classroom, to the lab rooms where the kids receive immunizations, see the nurse, and have their weight, height, and hematocrit measured. Then clients continue down the hall to the certifying area.

Once clients have completed the portions of their visit that require more privacy, another large waiting room greets them with seating for several dozen clients. There, clients wait for classes to begin or wait to receive vouchers or formula, sign paperwork, and finalize their visit. This waiting area also has several small tables outfitted with educational toys. The kids' play areas are protected from the hall by a half-wall that creates a more secure, enclosed space for kids to play while not compromising the spacious feel of the large room. The short walls are used throughout the clinic for this reason.

Ms. Ritsema explains: "When we went into a seven-year contractual agreement with the landlord, he arranged for the architect and the buildout. We were able to do things differently, like rounding the edges of the countertops, using linoleum tile, and adding the short walls."

Traffic flows through the clinic, around the central classroom, keeping clients and kids progressing through the process, rather than going and coming from the same cramped waiting room, as was true in the other facilities. Rosemary Rodriguez, the clinic supervisor, says, "Clients love the fact that it is a big building." A client, Gina, adds: "I like the colors, the spaciousness. All the kids have their own space. It's really nice."

WIC employees are just as thrilled by the new facility. The consolidated staff area at the front of the building keeps everything at hand and fosters a team approach. There is also a secure storage area for formula, vouchers, and data that is accessible only through the staff area. The area is completely secure, with only one way in. Formica countertops are easy to keep clean, and Formica is also installed on the front of the counter walls to make the inevitable shoe scuffs, marks, and fingerprints easy to clean. All of the rooms have chair rails along the walls,

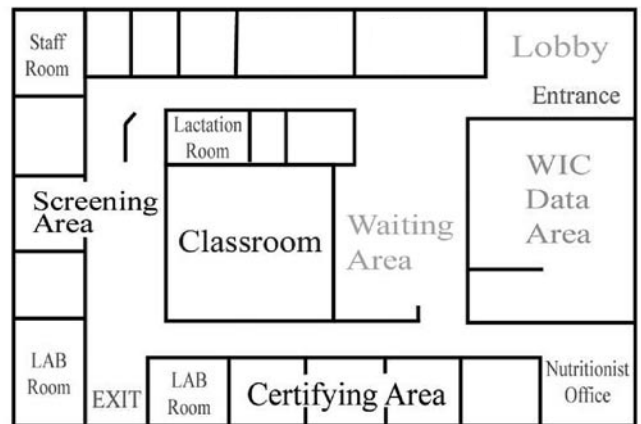
painted in a contrasting color, that help keep chairs from damaging the walls.

The classroom in the center of the space is large enough to easily seat 30 people, with several kid-sized tables outfitted with educational toys. It also has a flexible partition that can be pulled across to divide the room in half for two smaller classes, each with its own entrance.

Local agency 41's staff has a beautiful clinic that is a functional, pleasant space for clients, kids, and employees. It is a model of efficiency and the effective use of space for WIC and other public-health clinics.

Figure 1.

WIC Project 41 - San Antonio Metropolitan Health District
South Flores WIC Clinic - 6723 South Flores Suite 106



Avoiding food contaminants during pregnancy and breastfeeding

NBF Conference, Wednesday, April 21, 2004

Speakers: Richard Beauchamp, M.D., DSHS Environmental Epidemiology and Toxicology Division

Jerry Ward, Ph.D., and Michael Tennant, B.Sc., DSHS Seafood and Aquatic Life Group

Summarized by Amy Culp, R.D., L.D.

The news has recently been filled with headlines about contaminants in food, such as PCB and mercury in fish. This may leave many wondering what are the recommendations for women who are pregnant or breastfeeding, and parents of young children.

At last year's nutrition and breastfeeding conference several speakers addressed this issue in their presentation, and helped to clear up the confusion and provide clear guidelines. A summary of their presentation follows.

Listeria

Listeria monocytogenes is a type of bacteria found everywhere — in soil, in groundwater, and on plants. In the U.S., there are approximately 2,500 cases of listeriosis each year. Pregnant women are about 20 times more likely to get listeriosis than other healthy adults and it can be transmitted to the unborn baby even if the mother is not showing signs of illness. This can lead to premature delivery, miscarriage, stillbirth, or serious health problems for the newborn. An infected person may not show any symptoms or may present as flu-like or with gastrointestinal symptoms (nausea, vomiting, diarrhea).

To prevent listeriosis, pregnant women are advised to follow basic food safety techniques, including thoroughly washing all fruits and vegetables before consumption and thoroughly cooking raw food from animal sources. In addition, pregnant women should:

- **Not eat** hot dogs, luncheon meats, or deli meats **unless** they are heated until steaming hot. Avoid getting fluid from hot dog packages on other foods, utensils, and food preparation surfaces, and wash hands after handling hot dogs, luncheon meats, and deli meats.
- **Not eat** soft ripened or blue-veined cheeses (such as

feta, brie, camembert, Danish blue and roquefort) or Mexican-style cheeses (such as queso blanco, queso fresco, queso de hoja, queso de crema, asadero, etc.). Hard cheeses (such as cheddar) and semi-soft cheeses (such as mozzarella, pasteurized processed cheese slices and spreads, cream cheese, and cottage cheese) can be safely consumed.

- **Not eat refrigerated** pâté or meat spreads. Canned or shelf-stable pâté and meat spreads can be eaten.
- **Not eat refrigerated** smoked seafood **unless** it is an ingredient in a **cooked** dish such as a casserole. Examples of refrigerated smoked seafood include salmon, trout, whitefish, cod, tuna, and mackerel which are most often labeled as “Nova-style,” “lox,” “kippered,” “smoked,” or “jerky.” These fish are found in the refrigerated section or sold at deli counters at grocery stores and delicatessens. Canned fish such as salmon and tuna or shelf-stable smoked seafood may be safely eaten (see fish-consumption recommendations).
- **Not drink** raw (unpasteurized) milk **or eat** foods that contain unpasteurized milk.
- **Not drink** unpasteurized juice **or eat** raw sprouts.
- **Use** a refrigerator thermometer to ensure that the refrigerator always stays at **40°F or below**. Clean refrigerators regularly and use all perishable items that are precooked or ready to eat as soon as possible because listeria can grow at refrigeration temperatures.

Toxoplasmosis

Toxoplasmosis is an infection caused by the parasite *Toxoplasma gondii*. More than 60 million people in the United States probably carry the *Toxoplasma* parasite, but

very few have symptoms because their immune systems usually keep the parasite from causing illness. However, pregnant women should be cautious because of their higher risk for infection and the problems that can be caused during pregnancy. Most infants who are infected with toxoplasmosis while in the womb have no symptoms at birth, but later in life they may develop serious symptoms, such as blindness or mental retardation. A small percentage of newborns that are infected in the womb have serious eye or brain damage at birth.

