Texas WIC NEWS

Special Supplemental Nutrition Program for Women, Infants, and Children
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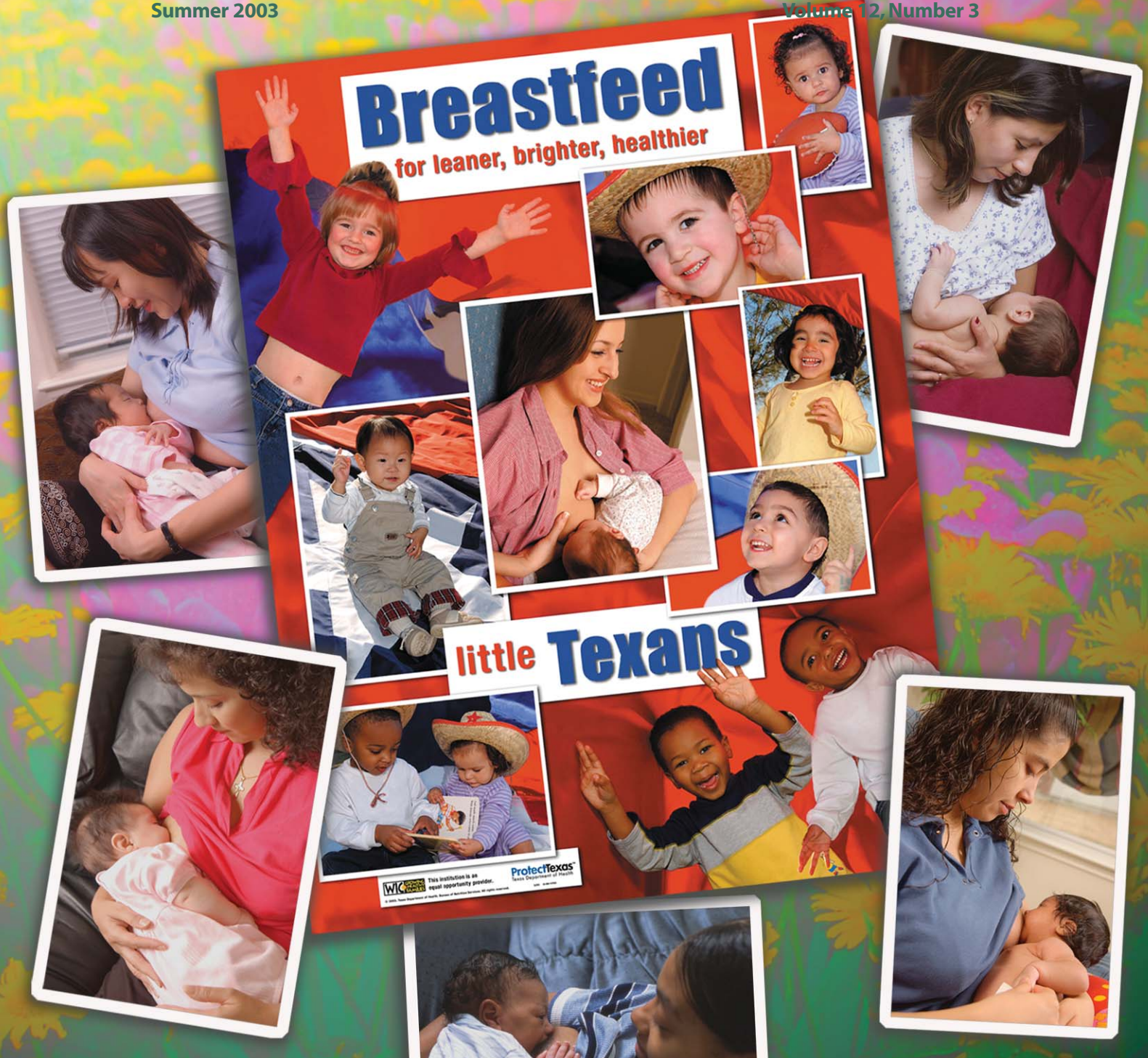

August Is National Breastfeeding Month.

WIC tackles obesity, promotes breastfeeding, pilots EBT

By Mike Montgomery
Texas WIC Director

Texas WIC is currently tackling a major health issue by focusing additional energy on the obesity epidemic. To help you educate your staff and participants about staying healthy and fit, you have all received nutrition education lessons, videos, pamphlets, and posters, and you'll be getting more. In addition, most of you attended the FIT KIDS teleconference earlier this year, which gave your staff wonderful ideas to help Texas WIC participants improve their nutrition and fitness.

Breastfeeding rates are steadily continuing to rise thanks in part to the continued success of the breast-pump program and because more lactation consultants are employed by WIC than ever before. About 62 percent of WIC moms initiate breastfeeding in the hospital.

Additional funding has also been planned to target African-American WIC participants and their families for the promotion of breastfeeding. Look for these materials in the near future.

The theme for this year's World Breastfeeding Month in August — "Breastfeed for Leaner, Brighter, Healthier Little Texans" — focuses on the health benefits for the breastfed infant and emphasizes the advantages of breastfeeding shown in recent research on increased intelligence and decreased risk of obesity in children. Please use the articles and ideas in this issue of *Texas WIC News* to celebrate World Breastfeeding Month in your clinics. Your recognition of World Breastfeeding Month will help bring about awareness of the importance of breastfeeding for the child, the mother, and the community.

Recently released data from the 2001 Texas Youth Risk Behavior Study show that just over 28 percent of Texas teens use tobacco. According to current information from the Campaign for Tobacco-Free Kids,® about 57,000 children under 18 years of age become daily smokers each year in Texas. Research suggests that education and prevention information directed to children and youth who have not yet begun using tobacco pays off in big returns. This issue of *Texas WIC News* offers educators two articles that focus on educating WIC parents about the dangers of tobacco for themselves and their children.

Major efforts are continuing to implement the pilot of WIC Electronic Benefits Transfer in El Paso. The pilot will begin some time in 2004. Arrangements are in place for vendor and clinic equipment installation and certification, clinic and vendor training, and all other support tasks. Everyone is looking forward to this long-awaited pilot as a necessary first step to implementing WIC EBT statewide.

In this issue . . .

Articles & Features

4 *Local agency spotlight: Local Agency 26*
5 *Central office spotlight: Chris Coxwell*
6 *National Breastfeeding Awareness Campaign*
7 *Texas-based PSA wins video award*
10 *Breastfeed for healthier little Texans*
12 *Child development: 12-month-old*
14 *Prevalence of maternal smoking in Texas WIC*
17 *Pregnancy: A teachable moment for tobacco cessation*
18 *It takes two to tandem*
19 *TDH Dietetic Internship Class of 2002*
20 *Breastfeeding and phenylketonuria*
22 *Training schedule*

Columns

2 *Mike Montgomery*
8 *Eaton Wright*
21 *News to use*

Cover photos by Chris Coxwell, design by Brent McMillon

Texas WIC NEWS

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Houston WIC gets results with peer-counselor program

By Faye Walker
Program Director, WIC Local Agency 26

Since its inception, the city of Houston's WIC program has encouraged breastfeeding as the way to provide optimal nutrition to infants. Along with other projects nationwide, Project 26 sought to increase promotional efforts following a 1989 congressional mandate that allowed increased funding for breastfeeding promotion.

