

texas

WIC

news

July/August 2007

Volume 16, Number 4

August

World
Breastfeeding
Month



Special Supplemental Nutrition Program for Women, Infants, and Children

Texas WIC

On a Quest to Protect, Promote, and Support Breastfeeding

When a Central Texas doula was shopping at her neighborhood Target store, she overheard the manager training the staff on Target's breastfeeding policy. The manager instructed the staff that women can breastfeed their baby anywhere in the store — utilizing store furniture, the café, or anywhere. If a mom asks for privacy, she can nurse in the fitting rooms and take as long as she wants, even if there are other customers in line for the rooms. The manager said it was not acceptable to ask a woman to nurse in a fitting room unless she requested it and never ask a mom to cover up while breastfeeding.

The doula was interested in whether the manager was a breastfeeding advocate who created a policy exclusively for her store. She contacted Target to thank them for their policy and to ask if it was a Target organizational policy. This was the response:

"Thanks for writing about breastfeeding in Target stores. We appreciate your supportive comments about our policy."

Target has a long-standing practice that supports breastfeeding in our stores. As a family-oriented retailer, we want all of our guests to feel comfortable shopping at Target. Guests who choose to breastfeed in public areas of the store are welcome to do so without being made to feel uncomfortable.

Additionally, we support the use of fitting rooms for women who wish to breastfeed their babies, even if others are waiting to use the fitting rooms. If guests wish to use a fitting room for breastfeeding their baby, they must be allowed to do so, even if others are waiting to use the fitting rooms.

Thanks again for your email. We'll see you soon at Target.

*Sincerely,
William Ball
Target Executive Offices"*

Loving Support Makes Breastfeeding Work is the theme for World Breastfeeding Month 2007. Loving support is not just important within the family, it's equally important for community members to support breastfeeding. Support by key community members ensure breastfeeding success, this includes immediate and extended family, friends, WIC, healthcare providers, hospital staff, employers, child
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by Gail Gresham, M.P.H., I.B.C.L.C.
Nutrition & Breastfeeding Education Consultant

For breastfeeding to be successfully initiated and established, mothers need the active support during pregnancy and following birth, not only of their families and communities, but also of the entire health system.

Excerpt from the World Health Organization (WHO). *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services.*
Geneva: A Joint WHO/UNICEF Statement, 1989.

The 2007 Texas World Breastfeeding Month theme is *Loving Support Makes Breastfeeding Work*. The key message is designed to involve the entire community in supporting breastfeeding moms — in the hospital, home, workplace, and out in public. All major health organizations agree — breastmilk is the best food for babies. However, there are still moms that do not even try to breastfeed or that stop breastfeeding because of some issue that could have easily been helped or even prevented with better support from family, friends, healthcare providers and WIC staff.

Much has been learned about effective interventions. It is clear that mothers need support to initiate and sustain optimal feeding practices — especially breastfeeding — within the family, community, workplace and health system. However, it is not enough to help a mother initiate breastfeeding. She needs an environment that can help sustain breastfeeding with access to skilled support when she needs it. WIC staff can make a big difference with tips on how breastfeeding can work around a busy schedule and show how the involvement of family and friends can make breastfeeding a success.

Involving community leaders, social support services, health organizations, and other community members in breastfeeding promotion and support provides a mechanism for shifting cultural knowledge, norms and expectations. Community-based breastfeeding promotion and support can be a reminder that not only is breastfeeding an effective infant feeding behavior change leading to healthier children, but also empowers women and community development.

New materials available for World Breastfeeding Month 2007:

Banners (2 ft x 6 ft)

Exciting news! In lieu of a poster, this year we will be distributing bilingual banners with the “Loving Support ...” logo. The banners can be hung for permanent breastfeeding promotion or can be used to make a big statement for World Breastfeeding Month or outreach purposes.

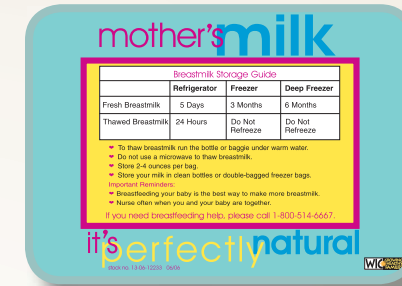
Pregnancy Calendars

Pocket-sized and practical, this unique calendar covers every stage of pregnancy, with additional information on risk factors such as substance abuse, smoking, and poor nutrition. It reflects the

2005 USDA nutrition guidelines, with key concepts from the MyPyramid Food Guidance System, and provides plenty of space for mothers-to-be to write down their questions and observations. Breastfeeding referral information is available on the back.

Breastmilk Storage Magnets

These will have the same logo as the banners.



Breastfeeding DVDs

The DVD contains two breastfeeding programs: *To Baby with Love: Overcoming Breastfeeding Barriers* and *The Comfortable Latch: A Guide to Successful Breastfeeding*, in English and Spanish.

Community Action Kit

A coalition building and resource notebook to help you influence attitudes, protocols, and policies that influence breastfeeding outcome in your community. (See “News to Use” on page 18)

Need more promotional materials? Check out the WIC catalog or the “Breastfeeding Publications and Promotional Items” at <http://www.dshs.state.tx.us/wichd/bf/bfpublic.shtm> for details. We also have the Keepsake Book for Baby, Breastfeeding Welcome Here decal and flier for businesses, coloring pages for kids: Ways I can help Mommy with the Baby, and the Breastmilk: 100% Natural Ingredients bibs and bags to put everything together.

Ways to help support breastfeeding moms in your community:

- Affirm each mother's decision to give her baby a healthy start.
- Help breastfeeding mothers and babies feel welcome.
- Provide a private area for a mother to breastfeed, (if she desires privacy).
- Encourage moms to breastfeed anywhere that they and their babies can legally be.
- Learn the facts about breastfeeding so you can give proper support and refer when necessary.
- Join or start a local breastfeeding coalition.
- Help local hospitals and community health service facilities attain Texas Ten Step status. (TTS is a big first step to becoming baby friendly.)
- Offer breastfeeding education for family members (grandparents, partners, siblings) and friends. Provide them with practical ideas to support the breastfeeding mother and baby.
- Identify lack of support from partners or family members and explore alternatives like inviting them to attend breastfeeding classes, giving targeted brochures to them (i.e. Support Your Partner brochure), or start a peer dad program.
- Have World Breastfeeding Month activities to increase the visibility of breastfeeding.
- Develop community awareness of local WIC activities to protect, promote and support breastfeeding.
- Create opportunities for grandmothers, aunts and sisters to share their own breastfeeding stories with participants.
- Share and promote local agency resources with other community groups.
- Enable participants to access breastfeeding resources in the community by establishing hotlines with local hospitals or give phone numbers for breastfeeding help especially for weekends and after hours.
- Encourage women to breastfeed in public. (SAME AS 4th bullet)
- Establish partnerships with schools, businesses, local government and others in the community.
- Promote the WIC breast pump program and teach moms how to talk to their employer about their choice to continue breastfeeding.