Toxoplasma is found in raw or undercooked meat (especially pork, lamb, and venison), fruits and vegetables, and cat feces. To prevent toxoplasmosis, pregnant women should cook all meat thoroughly, wash or peel all fruits and vegetables before eating, and practice general food safety. To protect themselves from toxoplasma in cat feces they should follow these useful tips:

- Avoid changing cat litter boxes. If that is not an option, wear disposable gloves and wash hands thoroughly with soap and water afterward.
- Litter boxes should be changed daily.
- Feed cats commercial dry or canned cat food.
- Never feed raw meat to cats.
- Keep indoor cats indoors.
- Avoid stray cats, especially kittens.
- Cover your outdoor sandboxes.
- Wear gloves when gardening.
- Do not get a new cat while pregnant.

PCBs

Polychlorinated biphenyls are mixtures of human-made substances ranging from oily liquids to waxy solids. The Environmental Protection Agency banned the manufacture of PCBs in 1979, but the ban did not require removal of PCB-containing materials still in service. Ongoing use, storage, and disposal of products that contain PCBs remain the main source in the environment.

PCBs have been found in soil, water, air, plants and animals in all regions of the world. Fish and other animals accumulate PCBs in fatty tissue, skin, and internal organs.

Larger, older fish generally will have higher levels of PCBs than smaller, younger fish. Fatty fish (such as carp, buffalo, gar, catfish, and farm-raised salmon) may contain higher levels of PCBs than lean fish (such as largemouth bass, walleye, crappie).

PCBs vary in toxicity and have been demonstrated to cause a variety of adverse health effects. Infants of women that have eaten fish with high levels of PCBs may have lower birthweights, delayed physical development, and learning difficulties. In addition, PCBs may affect the immune system, reproductive organs, skin, stomach, thyroid, kidney, and liver, and may increase the risk of cancer.

To reduce exposure to PCBs:

- Eat smaller or younger fish.
- Eat fish with less fatty tissue.
- Remove skin from fish before cooking.
- Bake or broil fish.
- If frying fish, discard the oil after one use.
- If broiling or poaching fish, discard the water, if used during cooking.

PBDEs

Polybrominated Diphenyl Ethers are human-made compounds that are added to plastics used in computer monitors, televisions, textiles, and plastic foam to make them difficult to burn. Current exposure levels through air, water, and the diet for adults are negligible. The highest exposure would be for the breastfeeding infant of a mother who eats large amounts of fish; however, this exposure would still be far below the level of concern. The bottom line is: breastfeeding is still the safest and healthiest way to feed infants.

Mercury

Mercury is a naturally occurring element in the environment and is also released into the air through industrial pollution. Mercury that falls from the air can accumulate in streams, rivers, lakes and oceans. Bacteria in the water cause chemical changes that transform mercury into methylmercury, which can be toxic. Fish absorb

methylmercury as they feed in these waters. Long-lived, larger fish that feed on other fish accumulate the highest levels of methylmercury (e.g., freshwater fish such as largemouth bass, walleye and pike, and marine fish such as shark, swordfish, king mackerel, and tilefish). Tuna steaks and canned albacore tuna generally contain higher levels of methylmercury than canned light tuna.

Women of childbearing age, pregnant and breastfeeding women, and children need to pay special attention to limiting their exposure to methylmercury from fish because it can cause irreversible damage to the developing brain, nervous system, and possibly the heart. Unborn babies, infants, and children are more sensitive to methylmercury than adults because their brain and other parts of the nervous system are not fully developed. Exposure to methylmercury may affect their behavior and lead to learning problems later in life, and very high levels of exposure may affect neurological development so that symptoms are similar to those of cerebral palsy.

The Food and Drug Administration and the Environmental Protection Agency have issued a joint consumer advisory about mercury in fish and shellfish for women who are or might become pregnant, breastfeeding women, and young children. By following these three recommendations for selecting and eating fish or shellfish, women and young children will receive the benefits of eating fish and shellfish, and be confident that they have reduced their exposure to the harmful effects of mercury.

1. Do not eat **shark, swordfish, king mackerel or tilefish** because they typically contain high levels of mercury.
2. Eat up to 12 ounces (two average meals) a week of a variety of fish and shellfish that are low in mercury.
 - Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish.
 - Albacore (“white”) tuna and tuna steaks have more mercury than canned light tuna. So, when choosing the two meals of fish and shellfish, up to 6 ounces (one average meal) of albacore or tuna steak can be eaten per week.
3. Check local advisories (see contact information below) about the safety of fish caught by family and

friends in local lakes, rivers and coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish caught from local waters, but do not consume any other fish that week.

The same recommendations should be followed when feeding fish and shellfish to children, but the serving sizes should be smaller.

The Department of State Health Services Seafood Safety Division provides these general guidelines to protect against chemical contaminants in fish from Texas waters:

- Eat smaller, younger fish. These fish generally contain lower levels of chemical contaminants than larger, older fish.
- Remove skin, dark muscle tissue and visible fat from fish before cooking, then broil, grill or bake allowing fat to drip away from the meat. This practice reduces the risk of exposure to many chemical contaminants (except methylmercury).
- Eat fish from a variety of bodies of water to reduce risk of exposure to any one chemical contaminant or group of chemical contaminants.
- Follow the safe eating guidelines for specific water bodies listed at <http://www.dshs.state.tx.us/bfds/ssd/> or call the Seafood and Aquatic Life Group at (512) 719-0215 for more information.
- Eat some commercially caught fish or substitute other sources of lean protein (i.e. chicken, venison, lean red meat, beans, or soy products) for recreationally caught fish.
- Internal organs of fish may contain high levels of chemical contaminants and should not be eaten.

DSHS’s Seafood and Aquatic Life Group monitors fish in the state for the presence of environmental contaminants and alerts the public through fish-consumption advisories and bans (closures) of lakes, rivers, bays, or near-shore waters. Maps with the current fish advisories or bans can be viewed on-line at the Web site indicated above, or for questions call the number given.

Texas WIC News Reader Survey

1. How often do you read the Texas WIC News? Circle one.

Read every issue I see	Fairly regularly	Every now and then
Not very often	This is my first issue	

2. The WIC News has had regular articles that you can count on, like News to Use or the Local Agency Spotlight. Please rate each article by how helpful or interesting it is to you. Circle the response that fits.

Mike Montgomery column	Always	Almost all the time	Sometimes	Hardly ever
Local Agency spotlight	Always	Almost all the time	Sometimes	Hardly ever
Central Office spotlight	Always	Almost all the time	Sometimes	Hardly ever
Eaton Wright	Always	Almost all the time	Sometimes	Hardly ever
Newsworthy Nutrition	Always	Almost all the time	Sometimes	Hardly ever
News to Use	Always	Almost all the time	Sometimes	Hardly ever

3. The Texas WIC News would like your opinion on how frequently the newsletter gets published. Please circle the answer to the following question. The WIC News would be more helpful to me if it were published ...

Twice a year	Quarterly	Every other month	Monthly
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4. The Texas WIC News has feature articles on all topics. Here is a list of some of the general topics from several past issues. Circle all of the topics that are helpful and interesting to you. Please write in other topics that interest you as well.