In December 1990, Vera Petteway-Nyormoi became the project's breastfeeding coordinator, filling a role that would prove both challenging and rewarding.

When the project began tracking breastfeeding rates in October 1990, a dismal 2.2 percent of infants were breastfed. Following staff training, the rates had increased to a still-dismal 3.2 percent by April 1991. Because the first few days are critical to breastfeeding success, WIC began providing additional training for nurses on the postpartum wards, at LBJ Hospital, and at county-owned institutions where many clients give birth. The results were encouraging!

Then, in March 1991, Houston WIC was instrumental in organizing a Breastfeeding Task Force of community health-care providers who interfaced with pregnant and breastfeeding women. This task force's goal was to support the WIC program to increase the breastfeeding rate by 10 percent in the coming year. This daunting goal could be realized only if the level of commitment were raised. Toward that end, the Breastfeeding Peer Counselor program was born.

In 1992, Houston WIC eagerly participated in a USDA pilot program for breastfeeding women who would be trained to encourage and support other WIC mothers in breastfeeding their infants. One year after instituting the Breastfeeding Peer Counselor program in Houston, the percentage of breastfeeding infants had more than doubled.

In 1992, Project 26 received an Outstanding Peer Counselor Program commendation from TDH. Information about the peer counselor program has been shared at numerous breastfeeding and La Leche League conferences in Texas.

Project 26 peer counselors stay busy and involved. They participated in a study, conducted by the University of Texas Health Science Center, of metals in breastmilk by recruiting clients who were willing to donate expressed breastmilk. They also participated in studies at the Children's Nutrition Research Center, Baylor College of Medicine, where the composition of the breastmilk was analyzed.

Now, 11 years later, over 200 women have been trained as peer counselors, 61 percent of postpartum women are breastfeeding, 82 percent of mothers who were on WIC during their pregnancy initiate breastfeeding, and 35 percent of infants are routinely breastfed.

However, that's not all! WIC Project 26 has a significant population of African-American women. This group has been the focus of intense breastfeeding-promotion efforts. One of the most successful efforts involved gathering a group of African-American WIC mothers and staff who were currently breastfeeding or had previously breastfed. Project staff encouraged these moms (and grandmothers) to bring their breastfed children to a local park for a photo session. The result was a series of posters with the caption, "Who Says We Don't Breastfeed? Not Us!"

The goal is to remind African-American women that breastfeeding has always been an important part of their history and culture. Getting back to basics — breastfeeding — can lower the incidence of sudden-infant death, which is twice as high among African-American as compared with white infants, and significantly affect infant mortality rate. Many African-American mothers are initiating breastfeeding, and more are committed to nursing their babies long-term — six months or longer. Project staff are enthusiastic about this progress.

Finally, since 1999, the entire WIC staff has participated in World Breastfeeding Day activities where the WABA or state WIC theme has been highlighted. The talented peer counselors treat staff to an entertaining skit with music, drama, comedy, and dance. The staff having fun and learning important breastfeeding facts has increased awareness and support for breastfeeding promotion in the program.

Project 26 has truly come a long way!

Central office spotlight on Chris Coxwell

By Joyce Leatherwood
Texas WIC News Publications Coordinator

Chris Coxwell doesn't talk much. As the photographer for the Health Communications Division, she prefers to hide behind her beautiful camera, creating image after image, while her subjects smile and squirm. Those who have been privileged to be the subjects of her expertise know that resistance is futile. She's a pro, and she's gonna get her shot.

"We're lucky to have her," says her boss, John Koloen, blinking from the flash. She recently took pictures of her coworkers for a division presentation. Frankly, some of us just don't look that good anymore, but we all looked like Hollywood idols when Chris' work was done.

"Two years." That was Chris's answer when I asked my first interview question, "How long have you worked here?" That was supposed to be the icebreaker. But that question spooked her, and she was gone. Ducked behind the partition and scooted down the aisle.

I followed her, trying again, pouring on the charm. No dice. *Where did you go to school? What do you do when you're not taking photos for TDH? What do you like best about your job? Do you know how lucky you are to be working for the state in a very creative job?* Those were only a few of the questions I wanted to ask.

Instead, Chris agreed to select one of her photographs — her favorite — to share with *Texas WIC News* readers. I hope that this beautiful portrait of a mother with her breastfeeding child tells you more about Chris and her art than she will.

Photo by Chris Coxwell

National Breastfeeding Awareness Campaign to launch in October 2003

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

The U.S. Department of Health and Human Services, Office on Women's Health, has been funded to carry out the recommendations of the *HHS Blueprint for Action on Breastfeeding (2000).* The office has launched a National Breastfeeding Awareness Campaign to promote breastfeeding among mothers who would not normally breastfeed their baby. The campaign's overall goal is to increase the proportion of mothers who breastfeed their babies in the early postpartum period to 75 percent, and those within six months postpartum to 50 percent, by the year 2010. The campaign aims to empower women to commit to breastfeeding and to clearly illustrate the consequences of not breastfeeding, such as a higher likelihood of diabetes, obesity, some childhood cancers, and other illnesses and conditions. In addition to trying to raise initiation rates, the campaign will also stress the importance of breastfeeding exclusively for at least six months.

As a part of the national campaign, a comprehensive three-year media campaign will be launched in October 2003. The media campaign will be based on the goals, objectives, and recommendations of the *HHS Blueprint for Action on Breastfeeding* and will primarily target first-time parents who would not normally breastfeed. The focus of the campaign will be on the general audience, but because breastfeeding rates are lowest in the African-American community, the campaign will also have a focus on African-American women.

The campaign will employ communication techniques through a variety of channels and strategies, such as public service announcements (television and radio), bus-stop posters, billboards, educational pamphlets, and articles in community newspapers, in parenting and women's magazines, and on Web sites.

The campaign will also promote a breastfeeding help line and Web site recently launched by the National Women's Health Information Center, a project of the Office on Women's Health. The help line and Web site were implemented to help mothers with common breastfeeding problems and challenges. Breastfeeding information specialists are available to answer e-mails and assist callers with issues about positioning, pumping, storage, and many other topics. They also provide the support that moms, dads, prospective parents, families, and health-care providers may need to overcome breastfeeding challenges. The help-line number and Web site, 1-800-994-WOMAN (9662), TDD 1-888-220-5446 <www.4woman.gov>, are available in English and Spanish; the help line is open Monday–Friday from 9 a.m. to 6 p.m. EST. To read more about the *HHS Blueprint for Action on Breastfeeding*, visit the NWHIC Web site at: <http://www.4woman.gov/breastfeeding/>.

Texas-based PSA wins international video award

By Chris Elley, Senior Producer
Outreach Health Services

Outreach Health Services, a Texas WIC services contractor, was recently recognized with an international award for its original 30-second animated television public-service announcement entitled "Hey, Mom!" The spot uses fun-filled, childlike animation and the voice of a young boy to catch the attention of mothers, pointing out just a few of the many benefits of the WIC program.