Breastfeeding Challenge

by Gail Gresham, M.P.H., I.B.C.L.C.
Nutrition & Breastfeeding Education Consultant

Texas — are you up for a challenge? If so, mark your calendar for Thursday, Sept. 27, at 11 a.m. local time for this year's Quintessence Breastfeeding Challenge sponsored by the Quintessence Foundation.*

Every year since its inception in 2001, Texas has participated in a Breastfeeding Challenge with Canada and the rest of the United States. The challenge is to have as many breastfeeding babies latched-on at 11 a.m. at registered sites on Challenge day. The challenge is calculated by geographic area, state or territory based on the percentage of birthrate.

Some sites include a few breastfeeding women who get together to “be counted” and others are much larger events with lunch, raffles, education, speakers and door prizes.

Last year Texas had four sites participating with a total of 72 total participating babies: Austin had 56 including Local Agency 01 peer counselor moms Janet Jones, Lauren Reyes, Jennifer Powell; as well as Krista Neal and Gail Gresham from the state office. Local sportscaster Dennis de la Pena (Central Texas Breastfeeding Coalition member, Patti Stone's son) gave out “Breastfeeding Hero” awards. The awards went to Dave Frederick, general manager of the Dell Diamond baseball stadium who amended the stadium's policies to support breastfeeding moms, and to Mur Anne Lawson of locally owned maternity and



nursing store, Special Addition, for her continuous support of breastfeeding in central Texas.

Other Texas sites that participated were Houston (7 breastfeeders), Amarillo (5); and Tyler (4) including Beth Lloyd, Local Agency 87 WIC director, Natalie Roberts, their contract registered dietitian, and two peer counselors from LA 39, Nina Taylor and Guadalupe Gardner. Many others, such as LA 39's breastfeeding peer counselor team lead, Bonnie Barker, helped organize and facilitate the events.

A few other states participated but Canada leads the challenge each year. Here are the numbers for the United States from last year:

STATE	NUMBER OF BREASTFEEDING BABIES
Alaska	35
North Carolina	22
New Mexico	8
Arizona	3
Tennessee	1
Texas	72

And that is it for the United States!

The Challenge was organized by Dr. Wah Wong, a board member of the Quintessence Foundation, a Canadian nonprofit foundation established in 1998 to promote, protect, and support breastfeeding women and their families. Dr. Wong worked for the United Nations International Children's Emergency Fund (UNICEF) for more than 30 years in New York and Southeast Asia and “retired” to his hometown of Vancouver, Canada to then volunteer for UNICEF and work on Baby-Friendly and other breastfeeding issues.

He proposed the project as a way of highlighting the benefits and value of breastfeeding, while having some fun! The Breastfeeding Challenge 2001, held Oct. 6, was actually a challenge to the *Guinness Book of World Records* for the most breastfeeding babies in one place. Sadly, Dr. Wong died in July 2001, and never witnessed how successful the event was.

After the first year, the Challenge was changed to focus on a spirit of friendly competition and inclusion — every breastfeeding baby (or toddler) at a registered site on the Challenge day is included in the 11 a.m. count. In 2001 when this event started, there were 856 babies at 26 sites in British Columbia, Canada. In 2005, there were 2,745 babies at 143 sites across Canada and the

United States. Last year on Sept. 30, 2006, the numbers grew to 4,687 babies at 156 sites, in nineteen regions across Canada and the United States. The largest group, Montreal, Canada had 797 babies participating (compared to 100 in 2005).

Across the continent, the competition usually is held in a health unit or hospital, local coffee shop, mall or any other venue. One year in Manitoba, Canada, the challenge was held in an ice cream shop and the participants were treated to free ice cream. In Austin, the challenge has been held in front of the Capitol, the Ruta Maya coffee shop and most recently at the Sustainable Food Center's downtown farmer's market. (Breast milk is the ultimate sustainable food, right?)

How do you register your site?

All you have to do is register online at no cost and submit some simple paperwork to be counted on the big day. Go to www.babyfriendly.ca for more information — you can register your own WIC site to participate. It can be a great way to promote breastfeeding in your local area. Quintessence Foundation provides flyers, registration forms, participation certificates and site participation certificates. The goal is to raise the awareness of the benefits of breastfeeding and the need for community support.

Although the Breastfeeding Challenge is traditionally the first Saturday in October (Canada celebrates World Breastfeeding Week the first week in October), this year's challenge will be held on Sept. 27, 2007.

This challenge can be a great opportunity for WIC outreach and breastfeeding support in a fun competition where everyone in the community wins. Some groups solicit the help from local breastfeeding coalitions or other community health support groups. And as you can see from the numbers across the United States, we need to get moving! There is power in numbers — hopefully events such as the Breastfeeding Challenge will encourage more public awareness and support of the importance of breastfeeding.

* The Quintessence Foundation focuses on breastfeeding education to health professionals and the public. It also provides support to programs having a positive effect on breastfeeding and the use of human milk. The Foundation was originally established so that breastfeeding information and support would be available to communities in British Columbia, Canada.

Peer Counselors Welcomed in Hospitals Served by Outreach Health Services WIC Program

by Jewell Stremmer, C.L.E.
Peer Counselor Coordinator



Dietra Shepard (left) and her baby, who is only 11 hours old, are getting off to a good start with breastfeeding thanks to Julia Tello (right), WIC peer counselor with LA 76, and Becky Scasta (center), R.N. and clinical manager of Women's Health Services at Baylor Medical Center in Waxahachie. Tello shares "how-to" information with new mothers to insure breastfeeding success.

"It's the greatest thing that ever happened to us," said Brenda Dennis, director of Childbirth Services at Ennis Regional Medical Center. "The peer counselors are here about six hours a day, and it takes so much pressure off the nurses. I love them and so does the staff." Peer counselors from Outreach Health Services WIC Local Agency #76 have been helping moms get started with breastfeeding at Ennis RMC for about a year.

"The breastfeeding peer counselor service is an asset to women's health services, as the counselor works with the team of nurses and doctors to provide professional, yet personal breastfeeding support," said Becky Scasta, R.N. and clinical manager of Women's Health Services at Baylor Medical Center in Waxahachie. "One of the greatest benefits is follow-up care because peer counselors call the patients after discharge to give them further assistance."

Paula Livingston, peer counselor coordinator for LA 76, says serving moms in the hospital is an incredible help to the clinic staff, too. "Now when breastfeeding moms come in to be certified, they don't have the big problems they did before," Livingston

"... peer counselors are working in hospitals ... to help mothers and babies get off to the best possible start with breastfeeding."

said. "A lot more of them continue to breastfeed and don't give up in the first week like before."

But this help for hospital and WIC staff is simply a byproduct. The real reason peer counselors are working in hospitals is to help mothers and babies get off to the best possible start with breastfeeding.

Homes Hunter, the father of breastfed twins, had nothing but praise for peer counselor Julia Tello, "knowing that your peer counselor was there at the time we needed her the most, was very helpful," Hunter said. Tello helped his wife when she delivered twins at Baylor Medical Center.

WIC LA 76's peer counselors began serving four hospitals last year, and Livingston is looking forward to expanding services to many more hospitals throughout the agency's service area. Though she makes it sound extremely easy, the method she uses to approach a hospital and arrange peer counselor services for their patients requires patience and perseverance.