Breastfeeding	Children with Special Health-Care Needs
Nutrition during pregnancy	General health care
Electronic Benefits Transfer	Postpartum depression
WIC-approved foods	Effective counseling
Effective teaching and training	Smoking cessation
Peer counselors	Obesity
Promoting a healthy diet	Birth defects
Down syndrome	Food banks
Children with disabilities	Physical activity
Dietetic internship promotion, acknowledgement	_____
“What Works” — articles about innovative and successful programs at other clinics	_____

5. Please offer any other suggestions for making the Texas WIC News more helpful and interesting to you.

Thanks for helping the Texas WIC program with this survey. Your assistance will help us make the Texas WIC News an even better source of good information for you and your clients.

Return survey to: Joyce Leatherwood, D.S.H.S., 4616 W. Howard Ln., Ste. 275, Austin, TX 78728, or fax to Joyce at (512) 341-4406.



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Test your nutrition I.Q.

By Eaton Wright, B.S., NUT
Nutrition expert

Eaton Wright here and it's that time again. Time again to *Test Your Food Safety I.Q.*

1. True or False? Most bacteria thrive in a hot and dry environment.
2. Food should be stored in the refrigerator at what temperature:
 - a. 40°F
 - b. 40°C
 - c. 451°F
 - d. 4°C
 - e. both a. and d.
3. True or False? The *Sell By* and *Best if Used By* dates that are listed on many food packages have the same meaning.
4. The pasteurization of milk destroys all of the following disease producing organisms, except:
 - a. *Salmonella*
 - b. *Listeria monocytogenes*
 - c. Cooties
 - d. *Staphylococcus aureus*
 - e. *Campylobacter jejuni*

Answers:

1. False. Most bacteria live and grow in warm, damp conditions. A stinky dishcloth, towel, or sponge is a sure sign that unsafe bacterial growth is lurking nearby. Wash dishcloths and towels often in the hot cycle of your washing machine, disinfect sponges in a chlorine bleach solution, and replace worn-out sponges frequently.
2. The answer is *e., both a. and d.* Converting Fahrenheit to Celsius is easy as: $40^{\circ}\text{F} - 32 \times 5/9 = 4^{\circ}\text{C}$. To stay off the highway to the food danger zone, refrigerate food below 40°F (or 4°C). Cooling and storing foods below 40°F takes food out of the danger zone and reduces bacterial growth. Food left at room temperature over 2 hours should be discarded. In

hot weather (90°F or above), that time is reduced to one hour. When in doubt, throw it out!

3. Way False. A *Sell By* date tells the store how long to display the product for sale. You should buy the product before the date expires. A *Best if Used By* date is recommended for best flavor or quality. It is not a purchase or safety date.

Both the *Sell By* and *Best if Used By* dates are examples of *open dating* (use of a calendar date as opposed to a code) on a food product to help the store determine how long to display the product for sale. It can also help the purchaser to know the time limit to purchase or use the product at its best quality. *It is not a safety date.*

4. Pasteurization, named for Louis Pasteur who developed the process for other foods, is a moderate but exact heat treatment of milk. Pasteurization kills bacteria that produce disease, and retards spoilage in milk. There are several ways to pasteurize milk, but a common commercial method is to apply high temperature [170°F (77°C)] for a short time (15 seconds), then cool immediately to below 40°F (4°C). This process increases storage life without any noticeable flavor change in the milk. While pasteurization destroys many microorganisms in milk supplies, improper handling after pasteurization can recontaminate milk. Cooties is a terrible affliction that I suffered from in the 4th grade and all the way through high school. The answer is *c. cooties*.

How can you wash your hands of foodborne illness? Nearly half of all cases of foodborne illness could be eliminated if people would wash their hands more often when preparing and handling food. Wash in warm, soapy water for at least 20 seconds before preparing foods and after handling raw meat, poultry, and seafood. Always wash your hands, both front and back, up to your wrists, between fingers, and under fingernails. Never forget to wash your hands after switching tasks, such as handling raw meat and then cutting vegetables. Dry hands with disposable paper towels, clean cloth towels, or air dry.

About the author: Eaton Wright is a certified NUT based in Austin, Texas.

Examining duration and exclusivity of breastfeeding and reasons for discontinuation

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

An infant feeding survey was administered in WIC clinics in the fall of 2003 to determine

- the length of time that WIC participants breastfed,
- when participants started supplementing with formula or solid foods, and
- the reasons participants discontinued breastfeeding.

A total of 2310 completed surveys were received. Sixty-six percent of the returned questionnaires were in English and 34 percent in Spanish.

Findings

Age

One-third (33 percent) of the respondents were in the age group 20–24 years, 28 percent were in the 25–29 age group, 15 percent in the 30–34 age group and 14 percent in the 19 years or less group. The remaining 10 percent were in the 35 and older age group (Table 1). Hispanics comprised the majority of respondents in all age groups.

Table 1. Respondents' Age Groups (2,222 respondents)

Age	n	%
19 yrs. or less	325	14.6
20–24	743	33.4
25–29	622	28.0
30–34	329	14.8
35 yrs. and more	203	9.1

WIC Enrollment

The vast majority (91 percent) of the mothers were enrolled in WIC during their pregnancy. Ninety-three percent of the infants were enrolled in WIC by the time they were less than three months old. There was no significant association between time of enrollment and breastfeeding patterns. This may be related to the fact that an overwhelming majority of the mothers were enrolled in WIC during pregnancy, and infants were enrolled during the first three months of the infant's life.

Race-Ethnicity

Sixty-six percent of the mothers responding to this survey were Hispanics, 20 percent were White Anglos and 12 percent were African Americans; the remaining 2 percent of respondents were Asians, Native Americans and bi- or multi-racial, reclassified as “Others.” Similarly, the ethnicity or race of the father of the infant followed a similar pattern as with the mother with 65 percent being Hispanics, 18 percent White Anglos, 14 percent African American, and 2 percent Others (Table 2).

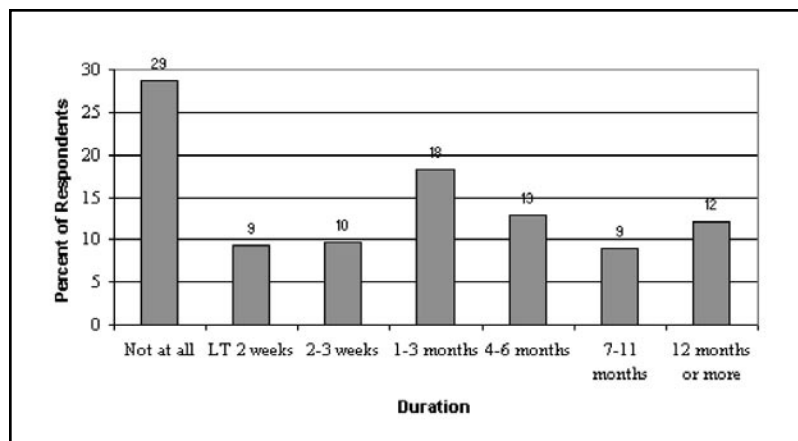
Table 2. Race-Ethnicity of Respondents

Race	Mothers (n)	Mother (%)	Fathers (n)	Father (%)
White Anglo	440	19.7	401	17.9
Hispanic/Latino	1480	66.3	1450	64.7
African American	263	11.8	310	13.8
Asian/Pacific Islander	22	1.0	23	1.0
Native American / Alaskan	6	0.3	7	0.3
Others	21	0.9	37	1.7

Breastfeeding Patterns

Overall, 29 percent of WIC participants reported that they did not breastfeed their infants at all. Nineteen percent were breastfed for less than one month, 18 percent for between one and 3 months, 13 percent for between 4 and 6 months, 9 percent for between 7 to 11 months, and 12 percent for 12 months or more (Figure 1).