"Hey, Mom!" was named a winner in the 2002 DV Awards, an international contest for digital video content in the corporate and broadcast arenas. Additionally, the spot received an honorable mention in the 2002 international Communicator Awards program. The contests featured an impressive spectrum of competitors, from The American Cancer Society to Daimler-Chrysler Corporation. The "Hey, Mom!" PSA was produced in-house through Outreach Health Services' communications department. These honors mark a successful year at Outreach Health Services in which a new commitment was made to using communication technologies to continually improve service to clients. The company also recently produced an educational video on its peer counseling program, aimed at mothers who are considering breastfeeding or searching for additional support.

"We're excited about this honor, because it helps us see that our communications initiative is having an impact on others," said Chris Elley, Senior Producer. "Our goal is simple … to educate more mothers about WIC so they can raise healthier children."

"Hey, Mom!" is currently airing in Texas television markets served by Outreach Health Services WIC clinics.

The spot uses fun-filled, childlike animation and the voice of a young boy to catch the attention of mothers . . .

Test your nutrition I.Q.

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

Eaton here to Test Your Nutrition I.Q. on one of my favorite topics — breastfeeding, and one of my least favorite habits — smoking. We all know that breastfeeding is absolutely the best for infants and really good for mom too, and that smoking is absolutely one of the worst habits around, for both mom and infant.

1. True or False?

Women who smoke should not breastfeed.

2. Choose the incorrect statement:

a. Infants of mothers who smoke are more likely to suffer from colic.

b. Mothers who smoke are more likely to breastfeed for a shorter length of time.

c. Nicotine is found in breastmilk.

d. Smoking increases an infant's risk for breathing problems; lung diseases, such as asthma and lung cancer; and sudden infant death syndrome.

e. Fuji, Red Delicious, and Gala apples are as tasty as the good old Pink Lady.

3. True or False?

Smoking is the most preventable cause of premature death in our society.

4. More than 4,000 chemical compounds have been identified in tobacco smoke. Which of the chemicals below is NOT one of the 4,000+ found in cigarette smoke?

a. hydrogen cyanide

b. secretory IgA

c. acetone

d. carbon monoxide

e. naphthalene

Answers:

1. False. Although the best recommendation is not to smoke at all, breastmilk that contains small amounts of nicotine is still healthier for a baby than formula. It's not so much the amount of bad stuff that ends up in a smoking mother's breastmilk, it's the bad stuff that ends up in her clothes, hair, skin, teeth, couch, and lungs! *Tip 1*: QUIT SMOKING NOW! *Tip 2*: If you cannot follow Tip 1, then smoke only after feeding the infant and always smoke away from the infant.

2. Right away you should have recognized that the one statement that is untrue is **e.** Everybody knows that Fuji, Red Delicious, and Gala apples hop in the backseat when the Pink Lady gets in the car. As for the other statements, they are all true. Smoking is unhealthy for mom and infant alike.

3. True. Each year, hundreds of thousands of deaths are directly attributable to smoking — almost 50 million Americans smoke. The good news is that it is never too late to quit. Some interesting tidbits about the benefits of quitting from the U.S. Surgeon General:

People who quit, regardless of age, live longer than people who continue to smoke.

Smokers who quit before age 50 have half the risk of dying in the next 15 years, as compared with those who continue to smoke. Those who quit by age 35 avoid 90 percent of the risk attributable to tobacco.

Quitting smoking substantially decreases the risk of cancer of the lung, larynx, pharynx, esophagus, mouth, pancreas, bladder, and cervix.

Benefits of quitting include reduced risk of other major diseases, including coronary heart disease, lung diseases, and cardiovascular disease.

4. Yes, it is true, many chemicals are added to tobacco for reasons like improved nicotine delivery, taste, and odor, and to mask mucous-membrane irritation. Some of the chemical additives (hydrogen cyanide, carbon monoxide, acetone, and naphthalene) are deadly! If you answered **b.**, secretory IgA, you are correct. It's no secret secretory IgA is an anti-viral and anti-infective antibody that is abundant in human milk. It is active against enteroviruses (polio, Coxsackie's, and echo virus), herpes viruses, Semliki Forest virus, respiratory syncytial virus, rubella, reovirus, and rotovirus. It is also active against *E. coli* bacteria.

Remember: Quitting cigarette smoking now is the smart thing to do — for your infant, for yourself! Even if you are not successful the first time, keep trying. It is never too late to quit.

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

Breastfeed for leaner, brighter, healthier little Texans —The research behind the theme

By Amanda Hovis
Nutrition Education Consultant

This year's World Breastfeeding Month theme highlights the benefits of breastfeeding on child health. Breastfeeding helps prevent childhood obesity, increases intelligence, and decreases the incidence of childhood disease. Together these benefits add up to one fantastic Texas WIC World Breastfeeding Month theme: *Breastfeed for leaner, brighter, healthier little Texans!*

➤Breastfeeding and Obesity

The prevalence of Americans who are overweight and obese has been a particularly hot news item this year. According to the Centers for Disease Control's Dr. William Dietz, breastfeeding may provide a "low-cost, readily available strategy to help prevent childhood and adolescent obesity." The evidence continues to mount. A study published this year (Bergmann, et al., 2003) found that formula-fed children had significantly higher Body Mass Indexes than breastfed children. Between ages 4 and 5, the prevalence of obesity in the formula-fed infants almost doubled, while the prevalence in the breastfed infants remained about the same. A 2001 study (Gillman, 2001) found that infants who were fed "mostly breastmilk" had a 22 percent decrease in the risk of becoming overweight as adolescents. The study also found that each three-month increment of breastfeeding decreased the risk of obesity by 8 percent. Other studies on breastfeeding and obesity have also shown a similar dose-response relationship.

➤Breastfeeding and Intelligence

A recent analysis (Anderson, Johnstone, and Remley 1999) of the current literature found that breastfeeding provided a three-point IQ advantage to regular full-term infants when compared to formula-fed full-term infants, and a five-point advantage to pre-term infants when compared to formula-fed pre-term infants. A three-point advantage may not sound like much, but an IQ of 100 versus 103 is the difference between the 50th and 58th percentile, which may lead to higher academic achievement and better job performance.

How does breastfeeding increase intelligence? Numerous studies have looked at the effects of two long-chain polyunsaturated fatty acids (PUFAs) that are found in breastmilk — arachidonic acid and docosahexaenoic acid. AA and DHA are incorporated into the fats in the brain and retina. Several of these studies (Agostoni et al. 1995, and Willatts, et al. 1998) found a link between intelligence and PUFAs, which led to the recent Food and Drug Administration's approval of adding DHA and AA to infant formula.

Does that mean formula is now as good as breastmilk? No! Breastmilk still contains many important compounds not found in formula, and researchers are discovering more every day.