Marketing the Program to Hospitals

Establishing a hospital based peer counselor program may sound like a daunting task, but Livingston has become a master at creating a win-win environment for WIC staff, hospital staff, peer counselors and the mothers and babies they all serve. She has started four new hospital programs in the past year.

Livingston's first step is to identify a peer counselor she thinks is ready for hospital service. She believes an experienced peer counselor who expresses an interest and a commitment to working in the hospital is essential. In addition to peer counselor training and

in-services, Livingston's hospital peer counselors have attended the Principles of Lactation Management and the Lactation Counseling and Problem Solving courses presented by Department of State Health Services.

Livingston calls the postpartum nurse manager at the hospital and explains the WIC program and the peer counselor services WIC wants to provide. She says it is very important to let them know immediately that there is no cost to the hospital and that the counselors have extensive training from DSHS. She then asks to send a packet of information about the program for the nurse manager to look over. The packet includes a letter of introduction, protocol for the peer counselor in the hospital, the peer counselor documentation sheet with the questions peer counselors will ask, a check list of information peer counselors will share with the moms and a sample packet of education materials that will be given to the moms.

After the person has time to review the materials, she calls back and asks if they would like the free service and if they have any comments on the WIC protocol. She says it is important to keep reminding them that there is no cost to the hospital. LA 76 is sending their counselors to the hospitals through the hospital volunteer program, so Livingston will ask for the protocol for volunteers at the hospital and what they require volunteers to do before they start working in the hospital.

If the nurse manager has any specific comments or requests, Livingston incorporates them into the document and sends it back to her for sign off, then Livingston signs off and the program is underway.

Livingston says she is very fortunate to have Tello assist her in implementing the programs. Tello has eight years of previous experience as a hospital peer counselor with the City of Dallas WIC program at Parkland Hospital. Tello trains and mentors each counselor during her first weeks in the hospital. In addition, to the hospital visit, moms also receive follow-up phone calls from the counselor who sees them in the hospital. Tello is also in charge of monitoring the quality of services by placing random calls to mothers who have received hospital peer counseling and asking them about their satisfaction with the services they received.

Peer counselors from LA 76 have begun serving four hospitals during the past year. In addition to Ennis Regional Medical Center and Baylor Medical Center, peer counselors are also serving moms in Harris Methodist Walls Regional Hospital in Cleburne and Presbyterian Hospital of Greenville.

Team Effort Applauded

"We plan to expand to many more hospitals in our service area in the coming months," Livingston says. "I am so lucky to be a part of such a great team. Our WIC director, Shannon O'Quin and Jeff Humber, director of business development, are very supportive and committed to serving the hospitals. Our whole team has really worked together to make this a success, including clinic supervisors who make schedule adjustments in the clinics when the peer counselors are at the hospital. We all know how important supporting our moms and getting them off to a good start with breastfeeding in the hospital is to the health of our WIC babies."



Academy of Breastfeeding Medicine
12th Annual International Meeting
“Frontiers in Breastfeeding Medicine”

SAVE THE DATE

October 11 – 14, 2007
Dallas/Fort Worth
Texas, USA

Submit your abstracts by July 31, 2007

Early-bird registration before August 30, 2007

Further information at www.bfmed.org



HIGHLIGHTS

- What Every Physician Needs to Know about Breastfeeding: Pre-meeting Course
- Labor and Delivery Anesthesia and Breastfeeding
- Breastfeeding, Employment Law and Legislative Concerns
- Nipple Pain and Candida
- Nutrition and Medications for the Nursing Mother
- Immunobiology and Human Milk

SPECIAL KEYNOTE

2nd Annual Founders' Lecture

“The Immune System in Human Milk and the Developing Infant”

Armond Samuel Goldman, MD
Emeritus Professor
Immunology/Allergy/Rheumatology Section
Division of Infectious Disease and Immunology
Department of Pediatrics
University of Texas Medical Branch, Galveston



From the WIC Director

(Continued from page 2)

care providers, retailers, restaurant managers and policy makers. Target is a wonderful example of numerous businesses that have put policies in place to support and attract breastfeeding families.

These policies are a true indication that breastfeeding is becoming a cultural norm once again. After all, 73 percent of moms in Texas breastfeed. Supporting breastfeeding families just makes good business sense.

The new *Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding*, recently mailed to all local agencies, is designed to help you form breastfeeding coalitions within your communities in order to influence attitudes, protocols, and policies that contribute to positive breastfeeding outcomes — such as Target’s policy. The action kit helps you determine your community’s need for a breastfeeding coalition and how to build, expand and maintain a coalition. It includes community assessment tips and tools, ideas on how to address the needs of your community, as well as resources to help influence change.

Numerous studies have shown that WIC is one of the only places our participants learn about breastfeeding. It’s time to focus on promotion and support outside of the WIC clinic. I encourage all local agencies to utilize the *Community Action Kit* to start a local breastfeeding coalition, or strengthen an existing one, to help expand Loving Support for breastfeeding families in and beyond WIC clinics and throughout all communities in Texas.

WIC Dietetic Intern Turned Director Thinks — “It’s a good thing”

by Renee Mims
Editor, Publishing, Promotion and Media

When Norma Zuniga entered the WIC internship program two years ago, she never imagined it would help her land a job as director of the San Antonio agency. But that’s exactly what happened when she assumed the role as WIC director of the Alamo City post last March.

“The internship helped me by giving me exposure to things I wouldn’t normally see working as a nutritionist in a WIC clinic,” Zuniga said. “I got to see budget planning and different management styles and was able to pick up techniques that I could use as a supervisor at a clinic — and now as a director.”

Zuniga, a Texas Tech graduate in Food and Nutrition, was born and raised in Lubbock, Texas. She worked for the USDA research service department where she became interested in science and explored nutrition. She worked in research for two years and then decided to become a nutritionist in San Marcos. She left San Marcos for San Antonio and has worked for San Antonio Metropolitan Health District ever since, where she is now the director.

“I want to inspire others to complete the internship because once you’ve accomplished that you feel as though you can accomplish anything,” she said. “I think that it’s encouraging for the staff to know that I am up for any challenge and want to make things better for both the staff and clients.”

Her community intervention nutrition project (part of the WIC internship program) focus was childhood obesity. She created a child obesity packet for targeted local pediatricians in San Antonio that included nutrition and weight management handouts and internet sites on weight management for children.

“Some of the physicians were very receptive to the information,” she said. “I would like to pursue this as WIC director in another target area in San Antonio.”

Instrumental in encouraging Zuniga and many others to take part in the internship program was Melanie Ritsema. Formerly, a WIC director, Ritsema encourages nutritionists to apply for the internship. Ritsema has since transitioned to a higher administrative position within the San Antonio Metropolitan Health District.

“She (Ritsema) made it a lot easier so that all we had to worry about was doing the work and getting through the entire internship,” Zuniga said. “She was very supportive and was always willing to help us out with referrals to different agencies or help us make needed contacts.”