Figure 1: Duration of Breastfeeding among Respondents (N=2,193)

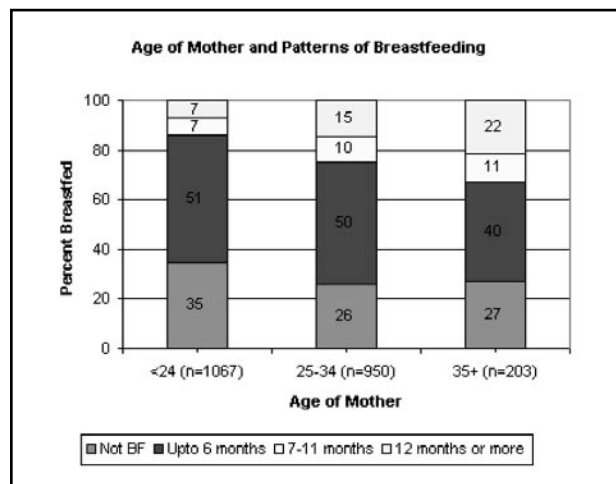


Breastfeeding patterns showed racial-ethnic differences. More Hispanics (76 percent) and Others (69 percent) breastfed as compared to White Anglos (62 percent) and African Americans (51 percent). The impact of the fathers’ ethnicity on breastfeeding was similar to that of mother’s ethnicity: larger proportions of infants with Hispanic (76 percent) and Other (69 percent) fathers were breastfed as compared to the other two groups. More than one-half of infants (51 percent) whose fathers were African American were not breastfed.

Some mothers breastfed infants for more than 12 months. A larger percentage of Hispanics (14 percent) and Others (18 percent) breastfed for 12 months or more as compared with White Anglos (9 percent) and African-Americans (5 percent). Not only were Hispanics and mothers self-identified in the Other category more likely to breastfeed but these mothers were more likely to have breastfed longer.

The age of the respondent was also associated with the duration of breastfeeding. Figure 2 presents a chart summarizing the relationship between breastfeeding patterns and age of respondent. The youngest group of mothers was least likely to breastfeed their infants. More than one-third (35 percent) of all respondents aged 24 and under did not breastfeed their infants, in contrast to 26 percent in the 25–34 and 27 percent in the oldest age group. Youngest mothers were also more likely to stop breastfeeding during the first six months. The proportion that breastfed for more than six months increases among older mothers.

Figure 2: Age of Respondents and Duration of Breastfeeding (N=2,220)



Introduction of Formula

Half (50 percent) of the respondents started their infants on formula early, within the first two weeks. Sixteen percent of the mothers started giving their babies formula between 2 and 3 weeks, while 13 percent started when the baby was 1–3 months old, 9 percent started them at 4–6 months, and 6 percent of the respondents did not feed their infants formula at all (Table 3).

Table 3: Age When Infant was First Introduced to Formula (2,191 Respondents)

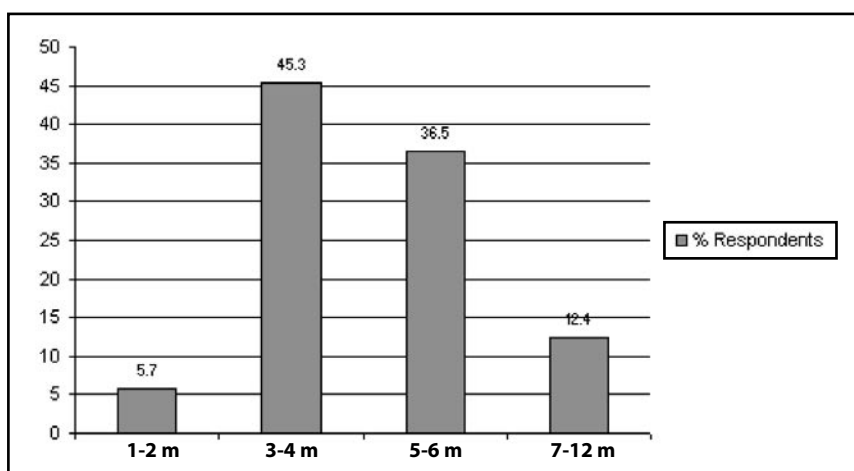
Introduction of formula	n	% Responses
No Formula given	130	5.9
Less than 2 weeks	1096	50.1
2–3 weeks	362	16.6
1–3 months	294	13.4
4–6 months	215	9.6
7–11	74	3.4
12 months or more	20	1.0

Overall, over 75 percent of African-American mothers started giving formula to their newborn within a month, as compared to about two-thirds of Hispanic mothers, and 62 percent of White Anglo and Other mothers. When the age of the mother is considered, 4.5 percent of mothers under age 24 did *not* use formula, as compared to 6.7 percent of mothers between 25–34 and 7.8 percent of mothers aged 35 and above.

Solid Foods

Analyses also indicate that solids such as cereal, meats, fruits, vegetables, grains, and juice were often introduced to infants early on. Six percent of respondents started feeding infants solid food between 1 and 2 months. Overall, 51 percent of the mothers started giving their infants solid foods by the time they were 4 months old, while 37 percent started them at 5–6 months, and 13 percent at 7–12 months

Figure 3: Age (Months) When Infant was Introduced to Solid Foods (n=2,102)



Some statistically significant differences were found in patterns of introduction to solid foods by race or ethnicity and age. In the youngest age group (under 24), over 60 percent of White Anglos and African Americans were significantly more likely to have introduced solids by the fourth month, in comparison to 49.5 percent of Hispanics and 12.5 percent of Others.

Exclusive Breastfeeding

The rates of exclusive breastfeeding (no liquid or food supplements of any kind) were as follows (n=2,204):

- 29 percent of the infants were not breastfed at all
- 39 percent were breastfed exclusively for up to 2 weeks
- 14 percent were breastfed exclusively for up to 3 weeks
- 16 percent were breastfed exclusively for up to 3 months; and
- 2 percent were breastfed exclusively for up to 6 months

Only a handful of infants were breastfed exclusively for more than 6 months. Larger proportions of Hispanics and Others breastfed their infants exclusively for longer periods than White Anglos and African Americans. Older mothers also breastfed exclusively for longer periods.

Quitting Breastfeeding

Respondents were asked why they quit breastfeeding before the infant was 12 months old. The structured responses to the question are shown in Table 4.

Table 4. Reasons for Discontinuing Breastfeeding (1,303 Respondents)

Reason	% Responses
I did not make enough milk	26.1
My family encouraged me to give the baby formula	3.8
My nipple or breast hurt	9.3
I had to return to work or school	26.3
I was embarrassed to breastfeed in public	2.0

In addition, 26.7 percent of the respondents provided additional open-ended reasons for discontinuing breastfeeding. These reasons varied from “baby did/could not breastfeed” (17 percent) to “mother being pregnant again” (4 percent). Other reasons provided included “child biting,” “mother having too many responsibilities and feeling tired,” or “some other emergencies such as death in the family,” which affected the mother’s capacity to breastfeed her infant, but the numbers were too small to be grouped in broader categories.