➤Breastfeeding and Child Health

It is widely recognized among major health organizations that breastfeeding protects against many childhood illnesses and chronic diseases and enhances a child's psychological development. Studies have also shown that breastfeeding can significantly reduce health-care costs. A 2001 report (Weimer, 2001) published by the United States Department of Agriculture states: "A minimum of $3.6 billion would be saved if breastfeeding were increased from current levels (64 percent in-hospital, 29 percent at 6 months) to those recommended by the U.S. Surgeon General (75 percent in-hospital and 50 percent at 6 months). This figure is likely an underestimation of the total savings because it represents cost savings from the treatment of only three childhood illnesses — otitis media, gastroenteritis, and necrotizing enterocolitis."

World Breastfeeding Month is an excellent opportunity to raise awareness about the importance of breastfeeding in your community. However, it is important to advocate for breastfeeding at all times in everything you do — dinner talk with friends, supporting a breastfeeding family member, or approaching a woman who is nursing her baby in public and saying, "You're a great mom for breastfeeding!"

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CHILD DEVELOPMENT: The 12-month-old

By Jere Brewer, R.N., C.P.N.P.
Child Health Consultant

Beginning at 12 months, the developmental stages of the young child unfold rapidly. When parents know what to expect as their children grow and develop, it makes parenting easier.

This article examines where the typical 12-month-old stands in development cognitively, physically, socially, emotionally, and verbally.

Cognitive Development: The One-Year-Old Problem Solver

The baby's brain is developing and can now solve simple problems. This is an important new skill. For example, when a baby holds a mechanical toy out to the parent and says, "huh," baby's brain is working hard. She knows that the toy will work if someone turns the key. She knows she can't turn the key herself so she hands the toy to the parent who can turn the key and make the toy work. She is solving a problem.

Babies solve a problem when they pull a string to move the toy closer. They learn by trial and error that hammering on a pot makes more noise than pounding on the floor. Babies use problem-solving skills to stack boxes, pull off shoes and socks, or push chairs to use for climbing. Babies might work for several minutes opening a container that holds cereal for a snack.

Babies need approval when they master a task. Parents need to clap and encourage their children so they will be more likely to try to solve new problems and develop new brain skills.

Physical Development: Building Life Skills

Life skills are tasks that children learn. They use life skills to care for themselves when eating, dressing, and grooming. These skills let children become more independent and confident.

Parents can practice life skills throughout the day. At mealtime, encourage the baby to feed herself with a spoon or with her fingers, let her drink from a cup, or encourage independent tooth brushing or offer a second brush to hold while the parent cleans her teeth. Parents can put a stool near the sink to make hand washing easier. And, parents can let their child help with dressing and undressing — letting her pull up her own pants or take off her own socks and shoes. Parents can let the young child help with clean-up tasks, too — such as putting toys back on a storage shelf.

Parents should not expect the baby to master these skills quickly at this age. She may put her pants on backward. She will probably spill more than she eats. She wants to do things for herself but will get frustrated easily. Learning these skills takes practice. Parents need to offer support and be patient, remembering that the child is learning skills that will last a lifetime.

Social and Emotional Development: Learning through Play

Babies try to play with everything, and everything they play with teaches something new. They learn from toys, books, and household tools, and especially from interactions with other people.

If babies have older brothers and sisters, they will watch to see how they play with toys, and will play the same way. Babies imitate and copy what other people do. If they play with another child the same age, they will copy that child's play. Although developmentally they cannot interact with the child, they will mimic the child's actions.

Children learn most from interactions with parents. Parents who are patient and supportive will teach independence. Parents who are encouraging will help children learn that they are unique and have special skills. Parents who guide and are consistent will help them feel safe. In return, the children will share their learning and success.

Language Development: Working on Words

A 12-month-old works hard on language skills. The child understands many words even though she can't say them. This is called receptive language. For example, when parents ask the baby to hand them a toy or point to a picture in a book, she can do it.

Parents need to go slowly with requests. Break activities down into many parts. Babies will be able to follow simple requests. For example, if parents are looking at a picture book and say, "Point to the cow. Show me the pig.", the child may get confused. Instead, give babies time to think and respond before you move on the next animal.

Expressive language — saying words — is developing, too. Babies make conversation-like noises, following parents' speech rhythms. They may say a few words clearly. They will point and gesture to help parents understand the words they don't pronounce well. Parents need to clearly say the word that their baby is trying to use so that their baby will imitate words. In time, the baby's speech will become clear and easy to understand.

Parents need to remember that their baby is working on many skills at the same time. For example, the baby may be putting a lot of energy into learning to walk, and so her language development may slow down for a bit. Or the baby may be trying to get used to a new child-care center, so her physical and social skills may stall. Usually, with parental support, all areas of development will level out. If parents are concerned that their baby's development is delayed, they can call Early Childhood Intervention at 1 (800) 250-2246 or talk with the child's doctor.

Prevalence of maternal smoking in Texas WIC

By Isabel Clark, M.A., R.D.
Clinical Nutrition Specialist

Cigarette smoking has long been associated with health risks such as cancer, cardiovascular disease, and pulmonary disease. However, women who smoke during pregnancy place themselves and their infants at additional risk.

Cigarette smoking during pregnancy contributes to many adverse outcomes, including spontaneous abortion (miscarriage), ectopic pregnancy, stillbirth, fetal death, preterm delivery, placenta previa, abruptio placentae, and preterm premature rupture of the membranes. Exposure to secondhand smoke is also related to poor birth outcome, including low birthweight and intrauterine growth retardation.

Infants of mothers who smoke during pregnancy are at increased risk of sudden infant death syndrome. There is also a relationship between exposure to secondhand smoke in infants and children and the development of otitis media, asthma, bronchitis and pneumonia, and wheezing and lower-respiratory illnesses. Less is known about the effect of smoking on breastfeeding, but recent studies have shown that smoking reduces daily milk output, and women who smoke cigarettes are more likely to blame early weaning on low milk volume.

Prevalence of Maternal Smoking

Compared to other reports and monitoring systems, the prevalence of smoking during pregnancy in the Texas WIC Program is impressively low. Only 6 percent of pregnant women enrolled in Texas WIC in December 2002 reported smoking when they entered the program. According to the 2001 Report of the Surgeon General, in 1998 12.9 percent of pregnant women and girls in the United States smoked. Based on the results of the 1996 Pregnancy Nutrition Surveillance Survey — a collection of prospective data from women who receive prenatal care in public-health settings — approximately 23 percent reported smoking during pregnancy. The prevalence of smoking cigarettes during the last three months of pregnancy ranged from 6.2 percent to 27.2 percent, according to the 1999 survey of the Pregnancy Risk Assessment Monitoring System.