As a WIC director, Zuniga thinks that sending employees on the eight-month internship is valuable because they have to complete supervised practice experiences in food service management, nutrition therapy, and community nutrition.



Norma Zuniga

“I think it’s a good thing for building your knowledge in the nutrition field,” Zuniga said. “After completing the internship, you’re more confident as a nutritionist and as a professional.”

For further information on the Texas WIC Dietetic Internship, please call Sherry Clark, MPH, RD, LD, Texas WIC Dietetic Internship Director at (512) 458-7111, extension 2142 or email sherry.clark@dshs.state.tx.us.

Website — <http://www.dshs.state.tx.us/wichd/nut/intern-intro.shtm>



2007
Hartmann/Hale Human Lactation
Research Conference
Registration:
September 30, 2007
Conference:
October 1-3, 2007
Registration Fees:
Until September 10, 2007 \$350
After September 10, 2007 \$375

Speakers include: Peter Hartmann, Thomas Hale, Donna Geddes and more.
Tuesday night dinner and entertainment included in fee.

WIC Wellness Works

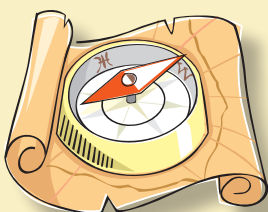
VACATION

Maintain your healthy habits while on vacation.

A vacation can be a wonderful opportunity to have fun, decrease stress and spend quality time with your loved ones. It can also be a time to over indulge in high fat, high calorie foods while simultaneously challenging your established daily physical activity routine. There are many ways to be active and select healthy foods while traveling so you can return home feeling guilt free.

STAYING ACTIVE WHILE TRAVELING...

- Keep athletic shoes close by so you can sneak in some activity when the opportunity arises.
- Take a Frisbee or ball along to burn up some energy during your road side breaks.
- Locate parks ahead of time so you will have the opportunity and space to get some physical activity while taking a break from driving.
- If you are flying, use the downtime between flights to walk from terminal to terminal.



STAYING ACTIVE DURING THE VACATION...

- Contact the local Chamber of Commerce to locate nearby parks, pools, hike and bike trails, etc...
- Take a walking tour of your temporary "home away from home."
- Visit local museums and zoos. These naturally require lots of walking.
- Take an end of the day dip in your motel/hotel pool if available.
- Take a hike in nearby wilderness areas.
- Locate state and national parks and plan to take a nature walk.
- Rent a bike or take your bike along, to get a close-up tour of your surroundings.
- Visit a local ice or roller skating rink one afternoon.

(continued on page 4)



Diabetes and high blood pressure

Controlling blood pressure in people with diabetes is especially important because high blood pressure is a major risk factor for cardiovascular disease and increases the risk for heart attack, stroke and other complications such as retinopathy (damage to blood vessels in the retina) and nephropathy (damage to blood vessels in the kidneys).

THE NATIONAL INSTITUTE FOR MENTAL HEALTH SUGGESTS THE FOLLOWING TIPS TO PREVENT HIGH BLOOD PRESSURE:

- Maintain a healthy weight
- Be physically active (30 minutes of moderate physical activity/day)
- Follow a healthy eating plan (include a variety of fruits, vegetables, and lowfat dairy foods)
- Choose and prepare foods that are low in sodium (consume less than 1,500 mg of sodium/day)
- Limit alcohol intake

Nectarine Whirl

Makes 1 serving. Each serving equals 1/2 cup of fruit or vegetables Source: Produce for Better Health

INGREDIENTS

- 1 nectarine cut in chunks
- ½ cup 1% or fat free milk
- ½ cup orange juice
- 1 Tbsp honey
- ¼ tsp Almond extract
- 2 ice cubes, crushed

Place all ingredients in a blender. Blend at high speed for 15 seconds.

Nutritional Analysis: Calories 236, Protein 6g, Fat 1g, Calories From Fat 2%, Cholesterol 2mg, Carbohydrates 53g, Fiber 2g, Sodium 74mg.

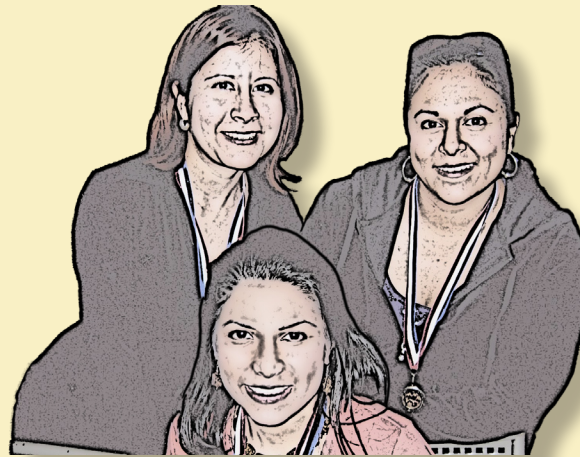




Going the extra mile for wellness

“**G**oing the extra mile for health and wellness” is the motto for the WIC Wellness Works program at several San Antonio WIC clinics. Three WIC Wellness Works participants in San Antonio recently trained and ran the 2006 San Antonio Half Marathon! While the WIC Wellness Works program encourages a more modest goal than running a half marathon, two nutritionists, Angela Gil and Maggie Saldana along with dietitian Anna Guerrero decided to go the extra mile(s) and push themselves physically and mentally by preparing for a half marathon – 13.1 miles! In doing so, they have energized themselves for better health and inspired those they work with to become more active.

The women joined the WIC Wellness Works program in the summer of 2006. As the clinic coordinator, Maggie asked all participants to set small goals for themselves such as increasing their steps throughout the day or bringing their lunch to work instead of eating out. The clinic started exercising to a Tai-Bo video for fifteen minutes during lunch, and several of the workers even came to the clinic early to walk together. Maggie says one of the biggest challenges her clinic faced in keeping a wellness program energized was the winter holidays,



Left to right:
Anna Guerrero,
Maggie Saldana, and
Angela Gil.

“when everyone wanted to snack.” In response, the clinic started a “veggie share” where participants bring different vegetables to share with everyone on different days.

After realizing the health benefits that came from even the smallest changes in their lifestyle, Angela and Maggie, along with fellow colleague, Anna Guerrero, decided to set an even higher goal – to train for the San Antonio Half Marathon. Angela Gil says that this was the first time she had ever done anything so physically challenging, and says she did it to “jump start my weight loss efforts and I was able to lose inches!” Maggie agreed that training for the race kept her “motivated to exercise more frequently because I wanted to be able to finish the race.” The women set up a running schedule and met every Sunday for several months to prepare for the race. Maggie even pushed her two-year old daughter Melina in the stroller while she trained.

The women began training in September of 2006, and successfully finished the race on November 12, 2006. During the race, they stayed motivated by trying to stick together during the run and encourage one another. Angela says that the best part of the experience was “hearing my four-year old daughter call out ‘Hi Momma!’ as I got close to the finish line.” She knows she is showing her daughter the importance of being active, staying healthy and strong, no matter your size or age.