Summary

Findings indicate that:

- Race-ethnicity of both mothers and fathers and age of the mother were associated with breastfeeding patterns but, despite statistical significance, the association between these variables was weak.
- Twenty-nine percent of infants were not breastfed at all. African Americans and White Anglos were more likely not to breastfeed their infants. Younger mothers were also less likely to breastfeed their infants.
- About 40 percent of infants were breastfed exclusively for the first two weeks. The proportion of mothers breastfeeding exclusively dropped dramatically after the first two weeks after birth. Thirty-seven percent of the respondents breastfed for up to three months, but only about 16 percent breastfed exclusively for up to three months.
- Half of all infants were introduced to formula within the first two weeks.
- A majority (51 percent) of infants were introduced to solid foods by the fourth month.
- A variety of reasons were provided for stopping breastfeeding prior to the infant’s first birthday. Not being able to produce milk and work-related issues were prominent reasons for stopping.
- The time of enrollment into WIC was not a factor in determining breastfeeding patterns.

WIC works

We are happy to have permission to reprint this letter, sent to thank Guadalupe Martin — a breastfeeding coordinator at the WIC clinic in Quitman, Texas for her invaluable assistance to a first-time mom determined to breastfeed.

I would like to thank Guadalupe Martin for helping me with breastfeeding my son. This is my story.

Ever since I have wanted children I always wanted to breastfeed. When I found out I was pregnant it was the happiest moment of my life. My pregnancy was going great no complications at all until my 31st week when I started having trouble with my blood pressure.

At that point everything changed. I was rushed to Shreveport, La. with very high blood pressure and the doctors doing everything they could to get it to go down. After being in there for a good 24 hours my blood pressure finally went down and I thought I would get to go home and finish out my pregnancy. I was wrong.

After being in the hospital for 4 weeks the doctors done an amniocentesis to see if my son's lungs were mature enough to deliver. July 2, 2004 my very healthy son was born and since I was on magnesium during the delivery I was not able to breastfeed right off and so they gave my 4lb 4.6 ounce baby boy formula.

They over fed him formula and it soured on his stomach and he quit breathing and was rushed to the NICU where he stayed for 2 weeks. The hospital provided me with an electric pump and instructions on how to use it. A couple of days before my son got to come home the doctors allowed me to try and put him to the breast. I told them I needed help since I am a first time mom. No one would help me and I thought I would never get to actually breastfeed him.

After he came home I made my appointment at the WIC office in Quitman. Guadalupe Martin was the person taking care of my case that day and I explained to her that I was giving my son breast milk that I had pumped in a bottle since I could not get him to take the breast and I hadn't a clue what I was doing. She took her time and effort in helping me and giving me the support I needed. Before I left he had nursed a little bit and Guadalupe told me she would get the Lactation consultant to give me a call that was on a Thursday.

Kathy the lactation consultant called on the following Monday to see how I was doing and I was happy to let her know that my son was nursing fine taking the breast at every feeding. If it had not been for Guadalupe Martin I might not be breastfeeding today. Since that day my son Logan has gained from 4lbs 13 ounces to 6lbs



continued on page 24

WIC and PKU

By Mimi Kaufman, M.P.H., R.D., L.D.

She found out that as long as Mason's diet was controlled, he would be as smart as other children his age.



“He does not look or act different from other boys his age, he just eats different foods.” Lucaya Riley, mother of 2-year old Mason. This is the most important thing she wants other people to know.

When Lucaya gave birth to Mason, she had never heard about phenylketonuria (PKU) until she received a phone call from her pediatrician. Mason had tested positive on the Newborn Screening Test and needed to have another blood test and make an appointment with the closest metabolic clinic as soon as possible. The clinic happened to be in a neighboring city and saw Lucaya and Mason right away.

Lucaya was, understandably, shocked to find out that, if her healthy baby boy was not given a special formula and kept on a strict diet, he could be mentally retarded. She searched around for as much information on PKU as she could find. She found out that as long as Mason's diet was controlled, he would be as smart as other children his age. Mason received services from an Early Childhood Intervention program for his first year of life. When ECI completed his one-year review, he had no developmental delays and was actually ahead in some developmental areas. He no longer needed the services of ECI and was discharged.

What is this diet?

People with PKU do not have a functioning enzyme to break down an amino acid called phenylalanine (PHE for short), which is found in all food proteins. This means that people with PKU will never eat meat, poultry, fish, eggs, dairy products, or even cooked beans. They get all of their protein from a special medical food, or formula, that doesn't have PHE. Since everyone needs some PHE for normal growth and tissue repair, small amounts of table foods are provided to add in just the right amount. The dietitian at the metabolic clinic works very closely with the family to make sure the child is getting enough nutrients from both the formula and measured amounts of fruits, vegetables, and grain products. This diet needs to be continued for a person's whole life for that person to stay healthy and as smart as they can be.

A typical day's food for a 1-year old might be:

Breakfast

- Kix, 6 tablespoons
- Peach slice, 1
- PKU medical food, 6 oz.

Lunch

- Strawberries, 3 small
- Low protein graham crackers, 2
- Sweet pickle, ½ small
- PKU medical food, 6 oz.

Snack

- Low protein crackers, 2
- Apple juice, ½ cup
- PKU medical food, ½ cup

Dinner

- Sliced carrots, 2 tablespoons
- Low-protein spaghetti, ¼ cup
- Meatless spaghetti sauce, 1/8 cup
- PKU medical food, 6 oz

A WIC dietary recall assessment of this day would identify several deficiencies, even though it is a perfectly healthy diet for a young child with PKU. The PKU medical food provides all of the protein, vitamins and minerals the child needs. The rest of the nutrients and calories are obtained from the table foods.

What causes PKU?

For a child to have PKU, both parents must be “carriers” of the PKU gene. A carrier has one PKU gene and one normal gene. Each time these parents have a child, there is a 25 percent chance that the child will have PKU, a 50 percent chance that it will be a carrier, and a 25 percent chance that it will be free of the PKU gene. In some families, there may be only one child with PKU while, in other families, all or several children may have the condition.

“I have been working with WIC for more than 15 years, and this is the first time dealing with PKU,” says Diana Gaslin, L.V.N., WIC Supervisor at Project 42 in Cedar

Park. “Lucaya is so good, she keeps up the prescriptions so I do not have to follow up with the metabolic dietitian or the doctor.”

How can WIC help the family with PKU?

- Be supportive of the mother. If she is a new mom, she has just been given frightening news and needs support and reassurance in dealing with the situation.
- Work with the Durable Medical Equipment supplier to get the formula to the family. If there are problems, work them out as smoothly as possible. Most DMEs are well aware that the formula is vital to the infant and will work with you to solve problems.
- Score the diet according to WIC policy but don't counsel on the deficiencies because they do not apply to this child.
- Do not automatically schedule the family into a class, as they are already working very closely with a dietitian at the metabolic clinic. That contact will count for nutrition education. Do ask if the mother would be interested in attending nutrition classes, but explain that the information will not be tailored for her child with PKU, and that the classes are not required.
- Schedule appointments so the family can work with one clinic staffer consistently. This prevents them from having to continually explain their situation.
- If the family comes to the clinic only to obtain WIC benefits, schedule the appointments at a time when the clinic is not heavily booked for classes. The family should not have to explain to other participants why they are not attending nutrition classes.
- Treat the child as you would any other child the same age.