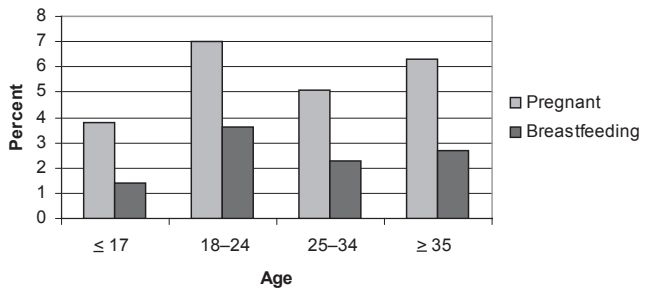
Maternal Smoking: Pregnancy vs. Breastfeeding

The Texas WIC program also assesses the risk of maternal smoking in breastfeeding women. However, the prevalence of smoking among breastfeeding women, regardless of age or race or ethnicity, is consistently lower as compared with pregnant women.

Maternal Smoking by Age

Smoking during pregnancy varies by age. Pregnant women enrolled in the Texas WIC program between the ages of 18 and 24 have the highest prevalence of smoking (7 percent). This is consistent with the 2001 Surgeon General's report, in which smoking during pregnancy was highest among young adult women ages 18 through 24 (17.1 percent). On the other hand, teen mothers ages 17 years and younger enrolled in Texas WIC had the lowest prevalence of maternal smoking (3.8 percent). These WIC data are inconsistent with the Surgeon General's report, which gives the lowest prevalence as among women ages 25 through 29 (10.5 percent). See Figure 1.

Figure 1. **Texas WIC Maternal Smoking* by Age**

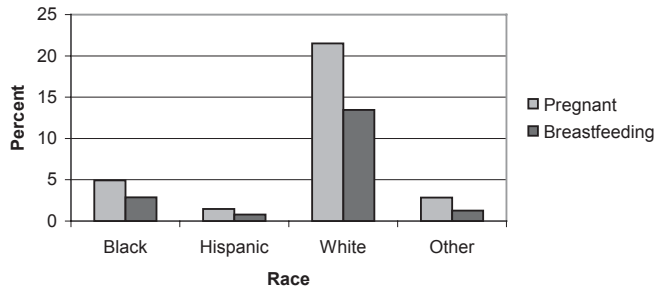


* Texas WIC data include clients with an active certification extending into the period December 1–31, 2002.

Maternal Smoking by Race

Smoking during pregnancy also varies by race. According to the 1999 PRAMS Survey, white women were more likely than women of other races to report smoking during the last 3 months of pregnancy, and smoking prevalence was significantly higher among non-Hispanic women than Hispanic. Texas WIC data are consistent with these findings: white women have the highest prevalence (21.5 percent), Hispanic women the lowest (1.47 percent). See Figure 2.

Figure 2. **Texas WIC Maternal Smoking* by Race**

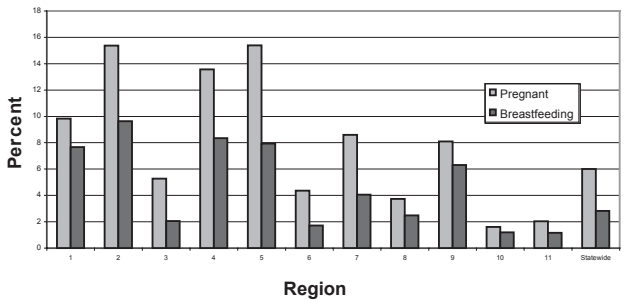


* Texas WIC data include clients with an active certification extending into the period December 1–31, 2002.

Maternal Smoking by Texas Region

What Public Health Regions of Texas have the highest prevalence of maternal smoking? Regions 2, 4, and 5 have the highest prevalence of maternal smoking, regardless of category (Figure 3, Table 1). Table 1 also helps to identify smoking prevalence by region, WIC category, and racial or ethnic group. Figure 4 shows the boundaries of Texas' Public Health Regions.

Figure 3. **Texas WIC Maternal Smoking* by Region**



* Texas WIC data include clients with an active certification extending into the period December 1–31, 2002.

Figure 4. **Texas Public Health Regions)**

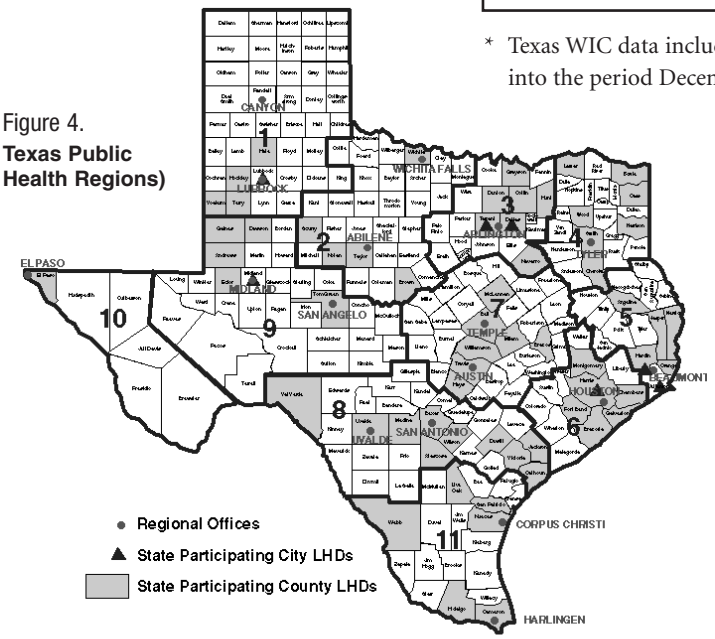


Table 1.

Maternal Smoking by Region, Category and Race

Percent of Pregnant (P) & Breastfeeding (BF) Women Certified in Texas WIC for Smoking

Region	Black (P)	Black (BF)	Hispanic (P)	Hispanic (BF)	White (P)	White (BF)	Other (P)	Other (BF)
1	9.31	9.21	3.98	3.28	22.3	14.4	1.56	2.08
2	11.83	6.78	4.21	2.06	22.2	14.4	5	0
3	4.21	2.62	0.9	0.5	20.3	11.73	1.28	0
4	5.16	3.35	0.77	0.82	22.5	16.74	25	0
5	8.71	2.5	1.87	0.49	26.2	16.6	5.13	0
6	2.75	1.46	0.72	0.45	20.9	12.29	1.28	0.5
7	7.15	5.22	1.6	0.97	20.5	12.49	4.09	1.93
8	6.14	4.87	1.92	1.17	13.8	8.68	7.5	2.13
9	12.21	4.65	2.42	1.85	21.2	15.79	16.67	7.14
10	6.32	4.26	1.14	0.94	8.83	5.49	3.33	0
11	8.57	0	1.46	0.81	16.6	13.48	5.13	2.04
Statewide	**4.93**	**2.87**	**1.47**	**0.78**	**21.5**	**13.45**	**2.83**	**1.27**

Other = Asian or Pacific Islander and Native American or Alaskan

* Texas WIC data include clients with an active certification extending into the period December 1–31, 2002.

All pregnant and breastfeeding women applying for WIC benefits are screened for tobacco use and should be referred to smoking-cessation programs, if appropriate. Counseling WIC participants about the risks associated with tobacco use can help influence their decision to quit smoking or to join a smoking cessation group. Texas WIC data illustrate that the prevalence of maternal smoking compared to national data is low; however, trends in smoking based on age and race are similar. Through education and referrals to smoking-cessation programs, the WIC program can help reduce the risks associated with tobacco use.