While Anna, Angela and Maggie took extra steps to get healthy, they still continue to set goals with the rest of their co-workers in the WIC Wellness Works program, and serve as role models to those around them. No matter how big or small we set our goals, we can always find ways to succeed with the support and encouragement provided by our colleagues, friends, and family.

Wellness...a journey



(continued from page 1)

HEALTHY EATING ON THE ROAD

- Pack healthy snacks in snack-size bags — this makes it easier to grab a bite and monitor portion control.
- Pack healthy sandwiches to avoid the fast food temptation and/or the high fat, high calorie offerings on an airplane or found in fast food restaurants.
- If traveling by car, pack a cooler so you can include refrigerated food.
- Drink plenty of water. It is easy to become dehydrated while traveling so fill up several water bottles from home.
- Limit your alcohol consumption. Alcohol is filled with excess calories and can lead to dehydration, especially in the hot sun.

HEALTHY FOOD OPTIONS ON THE ROAD INCLUDE:

- Chicken or turkey sandwiches on whole grain bread with lettuce, tomato, low fat cheese, or hummus and fresh spinach
- Peanut butter sandwiches on whole grain bread
- Carrots, apple slices, dried fruit, cucumbers, grapes (sliced if serving to small children), watermelon slices, cantalope chunks, cherry tomatoes, orange slices
- Low-fat yogurt
- Low-fat cottage cheese
- Hard-boiled eggs
- Homemade trail mix
- Raisins
- Roasted Soy Nuts
- Whole grain crackers
- String cheese

ONCE YOU REACH YOUR DESTINATION...

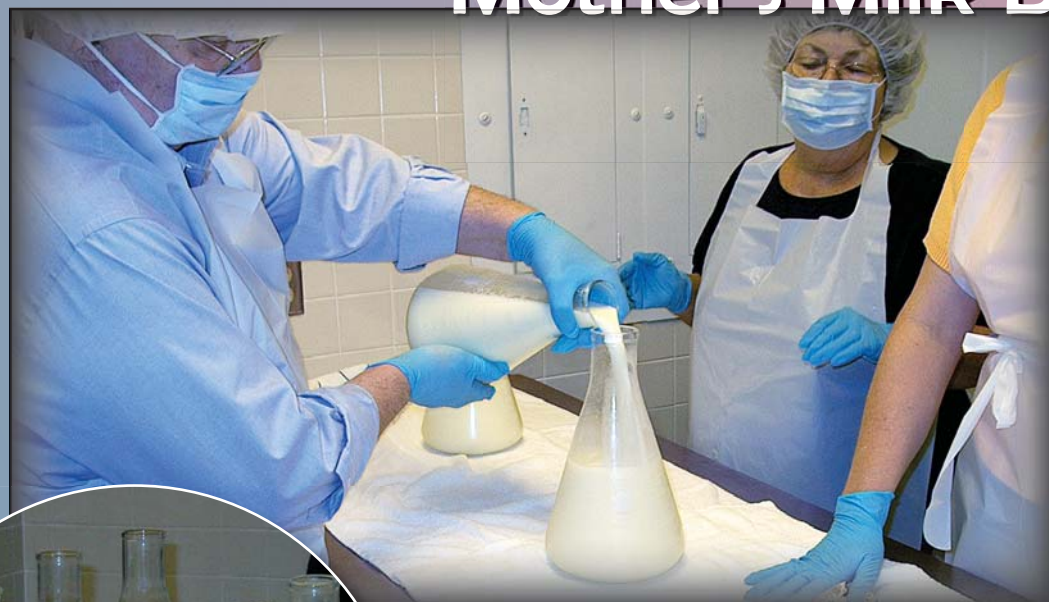
- Get a taste of the local flavor, shop at a farmer's market for the fresh, healthy foods.
- When eating out, start your meal by eating your veggies first, then if you are still hungry, eat other items on your plate.
- For buffets, scan the buffet first, then fill up your plate with salad and vegetables first.
- Choose lean grilled, baked, or broiled fish, poultry and red meat; skip fatty or fried options.
- Put salad dressing on the side.
- Split dessert with someone else.

With these strategies in place during most of your vacation, you will have room to really treat yourself to that occasional special meal, dessert or treat without feeling like you have sacrificed something on your vacation.

Mother's Milk Bank

of North Texas

by Amy Vickers, R.N.,
B.S.N., I.B.C.L.C.
Clinical Coordinator
Mothers' Milk Bank of
North Texas



Current research clearly indicates that breastmilk is the optimal feeding choice for all babies and provides complete nutrition and immunological protection. The benefits of breastmilk are of particular value to the preterm infant. Premature babies fed human milk are less likely to develop many complications of prematurity. Mothers of premature infants are often unable to provide their infants with their own breastmilk due to illness, premature delivery, medications or other complications.

When a mother's own milk is not available, donor human milk that has been processed through a milk bank is the second best option. The most common reason a baby is fed donor human milk is prematurity, but babies with other severe medical conditions also receive donor human milk. These medical conditions include: short-gut syndrome, necrotizing enterocolitis, immunodeficiency, severe formula intolerance, renal disease, and congenital anomalies.

The Mothers' Milk Bank of North Texas (MMBNT) is a non-profit,

community donor human milk bank serving infants in all of North Texas. MMBNT is a member of the Human Milk Banking Association of North America (HMBANA), the organization representing the non-profit human milk banks in Canada, Mexico, and the United States. HMBANA has established guidelines for the operation of milk banks through scientific research and practice. These guidelines standardize the policies of screening donors and milk processing. MMBNT is one of ten HMBANA member milk banks in the United States and one of two in Texas. MMBNT began as the dream of Fort Worth neonatologist and founder

Susan Sward-Comunelli, M.D. Dr. Sward-Comunelli came to Fort Worth in 1999. Soon after her arrival she began to feed donor human milk to a few of her most fragile patients. She and her partners quickly saw the benefits of using donor human milk and protocols were established within the medical group and the Neonatal Intensive Care Unit's they serve. The hospitals and this group of neonatologists soon realized the large quantity of donor human milk they were utilizing and began to discuss the possibility of a community human milk bank in Fort Worth to serve the Fort Worth-Dallas metropolitan area, all of North Texas and beyond.

"As a neonatologist I have always strongly encouraged the mothers of all of my patients to provide their breastmilk for their babies. Unfortunately, there are circumstances that sometimes prevent mothers of these tiny premature babies from being able to provide their own milk; illness, medications and premature delivery to name a few. A mother's own milk is always the best feeding option, but in the absence of a mother's own milk, donor human milk is the next best choice," says Susan Sward-Comunelli, MD founder of the Mothers' Milk Bank of North Texas.

On December 10, 2002 a luncheon with health care providers, community leaders and child health advocates was held at Harris Methodist in Fort Worth to kick off the Mothers' Milk Bank project. Over the next year a volunteer Board of Directors was established, a business plan was developed, non-profit status was obtained and funding received. The initial funding consisted of contributions from the Amon G. Carter Foundation, Baylor All Saints Medical Center,

Cook Children's Medical Center, Harris Methodist Fort Worth and Pediatrix Medical Group. The board of directors consists of neonatologists, nurses, lactation consultants, dietitians, an infectious disease physician, a pharmacist, ethicist, and community leaders.