To find out more about PKU, visit the following Web sites:

- <<http://www.dshs.state.tx.us/newborn/pku.shtm>> or
- <<http://www.pkunews.org>>

Food Stamp and TANF update

By Celia Hagert, senior policy analyst, Center for Public Policy Priorities

The Food Stamp Program and the Temporary Assistance for Needy Families block grant offer benefits that can help WIC clients support their families and improve their nutritional health. Together these benefits help families stretch their food budgets and meet other basic needs such as rent, utilities, transportation, and child care. The programs also offer valuable employment and training services and other work supports.

However, many WIC clients who are eligible for these benefits do not receive them, either because they are not aware of the programs or think they do not qualify. WIC clinic staffers can play an important role in informing families about these benefits.

The Food Stamp program

The Food Stamp program is a federally funded nutrition program that helps eligible families purchase groceries using an electronic debit card called the Lone Star card. In Texas, over 2.2 million people receive Food Stamps; the average monthly benefit is \$78 per person.

The Food Stamp Employment and Training program provides recipients with vocational and non-vocational training and education, work experience, volunteer work, and help finding a job. Though E&T services are not available in every county, as of July 2003, 167 counties in Texas offered them.

Eligibility requirements

Low-income families with limited resources are eligible for Food Stamps. Applicants must show proof of Texas residency, citizenship, or proper immigration status, and provide a Social Security number for all eligible family members. Most legal immigrants are eligible for Food Stamps after living in the country for five years, with some exceptions. For example, legal-immigrant children are immediately eligible. Undocumented immigrants have never

been eligible for Food Stamps. However, families with a “mixed” immigration status may still qualify for Food Stamps, even if they include an undocumented member. In this case, only the eligible family members receive benefits (see <<http://www.cppp.org/products/alertsflyers/index.html>> to download fliers about rules for immigrants).

To qualify for Food Stamps, a family’s gross income must be at or below 165 percent of the federal poverty level. For example, the gross monthly income must not exceed \$1,994 for a household of four, or \$2,674 for a household of six. Households with at least one elderly or disabled member do not have to meet the gross-income test.

Eligibility for Food Stamps is also based on a family’s assets or resources. Many assets are excluded when determining whether a family’s resources are low enough to qualify for benefits, such as a home and personal effects (jewelry, clothing, household goods, etc.). For more information about Food Stamp eligibility requirements, see <<http://www.dhs.state.tx.us/programs/FoodStamps/FoodStampFAQ.html>>.

Temporary Assistance for Needy Families

Temporary Assistance for Needy Families is a federally funded block grant that provides cash, employment services, and other support services to families and children who qualify. The grant program’s primary goals are to ensure that needy families can care for their children in their own homes or in the homes of relatives; to help needy families become independent of government assistance through job preparation, employment, and marriage; to reduce out-of-wedlock pregnancies; and to promote the formation of two-parent families. TANF recipients also receive child care and employment and training services through the Choices program.

As of February 2004, 288,856 people were receiving TANF benefits. The average Texas TANF benefit is about \$170 per month for a family of three, with a maximum benefit of about \$215 per month.

Eligibility Requirements

The income limits for TANF are much lower than for Food Stamps. For a family of three to receive benefits,

the family's income must be less than about \$2,300 per year — 15 percent of the federal poverty level. All TANF recipients automatically qualify for Food Stamps.

TANF recipients are only allowed to receive benefits for a limited number of years. Federal law limits TANF cash assistance to a cumulative five years in an adult recipient's lifetime. Texas law imposes even tighter time limits of one, two, or three years depending on a client's work history and education level. Recipients must also comply with work and other requirements in order to receive assistance. Failure to comply with these requirements may cause a family to lose its benefits. For more information about TANF eligibility requirements, see <<http://www.dhs.state.tx.us/programs/TexasWorks/TANF-FAQ.html>>.

How to access TANF and Food Stamps

HHSC's network of 381 local offices around the state help enroll people in both the Food Stamp and TANF. Some Food Stamp applicants may qualify for a phone interview, which can save them a trip to the local office. (See <<http://www.cppp.org/products/alertsflyers/index.html>> to download fliers about phone-interview criteria.)

You can find about more about applying for Food Stamps or download a joint Food Stamp/TANF application at <<http://www.lonestarcard.net>> or call 1 (888) 834-7406.

For more information about how to apply for TANF, see

<<http://www.dhs.state.tx.us/programs/TexasWorks/TANF-FAQ.html#apply>> or call 1 (888) 834-7406.

For office locations in your region, see <<http://www.dhs.state.tx.us/regions/index.html>>.

Food Stamp applicants in Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant Counties may also seek help from a local Food Stamp outreach worker at selected community-based organizations. See <<http://www.dhs.state.tx.us/programs/FoodStamps/contractors.html>> for a list of outreach sites.

March is National Nutrition Month!

National Nutrition Month® is a nutrition education and information campaign sponsored annually in March by the American Dietetic Association. The campaign is designed to focus attention on the importance of making informed food choices and developing sound eating and physical activity habits. It is a great time to celebrate nutrition and physical activity in your clinics! Use your creativity!

The theme for this year's campaign is Get a Taste for Nutrition and reinforces the importance of nutrition as a key component of good health, along with physical activity. The campaign focuses on these key messages:

Be adventurous and expand your horizons. Variety is the spice of life in your food choices and is vital to good nutrition and health. Choose foods that are both healthful and tasty based on flavors, textures, and colors that are appealing. Explore the wide world of nutrition by trying a variety of foods.

Treat your taste buds. You decide how much and how often. Choose foods sensibly by looking at the big picture; it's what you eat over several days, not just one meal or day that counts. So enjoy all your favorite foods just try eating them in moderate amounts.

Maintain a healthy weight. Managing your weight plays a vital role in achieving and maintaining good health and quality of life. Carrying excess weight may put you at greater risk for health problems. The good news is that healthy eating and regular physical activity make it easier to achieve lifelong weight management and long-term health!

Balance food choices with your lifestyle. Choosing the right balance of foods helps you get the right combination of nutrients. So balance your food choices with your physical activities to achieve and maintain a healthy weight and lifestyle.

Be active. Be creative and enjoy a variety of ways to stay active to feel your best. There's no need for expensive equipment or complicated fitness programs. Start by making a list of physical activities that fit into your lifestyle and schedule one every day.



To order National Nutrition Month products visit <<http://www.jimcolemanltd.com/nnm>>. Also, visit American Dietetics Association's Web site at <<http://www.eatright.org/catalog>>, go to the NNM merchandise link, and to Jim Coleman Ltd. to view the full-color catalog. To request a National Nutrition Month catalog, fax your name, address, and phone number, along with the code "NNM Catalog" to Jim Coleman, Ltd., at (847) 963-8200 or e-mail your request to <service@jimcolemanltd.com>.