RESOURCES

For more information you can call the Texas Department of Health, Office of Tobacco Prevention and Control, at (512) 458-7402 or look into one of the following resources on tobacco cessation.

Smoke-Free Families Web-based Services and Products: <www.smokefreefamilies.org>

American Cancer Society Quitline: 1 (877) YES-QUIT , or 1 (877) 937-7848. *FREE*, convenient, effective, multilingual cessation counseling. <http://www.cancer.org>

Great Start Quit Line: 1 (866) 66-START, or 1 (866) 667-8278

You Can Quit Smoking: Support and Advice from Your Prenatal Care Provider: Agency for Health Care Research and Quality. Available from the National Cancer Institute, Centers for Disease Control and Prevention. 1 (800) 358-9295

Public Health Service Clinical Practice Guidelines: <http://www.surgeongeneral.gov/tobacco>

American Legacy Foundation <http://www.americanlegacy.org>

Need Help Putting Out That Cigarette? Booklet available from the American College of Obstetricians and Gynecologists, 1 (800) 762-ACOG, or 1 (800) 762-2264, ext. 882

Pregnancy: A teachable moment for tobacco cessation

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

Quitting smoking is one of the most important actions a pregnant or breastfeeding woman can take to ensure the health of her baby. Pregnancy is a unique, teachable moment for women who smoke. Women stop smoking more often during pregnancy, spontaneously or with assistance, than at any other time in their lives.

The compelling health and cost benefits of smoking cessation treatments provide huge returns on investments in treatment. Of the women who quit smoking during pregnancy, 35 percent don't start smoking again.

The best strategies for helping women to stop smoking include smoking-cessation treatment and social support from family and friends. Women of low socioeconomic status quit at lower rates than women of higher status, possibly because of the inaccessibility of smoking cessation treatments. WIC can play a vital role in providing tobacco-prevention education, cessation referrals, and professional support and encouragement.

November 20 is the Great American Smokeout. Here are some ideas that you can put to good use at your local agency.

BULLETIN BOARDS

Use bulletin boards to display positive messages to pregnant women about the benefits of not smoking to them and their unborn children. Other messages could inform women about the effects of secondhand smoke on infants and children. Order posters for your bulletin boards from the Legacy Foundation*. Provide smoking-cessation brochures from Smoke-Free Families*.

LESSON PLANS

Schedule group classes about secondhand smoke and smoking during pregnancy. Invite speakers from local cessation programs to talk about their services or support groups.

INDIVIDUAL COUNSELING

Review the "5 *As*" approach to tobacco cessation to improve counseling skills with participants who smoke. Provide the American Cancer Society Quitline* card to participants who answer yes to the question about smoking.

REFERRAL LIST

Review your list of referrals for different tobacco-cessation services in your area. Call the phone numbers to make sure they are current.

LIBRARY

Offer to create a display on tobacco prevention and cessation for the library. Direct the information to families with infants and young children. Leave WIC outreach materials at the display, along with ACS Quitline cards.

* See page 16 for Web address.

The 5 *As*

ASK
Tobacco use (current, former, never) is a vital sign. Record participant response.

ADVISE
Provide clear, strong personalized advice to quit. "Quitting smoking is the most important thing you can do for your health — and your baby's."

ASSESS
Is the tobacco user willing to attempt quitting at this time? "Are you ready to try to quit smoking?"
- Yes — Set a quit date within two weeks.
- No — Offer to help when the person is ready to quit.

ASSIST
Acknowledge difficulty, encourage and express confidence in her ability to quit.
Help participant create a quit plan to:
- Tell family and friends
- Identify supportive people to help her
- Anticipate challenges
- Remove tobacco from home, work, and car
- Review past quit attempts
- Avoid alcohol
- Avoid other smokers
- Prepare to call ACS Quitline for free phone counseling
- Obtain pregnancy-specific self-help materials

ARRANGE
Schedule an in-person or phone followup, offering reinforcement and encouragement. Assess smoking status at each visit. If she continues to smoke, repeat the Advise step at each visit. If she relapses, repeat the Assist step.
— American College of Obstetricians and Gynecologists

It takes two to tandem and Mommy makes three

By Laurie Coker
Breastfeeding Promotion Specialist

Have you counseled a pregnant client whose physician warned her to wean her toddler from the breast? Friends and family, and even the mother's physician, may suggest weaning an older child because of pregnancy. But, *as long as the mother's pregnancy is normal and she has no history of premature deliveries*, she may safely breastfeed her newborn and toddler simultaneously, or tandem nurse.

During pregnancy: Avoid preconceptions

While the mother is pregnant, she may worry that the new baby will make demands that will take away from her time with her toddler. Then, after her baby comes, she may feel resentful of her toddler's demands. Counsel pregnant mothers to be aware of their feelings toward both children, and emphasize that many women experience these feelings.

During the fourth or fifth month of pregnancy, it is not uncommon for the mother's breastmilk supply to decrease. A child who is less than 1 year old should be watched for weight gain to make sure he is getting enough to eat. Also, breastmilk is changing in composition and taste, and an older toddler may wean if he doesn't like the change in flavor.

Prepare the older toddler for the new arrival

A mother can help prepare her toddler for some of the changes that are about to occur in the household to help him adjust to his new role as the older child. One suggestion: she can give her child responsibilities that are fun and conducive to self-confidence, such as: Giving him simple options like choosing his own clothing from two or three items the mother selects. Letting him help mom sort, wash, and fold clothes for the new baby. Use this opportunity to talk about his infancy and how thrilled the family was at his birth. Taking him to her doctor's appointments and letting him listen to the baby's heartbeat. Reading age-appropriate children's books about having a new baby in the house, or books that portray breastfeeding families. See <http://www.tdh.state.tx.us/wichd/bf/kids.htm>.

After the baby arrives: Set priorities and be flexible

The newborn must be the mother's priority nurser right now. He needs the antibodies in her colostrum to provide protection against disease. She should ensure that her newborn is getting enough milk by limiting her toddler's nursing until after her newborn is fed. Or she could designate certain times during the day when it is her toddler's special time to nurse.

Some mothers are happy with tandem nursing; others discover there are irritating factors they had not foreseen. For example, the suck of a newborn is different from that of a toddler. Some mothers are able to ignore this, but others find it an irritant. Counsel mothers to acknowledge their feelings, and to keep their child's feelings in mind. It is better to wean than to harbor resentment against a breastfeeding toddler.

Use resources

Suggest that mothers talk to other mothers who have tandem nursed. Prepare an interactive bulletin board for your clinic where moms can exchange ideas that work for them. You may download a one-page Frequently Asked Questions handout for clients who have questions about tandem nursing at <http://www.tdh.state.tx.us/wichd/bf/faqs.htm>.

For clients who have questions about weaning, offer them *Weaning Your Baby from the Breast*, stock No. 13-06-11236 available from the Texas WIC Warehouse using the Texas WIC Order Form at <http://www.tdh.state.tx.us/wichd/gi/materials.pdf>.