After months and months of planning and preparation, the community based milk bank became a reality in May 2004. Office space was leased in the Child Study Center building in Fort Worth and a clinical coordinator and office manager were hired. A space was remodeled to serve as the pasteurization lab and donor human milk pasteurization began on Sept. 27, 2004.

Donors of human milk are healthy lactating women who are screened much like blood donors through medical and lifestyle histories and blood tests. Donor mothers freeze their milk and drop it off at the milk bank or one of eight milk drop-off sites in North Texas and Oklahoma. Four of these milk depots are located in WIC clinics (Dallas on

Stemmons, Waxahachie, Denton, and recently opened Stephenville).

Donor human milk is carefully heat pasteurized using the Holder method and is dispensed once a post-pasteurization culture shows no bacterial growth. Donor milk dispensed to hospitalized infants is analyzed for nutritional value to assist dietitians and neonatologists in adjusting volumes to optimize the growth of premature and critically ill infants.

"Many of our most critical premature infants do not have access to their mother's own milk for a variety of reasons. Because of the milk bank, we are able to offer them donor human milk as a feeding option. These mothers are relieved and thrilled that their babies will have the benefit and protection of human milk even though they are unable to provide it," says Vicki Hilburn, R.N., Harris Fort Worth NICU.

MMBNT has pasteurized over 120,000 ounces of donor human milk, screened over 500 donors and has dispensed milk to thirteen hospitals in Texas, Oklahoma, Louisiana, Tennessee and Florida.



Office manager, Laura Davis (left), accepts a deposit from donor mom, Molly and her baby.

SAVE THE DATE!

The Human Milk Banking Association of North America announces its 2007 conference:

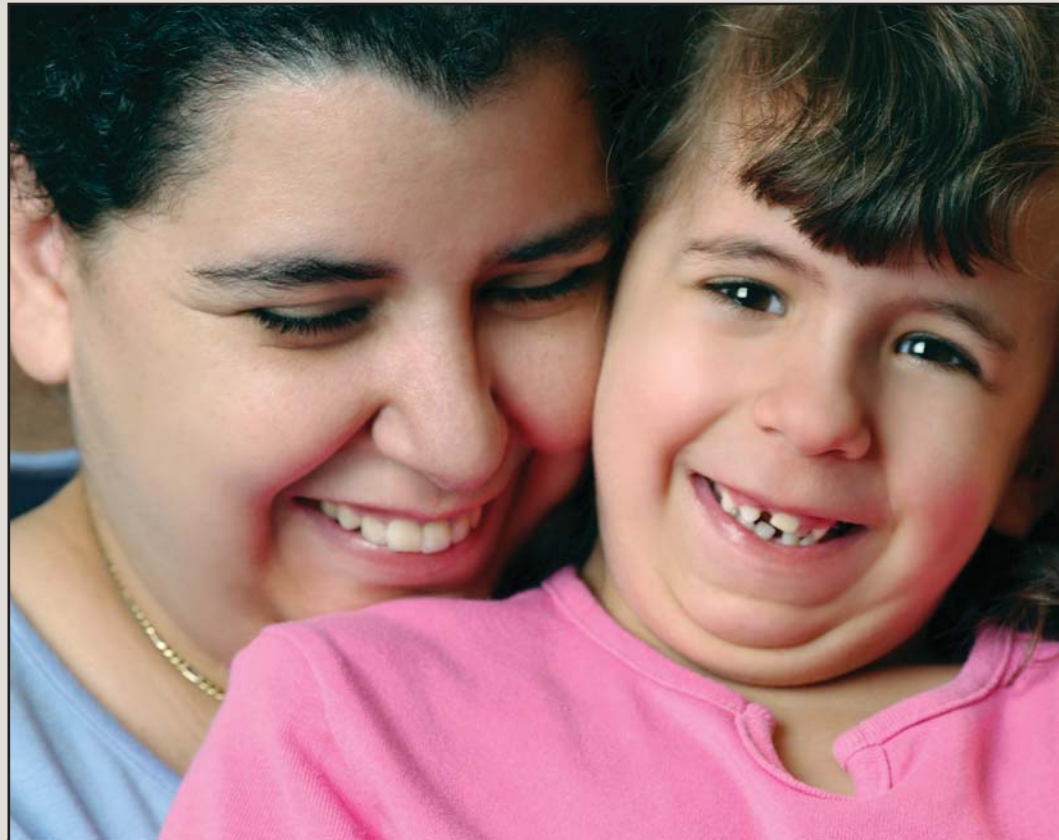
Human Milk for Human Infants: Evidence and Application

November 8 & 9, 2007
Doral Tesoro Hotel and Golf Club
Fort Worth, Texas

For more information, visit: www.hmbana.org



Oral Health for Children with Special Health Care Needs



by Roxanne Robison, R.D., L.D.
CSHCN Nutrition Consultant

What is the most common chronic disease affecting children in the United States? Is it asthma? Is it hay fever? No, according to the Centers for Disease Control and Prevention, dental caries — tooth decay — is the most common chronic disease affecting children in the United States. Even though this disease is largely preventable, it is 5 times more common than asthma and 7 times more common than hay fever. By the time children are 2 to 4 years old, 18 percent have at least one tooth with untreated caries. By early school age (5 to 9 years), 51 percent of children have either a carious lesion or at least one filling in a primary tooth. Decay of primary teeth (baby teeth) is the biggest risk factor for decay in permanent teeth.



Children with Special Health Care Needs (CSHCN) have been identified as one of the highest at-risk groups for early childhood caries and other dental problems, according to a recent position paper of the American Academy of Pediatrics (AAP). There are several reasons why CSHCN are at high risk, including:

- Use of medications that tend to dry saliva. Medicine used to treat asthma and allergies often dry saliva, increasing the risk of caries. Antihistamines, (sometimes used to increase appetite), antidepressants and other psychoactive drugs have a similar affect.
- Use of medication to treat seizures, (e.g., dilantin), and anti-rejection drugs post transplant, can lead to overgrowth of the gums, which can make oral hygiene difficult.
- Frequent use of sugary medicines given for chronic conditions.
- Children who are born prematurely or with a low birth weight have a much higher rate of enamel defects and are at increased risk of caries.
- Infants with feeding problems may need to continue using the bottle for prolonged periods and are often placed on high sugar-containing supplements past one year of age (e.g., Pediasure, Kindercal and Resource Just for Kids).
- CSHCN have a higher incidence of teeth-grinding, which can lead to gum disease.
- Children with cognitive disabilities, developmental or neuromuscular conditions may not have the ability to understand and assume responsibility for or cooperate with preventive oral health practices.
- Malocclusion (poor bite) and crowding of the teeth occur frequently in children with

atypical development. Over 80 craniofacial syndromes exist that can affect oral development. Crowded teeth are harder to clean and are more likely to develop decay.