Source: American Dietetic Association, <<http://www.eatright.org>>. Accessed October 8, 2004.

News-worthy Nutrition

By Amy Culp, R.D., L.D., nutrition education consultant

Almost daily, nutrition and health news makes the headlines. Here are some of the top stories and bottom-line messages to assist you as a nutrition and health educator.

Predicting and preventing childhood overweight and obesity

There are twice as many obese children now as there were 20 years ago, but little is known about the exact cause of this trend or the best approach to stop it. Obesity prevention is more cost effective than obesity treatment, and prevention efforts should begin as early in life as possible. It would be helpful to identify children at birth who are in need of early obesity-prevention efforts, and research published in *Pediatrics* may provide key answers. The study of almost 8,500 low-income preschool children enrolled in WIC found that those whose mothers were obese early in the pregnancy (first trimester) were more than twice as likely to be obese when they were of preschool age. By 4 years of age, obesity was present in almost 1 in 4 of the children who were born to obese mothers compared with fewer than 1 in 10 of children who were born to mothers of normal weight. There was also an association with other clinical factors easily assessed at birth and the prevalence of obesity during the preschool years, such as high birthweight, being first born, and having a mother who smoked in pregnancy. However, maternal obesity in early pregnancy was the strongest predictor.

WIC bottom line: WIC plays a crucial role in obesity prevention. We can identify the pregnant women who are obese in their first trimester and educate them about healthy eating and physical activity (when approved by a doctor) during and after their pregnancy. Pay special attention to the infants with risk code 114 — “Infant at Risk of Becoming Overweight” — and remember that you play a key role in educating the family on the importance of establishing healthy eating, physical activity, and

lifestyle habits for their child.

Source: Whitaker, R.C. 2004. Predicting preschooler obesity at birth: the role of maternal obesity in early pregnancy. *Pediatrics* 114(1): e29–36.

Folic acid fortification — A working strategy

Neural tube defects are serious birth defects of the spine (e.g. spinal bifida) and the brain (e.g. anencephaly) that occur during early pregnancy, often before a woman knows she is pregnant. It is reported that 50–70 percent of these defects can be prevented if a woman consumes sufficient folic acid daily before conception and throughout the first trimester of her pregnancy. In 1992, the U.S. Public Health Service recommended that all women capable of becoming pregnant consume 400 micrograms of folic acid daily. There were three approaches promoted to increase folic acid consumption: (1) improving dietary habits, (2) fortifying foods with folic acid, and (3) using dietary supplements containing folic acid.

However, in 1998, the Institute of Medicine report on the scientific evaluation of Dietary Reference Intakes, which included recommendations for folic acid, reported that due to questionable absorption rates of folate from foods, women of childbearing age are recommended to consume 400 micrograms of folic acid daily from supplements, fortified foods, or both, in addition to consuming folate from foods through a varied diet.

Source: Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B6, Folate, Vitamin B12, Pantothenic Acid, Biotin and Choline. *National Academy Press*. Washington, D.C. 1998. 196–305.

In 1998, the U.S. Food and Drug Administration mandated that folic acid be added to certain grain products to help reduce the rate of NTDs. Two recent studies looked at the reduction of NTDs before and after folic acid fortification in foods, and both studies found about a 30 percent decline after fortification — either in NTDs or maternal serum alpha-fetoprotein values (a test result linked with NTDs).

WIC bottom line: Continue to educate mothers of childbearing age on the importance of a diet rich in whole grains, fruits, and vegetables — foods naturally rich in folate and fortified with folic acid. In addition, postpartum and breastfeeding women should be encour-

aged to continue to take their prenatal vitamins or a multivitamin with 400 micrograms of folic acid. By educating mothers and future mothers on the importance of folic acid, you could be helping to prevent birth defects in future pregnancies.

Sources: Evans, M.I., et al. 2004. Impact of folic acid fortification in the United States: Markedly diminished high maternal serum alpha-fetoprotein values. *Obstet. Gynecol.* 103:474–9.

Mersereau, P., et al. 2004. Spina bifida and anencephaly before and after folic acid mandate — United States, 1995–1996 and 1999–2000. *Morbidity and Mortality Weekly Report* 53(17):362–5.

How accurate are your measurements?

A recent study published in *Archives of Disease in Childhood* had trained nurses visit 55 pediatric and family practices and re-measure 307 children using correct technique and equipment, and compared their measurements with those taken during regular exams. They found that only 30 percent of height measurements taken in primary care practices were accurate and the younger the child, the less accurate the measurements. Only 18 percent of those measured lying down met the tolerance within half a centimeter. After the initial visit by the nurses, half of the practices were given equipment and training. Then the visiting nurses returned in six months and found that the accuracy rate increased to 70 percent — but was unchanged in the practices that had not received instruction.

WIC bottom line: Make sure you have been trained how to accurately weigh, measure, and plot a child's growth. It is difficult to obtain these measurements with some children so if you are unsure of your accuracy, get another staff member to double-check your work. Also, each local agency needs to be sure that its equipment is in good working condition, mounted correctly, and calibrated (where applicable). Mistakes like those found in the study could cause a child's growth problem to be missed, or the misidentification of a child who is growing normally.

Source: Lipman, T. H. 2004. A multicentre randomised controlled trial of an intervention to improve the accuracy of linear growth measurement. *Arch. Dis. Child.* 89:342–6.

WIC works, continued from page 17

7 1/2 ounces and takes the breast at almost every feeding. The only time he doesn't is when he is at home with his father and I'm gone.

I know this is a lot but I thought you needed to know the whole story. I want you to know that I think Guadalupe is an important person at the WIC office and I am very grateful to her in helping me to breastfeed my son and for her support and encouragement.

With many thanks,

Shawwna Chasteen and Logan Chasteen

Guadalupe Martin responds:

I just couldn't take all the credit.

Just recently a mom sent a letter of appreciation for all the help that I provided to her and her newborn baby boy on breast-feeding. All the help that I provided to this particular mom I learned during the Practicum in the first week of May this year. Thanks to Mom's Place and the training that I received from Maryann and her wonderful staff that made all this possible.

Thank-you,

Guadalupe Martin, Breastfeeding Coordinator

When Guadalupe was the Peer Counselor she started taking control to make our program a success. When I realized our B/F Coordinator did not have the time needed to enhance our program, I offered the position to Lupe. Our agency has been blessed to find someone so dedicated to the cause. She also received great acclamation from the state during our review in July for her organizational skills.

Delilah Gamel, L.V.N.
WIC Director, LA #102
ETMC Quitman WIC

News to Use

Compiled by nutrition education consultants Amy Culp, R.D., L.D., Shellie Shores, R.D., Tracy Erickson, R.D., L.D., I.B.C.L.C., and Amanda Hovis

Sesame Workshop launches “Healthy Habits for Life”

Sesame Workshop, the nonprofit educational organization behind the *Sesame Street* series on television’s Public Broadcasting System, has announced the launch of a comprehensive, multi-year initiative to help prevent childhood obesity. The initiative includes multi-media, age-appropriate content targeted to preschoolers and their parents or caregivers that will help them live healthier lives. The “Healthy Habits for Life” initiative will use a coalition of partners to develop and distribute multi-media, age-appropriate content targeted to preschoolers and their caregivers, empowering them with knowledge and positive attitudes about their bodies. The components of the initiative that are being developed directly for children will come under the umbrella of “Happy, Healthy Monsters” and will include a new line of home videos, book titles, and interactive media that will use the loveable *Sesame Street* characters to teach these important lessons.