If your clinic has a lending library, include *Mothering Your Nursing Toddler* by Norma Jane Bumgarner, *Nursing for Two–is it for You?* by La Leche League International, and *Nursing Your Baby* by Karen Pryor and Gale Pryor. You may also visit the LLL Web site at <http://lalecheleague.org/FAQ/tandem.html>.

TDH Dietetic Internship Class of 2002

Nine nutritionists from Texas WIC local agencies completed an 8-month dietetic internship and graduated on August 29, 2002. The day before graduation the interns were asked to write an essay on "What the Internship Has Meant to Me." Here are two essays that indicate how the nutritionists felt about all their hard work and accomplishments.

What the Internship has Meant to Me

By Amanda Calk

As I reflect back on this year, I sometimes wonder how I made it through. Having spent countless nights and weekends sitting at my computer, often feeling as if I were neglecting my family, I now understand why that had to be. Nothing worth having is easy.

During my final evaluation of the WIC experience my Director summed up what this Internship has been all about for me. She said that she had noticed a great improvement in my self-esteem. One of my reasons for wanting to become a registered dietitian, as stated in my application letter, was to improve my self-esteem and boost my credibility among other health care professionals. I feel that is exactly what has happened over the last several months.

In the past, I would sit back and listen rather than speak out if I had an idea or a solution to a problem, not feeling as if my opinion was worthy of expression. Now I find myself standing up for what I believe, whether it is a certain method of treatment for a patient or a decision regarding scheduling at the WIC office. This was not only achieved through the knowledge that I have attained, but through the enormous feeling of accomplishment in completing this Internship.

So, in essence, this internship has not just been a way to expand my professional competence, but a means to increase my personal competence. As demanding as this internship has been it is a small price to pay in exchange for something as precious as your self-worth.

By Javier Gomez

The dietetic internship has meant the world to me! I spent the past five years trying to improve my resume by completing graduate level courses, joining the Army Reserves, and working in the field of nutrition, all to improve my chances of getting accepted into an internship. Now that I have completed the internship, I can look back and realize that this was truly an excellent chance for me to expand and develop into a more complete professional in the field of dietetics.

The opportunity to participate in this internship and advance in my profession is extremely valuable to me. I learned a variety of new things and was exposed to several learning opportunities that will definitely help me during my career. I really enjoyed all of the different experiences, which were very challenging, but that also gave me an opportunity to grow as a professional. This internship really taught me how to dig deep and reach my full potential.

Breastfeeding and phenylketonuria

By Mimi Kaufman, M.P.H., R.D., L.D.
Nutritionist, Children with Special Health Care Needs

Phenylketonuria is a rare metabolic disorder in which a liver enzyme is absent. As a result, phenylalanine is not broken down and instead accumulates in the blood. Large levels of blood phenylalanine interfere with normal brain development. If left untreated, PKU can cause mental retardation.

Can an infant with PKU be breastfed?

A dietitian at a metabolic clinic can help a new mother work out a plan to breastfeed her infant with phenylketonuria. The basic plan is to give a measured amount of PKU formula and then let the mother nurse her baby at the breast. As with all babies with PKU, careful monitoring of blood phenylalanine levels and infant growth provide the information needed to keep the baby growing and developing well.

Why is breastfeeding an option?

Breastmilk is lower in phenylalanine than most regular infant formulas, so the baby can take more breastmilk than formula. Most infant PKU formulas don't have any phenylalanine in them, so the baby is allowed more breastmilk. A method has been developed that does not require weighing the baby before and after nursing to estimate the volume of breastmilk the infant has consumed.

How does this work?

In the first few days after birth, the mother will need to express her breastmilk while the baby's blood phenylalanine level decreases. The dietitian will calculate the amount of calories and phenylalanine that the baby needs, and write a plan that specifies the amount of PKU formula to feed the infant every 24 hours. All other feedings are from the breast for as long as the baby wants to nurse. Since a very young baby feeds from both a bottle and the breast, it is usually best to give a small amount of formula first at each feeding and then finish with the baby nursing at the breast. When an infant gets older, it is possible to give the PKU formula at some feedings and breastfeed at others — as long as the prescribed amount of PKU formula is given to the infant within 24 hours.

How do you know that the baby is getting the right amount of PKU formula and not too much or too little breastmilk?

Based on blood phenylalanine levels, adjustments can be made to the amount of PKU formula prescribed for the baby. If the baby's blood phenylalanine level is too low, the dietitian will decrease the amount of PKU formula prescribed for the day; if too high, more will be prescribed. Breastfed infants are very good at recognizing when they are full and will stop nursing at that time, so this method works very well as long as blood phenylalanine levels are checked frequently.

How long can breastfeeding be continued?

Once the baby begins to take solids and the amount of PKU formula is adjusted for the increase in diet phenylalanine and calories, the number of breastfeedings may decrease. Many mothers have a difficult time maintaining their milk supply with fewer feedings at the breast each day.

Can a mother with PKU breastfeed her baby?

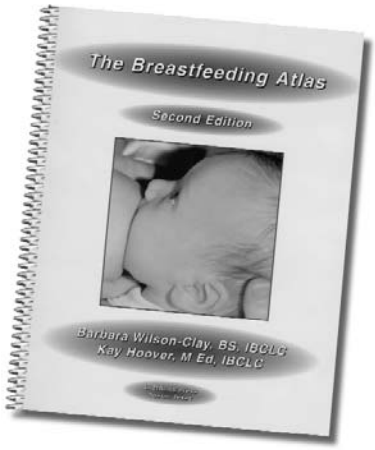
If the baby does not have PKU, the baby will be able to handle the amount of phenylalanine in the breastmilk even if the mother's phenylalanine levels are high. If the mother with PKU stays in good control, the phenylalanine level of her breastmilk will be no different than other women's. If the infant also has PKU, then dietary treatment will need to be initiated. If the mother is in good control of her phenylalanine levels, then the method described above could be used for her infant. If she is not, the above method will be harder to carry out.

For more information contact your metabolic clinic dietitian or Mimi Kaufman at <mimi.kaufman@tdh.state.tx.us> or (512) 458-7111, ext. 3495.

News to use

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

Breastfeeding Atlas



The second edition of *The Breastfeeding Atlas*, by Barbara Wilson-Clay, B.S., IBCLC, and Kay Hoover, M.Ed., IBCLC, was mailed to all local agencies last fall. This great reference book has 360 color photographs and was designed to help breastfeeding educators expand their knowledge to further support breastfeeding families. For WIC staff, it can be an excellent tool for knowing when to refer a mother or baby to an International Board Certified Lactation Consultant or their doctor.

A limited supply of additional copies of *The Breastfeeding Atlas* remains available. To obtain more copies, contact Tracy Erickson at (512) 458-7111, ext. 3409, or e-mail <tracy.erickson@tdh.state.tx.us>.

Alamo City to Host ADA Conference

San Antonio is home to the American Dietetic Association's 2003 Food and Nutrition Conference and Exposition. The conference will be held Saturday–Tuesday, October 25–28 at the San Antonio Marriott Riverwalk. To learn more about the 2003 Food and Nutrition Conference and Exposition, visit the ADA's Web site at: <http://www.eatright.org/fnce/2003.html>.