- Some CSHCN have oral aversion or oral sensitivity associated with their condition and find oral hygiene extremely uncomfortable. For example, some have a hypersensitive gag reflex and may vomit when a toothbrush enters their mouth.
- CSHCN may be dependent on others for their water intake. Even if their drinking water is fluoridated, water intake, and therefore fluoride intake, may be limited. Ready-to-feed formulas used for tube-feedings do not contain fluoride.
- Oral motor problems, like the inability to chew fibrous foods, may necessitate that the child eat soft, high carbohydrate foods, such as pasta, as opposed to raw foods like apples and carrots which help to clean the teeth.

According to a survey of 38,866 CSHCN families, these children are one of the highest risk groups for dental problems; and dental care has been identified as their most common unmet health care need. And this applies to all income levels. One reason dental health is often overlooked is because other medical problems must often take priority. Another reason is that families may not have access to needed dental care. But there can be severe consequences for ignoring dental care in these children. For example, children who have compromised immune systems or heart, liver or kidney disease are especially vulnerable to systemic infection from untreated oral disease.

Are children who breastfeed less likely to develop dental caries?

There is some evidence that breastmilk alone (but not formula) is not cariogenic — that is, not likely to cause tooth decay. However, once other carbohydrate foods are introduced, like cereal, fruits, vegetables or fruit juice, caries formation can occur and may even be accelerated by “on demand” breastfeeding. The American Academy of Pediatric Dentistry stresses good oral hygiene, especially with high frequency and duration of breastfeeding at night because, “dental caries is related to frequent exposure of teeth to fermentable carbohydrate without appropriate oral hygiene.”

How Can WIC Staff Help?

The AAP recommends that CSHCN be referred to a dentist as early as 6 months of age and no later than 6 months after the first tooth erupts or by 12 months of age (whichever comes first). The reality is that there is a shortage of pediatric dentists, especially in rural areas. Other health care professionals and WIC staff are far more likely to encounter new mothers and infants than are dentists. WIC staff already provide guidance in areas related to oral health, like feeding habits and diet. In addition WIC staff can:

- Make sure caretakers of CSHCN are aware of the risk factors for early dental caries in their children.
- Recommend that mothers not share feeding utensils with their baby to avoid oral bacterial contamination.
- Refer families to their pediatrician. In some cases, their pediatrician may be able to prescribe sugar-free medicines and fluoride, when needed.
- Refer families to their Texas Health Steps, CHSCN caseworker, or regional office to obtain information on accessing an enrolled dental provider.

Two WIC Projects Receive Obesity Prevention Best Practice Awards

by Amanda Hovis, M.P.H.
Nutrition Education Consultant

What do Public Health Region 6's (LA 84) peer counselor program and Zowzoo, the WIC kid's fitness DVD, have in common?

They are both winners of the 2007 Texas Nutrition and Physical Activity Best Practices Program. The Best Practice Awards are sponsored by the Nutrition and Physical Activity Obesity Prevention Program (NAOP) at Department of State Health Services and the Texas Nutrition and Physical Activity Coalition (TeXAN). The awards were presented at the Texas Public Health Association (TPHA) conference in Galveston in February.



Region 6 staff and their certificate. From left: Diana Di Masi, Yolanda Melendez, Grace Peppers, Nelda Lopez, and Tammy Watson.

Peer Counselors Promote Healthy Habits

In Public Health Region 6, breastfeeding peer counselors have played a key role in improving breastfeeding initiation and duration rates since 1993. In 2006 when, Texas WIC offered "mini-grants" for obesity prevention projects, Veronica Brown, WIC director and Grace Peppers, assistant breastfeeding coordinator, wanted the peer counselors to try something new and extended the model to include preventing obesity in the community.

The obesity prevention project consists of peer counselors presenting workshops on nutrition education to the community. The presentations are based on WIC lesson plan CF-000-21, Healthy Drinks for Healthy Kids; and are held in community centers with

a high percentage of WIC eligible participants. Workshops have been held in local physicians offices, churches, libraries, headstart offices and at the WIC office. One peer counselor who lives in a rural community, even brought the presentation to the home of some of her neighbors as a healthy "house party."

Over 750 adults in Waller, Austin, Colorado and Liberty counties in Texas have attended the presentations. To evaluate the project, short tests are given to attendees before and after the presentation. Results show that after the presentation, individuals have a greater knowledge about what healthy drinks to give their children. In addition, attendees who participate in WIC are given

a certificate that counts as a WIC class. When they bring the certificate back to the WIC office they are asked to complete a short survey that evaluates behavioral changes based on the presentation. When asked on the survey "What changes have you made regarding feeding your child since attending the workshop?"

- 100 percent said offering more water
- 60 percent said offering less sweetened drinks
- 80 percent said planning meals and snacks with healthier choices
- 80 percent said they feel better about the drinks that they provide to their family
- 60 percent said that they plan more daily physical activities for their children

Kids Get Active with Zowzoo

Zowzoo is an innovative children's fitness DVD that WIC developed with The University of Texas at Austin. Zowzoo encourages physical activity by making TV time active dance and playtime. Families receive Zowzoo at certification as a take home class or as part of a group class. WIC staff providing quality programs sends a message to parents that WIC cares about their child and wants their child to be physically active.

In evaluating the effectiveness of Zowzoo take-home lesson surveys were compiled and analyzed. The data show that families with children ages 3 to 7 have an overwhelmingly positive response to Zowzoo. On a scale of 1 to 4 with 4 being great, parents gave

Zowzoo an average of 3.6 stars. Parents report that their children ask to see the video, move with the video segments, and after viewing the video ask for the healthy foods shown in the program. Ninety percent of children viewed the video more than once. After watching Zowzoo parents reported their children asked for the following foods more often:

- 77 percent of children asked for bananas,
- 68 percent asked for oranges, and
- 79 percent asked for water.

The Zowzoo materials are getting rave reviews from parents and kids.

Here are a few of the things parents have said about Zowzoo.

"Zowzoo is very good, it helps my child understand the differences between junk food and healthy food. Now he asks for more fruit than anything else."

"This was a very fun video to watch with my daughter. It really got her moving and she loved to watch it over and over. The characters were great!"

"My girls love this DVD and play it every day. I'm glad someone came up with a movie to get our kids off the couch when they watch it."

The Future of WIC Kids Fitness DVDs

The Zowzoo fitness DVD has been so successful that WIC has developed two new kid's fitness DVDs starring Zowzoo's cousin Zobey. The Zobey DVDs build on the success of Zowzoo but take it to the next level. The Zobey DVDs feature more dancing and songs and includes special features like nutrition tips for parents and snack recipes. Look for *The Adventures of Zobey, Searching for a Rainbow* (released April 2007) and *The Adventures of Zobey, Adventures in Bugland* coming September 2007. Like Zowzoo, Zobey also has several promotional items available including:

- ☺ *The Adventures of Zobey, Searching for a Rainbow* DVD, stock number DV0168
- ☺ *The Adventure of Zobey, Adventures in Bugland* DVD
- ☺ Zobey Take Home lessons, SP-000-28 and SP-000-29
- ☺ Zobey Group class lessons, GD-000-07 and GD-000-08
- ☺ A bilingual Zobey promotional poster, stock number 13-06-12561
- ☺ Zobey Stickers, stock numbers 13-06-12578 (English) and 13-06-12578a (Spanish)
- ☺ Coloring Sheets, stock number 13-06-12560
- ☺ Zobey Magnet, stock numbers 13-06-12579 (English) and 13-06-12579a (Spanish)
- ☺ Zobey Children's Book

You can order additional copies of Zowzoo and the Zobey materials using the WIC materials order form.