New Fact Sheet Available

Food Safety During Pregnancy, fact sheet no. 26, stock no. 13-06-12010, contains timely information for educating WIC staff about relevant food safety issues facing women who are pregnant, breastfeeding, or are of child-bearing age. Lists of foods to avoid during pregnancy are included as well as other relevant information on:

- listeriosis
- toxoplasmosis
- methylmercury
- polychlorinated biphenyls (PCBs)
- fish-consumption recommendations

This fact sheet is a great training tool for staff meetings or in new employee training. Copies have been sent to local agencies in Texas. To order additional copies, use the Texas WIC Materials Order Form. Copies are also available at the WIC Web site: <<http://www.dshs.state.tx.us/wichd/nut/pdf/fac26-s.pdf>>.

Revised fact sheets

A revised version of *Lead Poisoning Fact Sheet 10* is now available. This updated fact sheet covers effects of lead poisoning, sources of lead exposure, and tips for preventing exposure. Order your copy today using the Texas WIC Materials Order Form. Copies are also available at the WIC Web site: <<http://www.dshs.state.tx.us/wichd/nut/pdf/fac26-s.pdf>>.

A revised version of *Herbal Fact Sheet 9* is now available. This completely updated fact sheet for WIC staff contains great information on many of the herbs that are commonly used in Texas, as well as information on the quality and standardization of herbal products. Order your copy today using the Texas WIC Materials Order Form. Copies are also available at the WIC Web site: <<http://www.dshs.state.tx.us/wichd/nut/pdf/fac26-s.pdf>>.

Outreach materials

Make sure your local agency is using the most up-to-date outreach materials. Each April the income guidelines for WIC change and, at that time, WIC updates all outreach materials that contain WIC or Medicaid guidelines. Please discard or recycle old forms and order the current versions of each of the following pieces:

- *Texas WIC Reference Guide*, stock nos. 13-55 (English/Spanish), 13-55V (English/Vietnamese) — order from the DSHS warehouse using form AG-30.
- *Texas WIC Income Guidelines*, stock nos. 13-85 (English/Spanish), 13-85V (English/Vietnamese) — order from the DSHS warehouse using form AG-30.
- *Guide to Helpful Programs and Services that WIC wants you to know about*, stock nos. 13-156 (English), 13-156(a) (Spanish), 13-185V (Vietnamese) — order from the WIC warehouse using the Texas WIC Materials Order Form.

The new versions of all three pieces can be easily identified by the light and dark purple ink used to print them. If you have questions, please contact Shellie Shores, Nutrition education consultant, by calling (512) 458-7111, ext. 3463 or e-mailing at <shellie.shores@dshs.state.tx.us>.

Breastfeeding materials

How Do I Know if I Am Making Enough Milk?, stock nos. 13-06-12038 (English) and 13-06-12038A (Spanish) is a new brochure that addresses a common concern of breastfeeding mothers. The brochure includes information on how the body makes milk, growth spurts, how formula affects milk supply, how to tell if the baby is getting enough, when and whom to call for help, and 10 ways to make more milk.



The *Breastfeeding Support Pledge Card*, stock no. 13-06-12031, was designed to accompany lesson BF-000-21, *To Baby With Love: Overcoming Breastfeeding Barriers*, but it can also be used with other group classes, facilitated discussion, support-group meetings, individual counseling, health fairs, and other community outreach efforts. WIC participants can take the pledge cards to family and friends to request their support of breastfeeding. When family and friends sign the pledge card, they are promising to support the woman's efforts to breastfeed.

The pledge card was field-tested as a community outreach piece during African-American Breastfeeding Promotion pilot events in southeast Texas in early 2004. Health-fair attendees who stopped at the exhibit to pick up a packet of breastfeeding material for pregnant friends were thrilled that they could personalize the material by including a signed pledge card from them in the packet.

The “Mother Friendly Worksite” materials have been completely revised. The new brochure titled *Become a Mother Friendly Worksite*, stock nos. 13-58 (English), and 13-58a (Spanish) replaces both *Breastfeeding Works for Working Women* (stock no. 13-58p) and *Question: Should you as an employer be concerned about working mothers who breastfeed?*, (stock no.13-58). This new brochure is printed in full color and is available in both English and Spanish. It is packed full of great information on the benefits employers receive from employees who breastfeed, and ways they can support breastfeeding employees, as well as information on how to become a “Mother Friendly Worksite.” This is a fantastic brochure to provide to moms who will be returning to work and to send out to local area employers. To place your order, please use the AG-30 Order Form.

Revised Pregnancy Pamphlet

Eating For You and a Healthy Baby, Too, stock nos. 13-197 (English), 13-197A (Spanish), and 13-197V (Vietnamese), has been revised to include important information regarding food safety during pregnancy. Warnings about methyl-mercury poisoning, listeriosis, and toxoplasmosis are now included for pregnant women.

Because this information is so important to expectant moms, local agencies should order the new version from the DSHS warehouse, using the AG-30 Order Form, and recycle old copies as soon as possible.



Announcement

Linda Brumble, manager, Nutrition Education and Clinical Services Unit, and Sherry Clark, director, Texas WIC Dietetic Internship, are pleased to announce the ten WIC local agency nutritionists who have been selected to be interns in the 2005 Texas WIC Dietetic Internship program. Congratulations to these interns!

Rosana Arruda LA #26
Houston Health and Human Services Department

Tamara LaFollette LA #54
Tarrant County Health Department

Kassandra Casares LA #12
Hidalgo County Health Department

Falecia Foreman LA #48
Harris County Public Health and Environmental Services

Mary Benge LA #87
Public Health Regions

Holly LeDane LA #10
Grayson County Health Department

Olivia Perez LA #5
Driscoll Childrens' Hospital

Krystal Seger LA #97
Fayette County WIC program

Jillian Spoor LA #76
Outreach Health Services

Norma Zuniga LA #41
San Antonio Metropolitan Health District

If you have questions or need information about the Texas WIC Dietetic Internship, please contact director Sherry Clark by phone at (512) 458-7111, ext. 2142, or by e-mail at sherry.clark@dshs.state.tx.us.



2005 Dietetic Interns

Top Left to Right: Olivia Perez, Falecia Foreman, Rosana Arruda, Tamara LaFollette, Norma Zuniga
Bottom Left to Right: Kassandra Casares, Krystal Seger, Holly LeDane; Jillian Spoor, Mary Jean Benge

Coming Next Issue...

**Avoid
Alcohol
During
Pregnancy.**



Texas WIC News is now available on the Texas WIC Web site!
<<http://www.dshs.state.tx.us/wichd.gi.wicnews.shtm>>

For information about subscriptions to *Texas WIC News*, e-mail <joyce.leatherwood@dshs.state.tx.us> or call (512) 341-4400, ext. 2288#.

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