Volunteers needed for Mother's Room

If you are planning on attending the ADA conference, the Public Health/Community Nutrition Practice Group has a great opportunity for you. Once again this year, PHCNPG will be sponsoring the Mother's Room (aka Breastfeeding Room). Volunteers are needed to chaperone the room in one-hour shifts Sunday through Tuesday during the meeting. No experience with breast pumping or breastfeeding is necessary. Last year's volunteers called it a great way to take a break from the meeting, rest tired feet, and look through all the exhibition goodies. Plus, the women who used the room really commended the volunteers for their efforts to support breastfeeding. To volunteer or for more information, contact Betsy Haughton at (865) 974-6267; or e-mail her at <haughton@utk.edu>.

New Breastfeeding Poster

A new bilingual breastfeeding poster is now available. *Feed Your Baby's Brain: Breastfeed*, Stock No. 13-06-11638, shows infants and toddlers being mentally stimulated by parental interaction, books, toys, skin-to-skin contact, and breastfeeding. The poster reinforces several recent studies that indicate breastfed babies have a cognitive edge over formula-fed infants.

Help for Breastfeeding Mothers Who Are Returning to Work

Have you ever recommended that a breastfeeding mother get a letter of support from her physician to encourage her employer to let her pump at work? Well, now, the doc doesn't even have to write it. *A Letter From Your Employee's Physician* can be found at <http://www.tdh.state.tx.us/lactate/phyletter.htm>. The letter is designed to be given to the employer along with a Mother-Friendly Worksite brochure and includes endorsements from the Texas Medical Association and the Texas Department of Health. *A Letter From Your Employee's Physician* could be a great help to women who want to keep breastfeeding after returning to work, but don't have supportive employers.

Training schedule — classes remaining in 2003

If you would like more information on upcoming classes listed, contact the appropriate staff.

Certification Classes
Anita Ramos, (512) 341-4400, ext. 2218
<anita.ramos@tdh.state.tx.us>

Teaching Group Classes
Janice Carpenter, (512) 341-4400, ext. 2248
<janice.carpenter@tdh.state.tx.us>

Class Management
Janice Carpenter, (512) 341-4400, ext. 2248
<janice.carpenter@tdh.state.tx.us>

Professional Development
Todd Shaw, (512) 341-4400, ext. 2266 or
Elvia Andarza, ext. 2257
<todd.shaw@tdh.state.tx.us>
<elvia.andarza@tdh.state.tx.us>

Patient Flow Analysis
Anna Garcia, (512) 341-4400, ext. 2246 or
Ted Manning, ext. 2274
<anna.garcia@tdh.state.tx.us>, or
<ted.manning@tdh.state.tx.us>

Nutrition Training
Shirley Ellis, (512) 341-4400, ext. 2304 or
Rachel Edwards, ext. 2296
<shirley.ellis@tdh.state.tx.us>, or
<rachel.edwards@tdh.state.tx.us>

Vendor Training
Todd Shaw, (512) 341-4400, ext. 2266 or
Elvia Andarza, ext. 2257
<todd.shaw@tdh.state.tx.us>
<elvia.andarza@tdh.state.tx.us>

Breastfeeding Training
Web site:
http://www.tdh.state.tx.us/lactate/courses.htm
Hellen Sullivan (512) 341-4400, ext. 2302
For registration flyers, call 341-4400, or e-mail
<hellen.sullivan@tdh.state.tx.us>

Peer Counselor Training
Jewell Stremler (512) 341-4400, ext. 2303
<jewell.stremler@tdh.state.tx.us>

Formula Training
Liz Bruns (512) 341-4400, ext. 2268
<elizabeth.bruns@tdh.state.tx.us>

Certification Training

Mini Cert Reviews Scheduled upon request

New WIC Staff

Sept. 23–25	Austin
Nov. 12–14	Austin

Advanced CPA Training

Dec. 16–17	Austin

Formula Information

Formula Policy and Basic Formula Information

Aug. 12	Austin
Sept. 9	Dallas

Formula Conference Calls
Times are from 10 to 11:30 a.m. for Local Agencies 1–53, and 12 noon to 1:30 p.m. for Local Agencies 54–108.

Aug. 19	R.D. conference call
Sept. 16	C.P.A. conference call
Nov. 18	R.D. conference call
Dec. 16	C.P.A. conference call

Teaching Series

Teaching Group Classes
Aug. 18 Austin

Class Management
Aug. 19 Austin

Creating Skills to Cope and Deal with Difficult Clients and Situations
October 21 Austin

Facilitated Discussion
Sept. 15 Austin

Love 'Em or Lose 'Em: Key to Employee Retention
Oct. 21 Austin

Patient-Flow Analysis

Regional Training: Organizing Your Clinic
Aug. 14 Austin
Sept. 2 San Marcos
Oct. 16 Corpus Christi

New WIN PFA Training or Needs Analysis Class
Tentative Dates
Aug. 14 Austin
Sept. 3 Corpus Christi
Oct. 2 Lubbock

WIN PFA — Phase I
Tentative Dates
Sept. 24–25 Austin

WIN PFA — Phase II
Tentative Dates
Oct. 29–30 Austin

Mini PFA Phase I; Advanced PFA; Improvement Class
Scheduled as requested

Breastfeeding

Mini I and II
Mini I and Mini II are scheduled as requested.
Contact Helen Sullivan at (512) 341-4400, ext. 2302.

Phase I
Aug. 5–6 Odessa
Sept. 22–23 Abilene
Nov. 10–11 Corpus Christi

Phase II
Aug. 5–7 Houston
Sept. 9–11 Longview
Nov. 17–19 Abilene
Dec. 9–11 Midland

Peer Counselor Trainer Workshop
Sept. 16–18 Austin

Sixth Annual Texas Breastfeeding Summit
Cancelled due to funding issues

Professional Development

Aug. 12–14 7 Habits of Highly Effective People — Houston
Oct. 21–23 4 Roles of Leadership — Houston
Nov. 19–20 Supervisory Skills — Austin
Dec. 9–11 4 Roles of Leadership — Tyler
TBA EBT Pilot Training — El Paso
Spanish scheduled upon request

Vendor Training

Aug. 13 San Antonio
Aug. 20 San Antonio
Aug. 26–28 Port Arthur / Beaumont / Conroe
Sept. 10 Houston — GCRA
Oct. 7–9 San Angelo / Midland / Abilene
Oct. 14–15 Crystal City / Laredo
Nov. 5–6 Amarillo / Lubbock
Dec. 3–4 Lufkin / Tyler

Nutrition Training

Tentative Dates
Aug. 20–21 Dallas
Dec. 10–11 Houston

New WIC Director Orientation

Sept. 9–11 Austin

New WIC Employee Orientation

Sept. 16 Austin
Nov. 10 Austin

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

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

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PERIODICALS

ADDRESS SERVICE REQUESTED

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