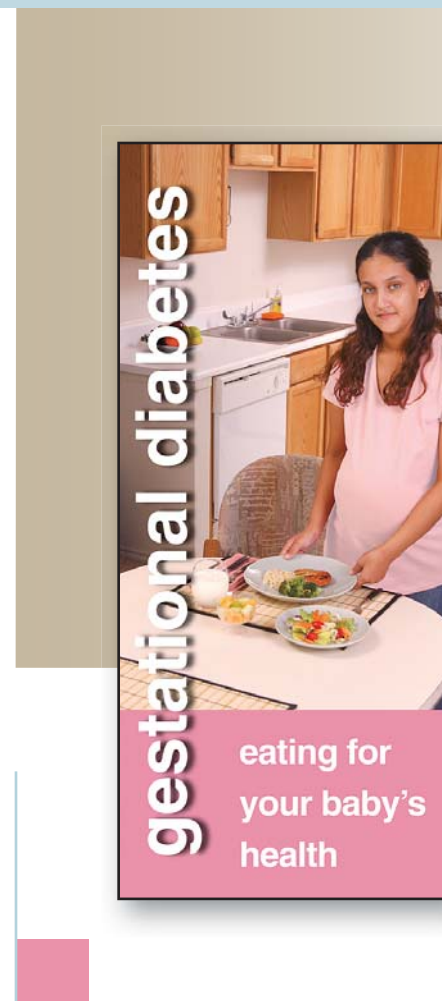
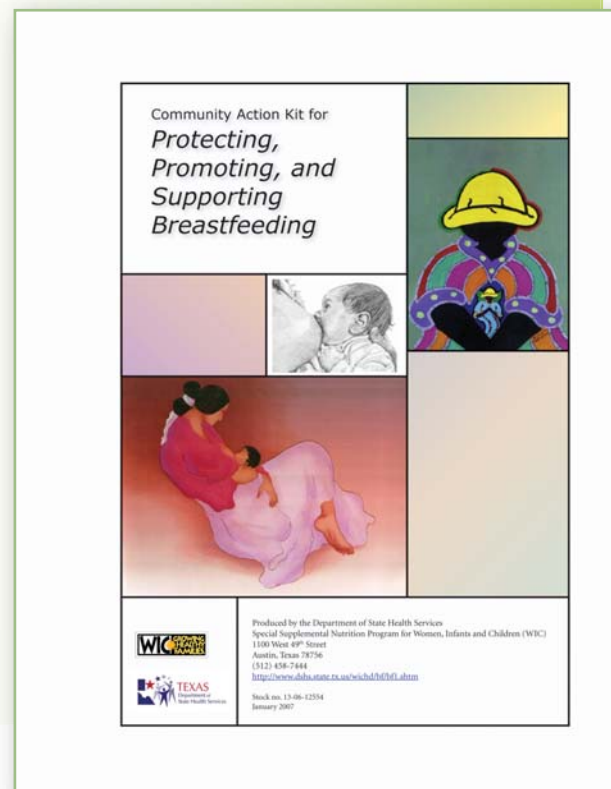
by Tracy Erickson, R.D., L.D., I.B.C.L.C.
WIC Breastfeeding Coordinator

Breastfeeding Coalition Building and Resource Notebook

Want to get a breastfeeding coalition started in your area? We have just the thing for you! *The Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding* is now available. The notebook includes the following sections:

- Does Your Community Need a Breastfeeding Coalition?
- Build Your Coalition
- Network to Expand
- Assess Your Community
- Address Community Needs
- Enact and Influence Legislation
- Utilize the Media
- Resources & Materials
- Current Texas Breastfeeding Coalitions

All local agencies received enough notebooks for each clinic in the spring. Notebooks were also sent to all active breastfeeding coalitions in the state. If you know movers and shakers in your community that you'd like to give a notebook, they can be ordered using your Texas WIC Materials Order Form and stock number 13-06-12554.



New Counseling Materials For Gestational Diabetic Women

New gestational diabetes materials are now available. The materials were developed by a committee of dietitians and were successfully field tested with WIC participants.

Gestational Diabetes: Eating For Your Baby's Health, stock numbers 13-210 (English) and 13-210a (Spanish). This color pamphlet is available in English and Spanish. It has general dietary recommendations, a meal plan and exchange, and a reminder for the next registered dietitian (RD) appointment. One copy of this pamphlet has been sent to local agencies. Use your AG-30 form to order more.

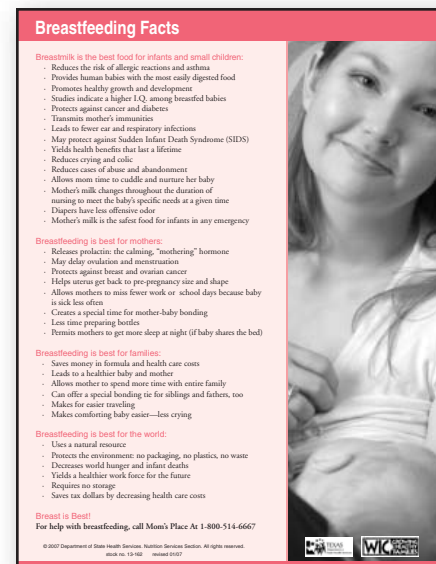
Additional materials available and downloadable from the High Risk RD Web site include:

- *Calorie Meal Plan*. This is a "cheat sheet" for RD's to use. It has the dietary exchanges for different calorie meal plans. It is to be used with the pamphlet *Gestational Diabetes: Eating For Your Baby's Health*.
- *Testing Your Blood Sugar*. This is a client handout on blood sugar and how to handle hypoglycemia.
- *Ketones and Sick Day* includes information on testing for ketones, what to eat on sick days, and when to call your doctor.
- *Gestational Diabetes: Now That My Pregnancy Is Over* covers information postpartum women need after having gestational diabetes.
- *Order Form for Diet Counseling*. WIC clinic staff or RD's can fax the form to doctors to obtain an order for gestational diabetes counseling. It can be modified for use by each local agency. The second page of the form provides authorization for release of medical records.
- *Diabetes Resources for RD's*. This document has sources for additional information or other resources which can be helpful in counseling clients with diabetes.



New Look to Breastfeeding and Family Planning

Breastfeeding and Family Planning has been updated and expanded. It is now available as a beautiful booklet. Use your AG-30 form and stock numbers 13-101 (English) and 13-101a (Spanish) to order. Please throw away all old copies of *Breastfeeding and Family Planning* as some of the contraceptives are obsolete.



Breastfeeding Facts - Back by popular demand!

A revision of *Breastfeeding Facts*, stock number 13-162 (bilingual) — a just the facts, ma'am handout on why breast is best! Order it by using your Texas WIC Materials Order Form.



next issue:
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