



Hosting A Nurse-In!

Kelby Beasley, RD, LD, WIC Nutrition Services Coordinator, Butler County

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This August I decided to have a nurse-in, in honor of World Breastfeeding Week. I was inspired to create this event after hearing about another nurse-in, earlier in the year, at a local cloth diaper store. For our event there was not much planning involved. I created a poster and advertisement about the event, and had a sign-up sheet for the receptionist to keep track of who planned on coming. We sent out a PSA to our local paper about the nurse-in. I coordinated with other County employees to bring their rocker/gliders for breastfeeding moms to use. The day before our nurse-in I made *Major Milk Makin' Cookies* for moms to enjoy along with other refreshments. During the event I had *Mother's Milk Tea* samples available for moms to try. I was able to snag some leftover decorations from another event, so had a nice tablecloth and matching service ware as well.

In celebration of World Breastfeeding Week
Butler County Health Department invites you to a...



Nurse~In



When: **Monday, August 1st**
 Come and go from: 10:00am-2:00pm
 Where: **Health Department Lobby**
 Refreshments will be provided
 Goodies and Giveaways!

Come practice your NIPing (Nursing In Public)

Bring your breastfeeding baby and meet other nursing moms!
 Please RSVP by calling 321-3400 or 320-0365

The main lesson I learned from this event was to host it again! This event did not involve a lot of preparation; making the food cost the most, in terms of both time and money. These costs could be reduced in the future by having another person, such as the BFPC help with this event and food preparation. Our turnout was not huge, only about five or six moms, but I feel they benefitted and all are still breastfeeding today, and have formed their own little support group! We basically rocked and glided and visited about our babies. If there was a question I provided some education as needed, but there was no real agenda which reduced the workload for me.

Hosting A Nurse-In!, continued

Next year, I might want to work towards a more facilitated discussion, like the La Leche League meetings. For the future, I would also like to have a DVD playing in the lobby during the nurse-in (such as Nursing Our Future from Holistic Moms Network), or music, to ease the conversation lulls. Also, I learned to be prepared for lots of hungry mouths, as most of our food ended up in little mouths, here for other Health Department programs, and not WIC! Overall, this was an easy and relaxed event to host.

LA WIC Staff Reports from the 2011 Society for Nutrition Education Conference

The Society for Nutrition Education held its annual conference in Kansas City, MO this year. The location presented an opportunity to attend a national conference that is completely focused on nutrition education. Kansas WIC was fortunate to be able to assist several LA WIC nutrition professionals in taking advantage of this chance to interact with and learn from other nutrition professionals. Included here are several reports from these WIC staff.

Janine Messersmith, RD, LD, IBCLC, WIC Coordinator with the Lyon County WIC program shares her report, *From Parents: Why Parent's Don't Matter at Mealtime.*

The opening keynote message dealt with the important role parents play as the nutrition gatekeepers for the nutritional health of the entire family. Many parents feel helpless when it comes to nutrition and don't think they can make a difference. Parents have a lot on their minds and nutrition often takes a backseat to more pressing problems. As nutrition educators we need to give parents hope that they can make a difference.

Studies have shown that having family meals increases the quality of the diet. Watching TV while eating decreased dietary quality and increased food intake by 228 calories. Seventy-two percent of teens actually think eating with parents is important and sixty percent want to do so more often. Most of them talk to parents about their lives during dinner.

Nineteen percent of Americans have never heard of the Dietary Guidelines. Only five percent feel they know a lot about the guidelines. Taste is the biggest factor that influences the food purchasing decision with price being second and health third. At any one time forty three percent of Americans are trying to lose weight but only nine percent can correctly estimate the number of calories needed per day. I found it interesting that only forty percent believe calories consumed being higher than calories burned is what causes weight gain. When doing nutrition counseling it is recommended that we talk with clients about how many calories it takes just to exist and help them understand the balance between calories consumed and activity. Making more nutrient-rich choices is perceived as easiest to do but consumers need more practical education on which foods are nutrient rich and how to get more in their diets. Most people would rather hear positive messages about foods than what not to eat.



(Continued on Page 3)

LA WIC Staff Reports from the 2011 Society for Nutrition Education Conference, continued

Jean Detrich, RN, WIC Coordinator from Dickinson County, shares her report. On July 23-26, 2011 I had the privilege of attending the Society for Nutrition Education National Conference. The attending group of 500 was comprised of SNAP Nutrition Educators, new RD graduates, WIC nutrition educators, school food service directors, persons who worked at USDA and the Institute of Food and Ag Science, plus many university educators and researchers in the world of academia. We were a diverse group held together by our interest in nutrition education.

The power point handouts (which were not available at the conference) are being a bit slow to appear on the www.sne.org website. As my looming deadline for this article is swiftly approaching I am sharing highlights of the 4-day conference.

- Our participants think with their hearts. They purchase food items with motivations we don't even understand. Offer programs that solve problems; "hit the heart and the head will follow".
- We did NOT get MBAs in Marketing! Use the covers of women's magazines to get ideas for titles (people with advance marketing degrees have already come up with those!)
- "Brighten Your Plate" and "Eat in Full Color" appeal to the senses/emotions; they didn't say "Eat Your Fruits"
- Exercise Tips: do it daily; mix it up (strength, aerobic, flexibility, balance); do things you enjoy; stay hydrated; small bouts 3x daily (~10 min); try this free video: www.exercisetv.tv/workout-videos/
- Parents DO matter at mealtimes. 80% of women are the nutritional gatekeepers of the family. The nutritional gatekeeper controls 73% of what the family eats and parents need to support each other.
- Should Weight Watchers market to kids? Weight Watchers conducted a 4 month trial, kids lost weight but when they were reweighed 8 months later these children had regained their original weight plus additional weight. Now they don't take children <10 years old; 10-17 yr olds must have a physician Rx and agreement that the physician will monitor and follow up.
- Weight Watcher Recommendations for Healthy-Weight Families:
 - Focus on wholesome nutritious foods
 - Include treats
 - Limit non-homework screen time to ≤ 2 hours/day
 - Be active for at least 1 hour/day
 - Everyone in the home must follow the first 4 rules!
- Positive comments about "My Plate": it refers to real food; it reminds me to always look at my plate; it encourages us to eat at the table.



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LA WIC Staff Reports from the 2011 Society for Nutrition Education Conference, continued

- There is calorie information on food packaging but consumers don't know how many calories/day they need and much of their physical activity level is perceived wrongly. Our goal should be to achieve "energy balance".
- SUPERTASTERS – have hypersensitivity to bitter tastes. These persons taste bitterness that others don't; they're sensitive to the heat of spicy foods and the feel of fat in their mouths. Some children, due to genetic variations are overly sensitive to bitter tastes; sensitive taste buds turn children off of veggies and they're less likely to eat veggies. If a child doesn't like a particular food, it may be genetic, not psychological. Mixing fruits into vegetables makes children think vegetables need to be sweet, not a good option.
- "Stealth health" – restaurants are decreasing portion size, calories and sodium without the consumer knowing it. There is no specific advertising towards this.

Jane Freyenberger, dietitian with the Lyon County WIC Program shares her report from the conference.

Design on a Dime was a fascinating session which stimulated thinking about new ways to effectively educate people with different learning styles in a time of shrinking resources. The presenter discussed a project completed in a school setting utilizing creative interactive games and targeting kids with various learning styles. Pre- and post-tests showed this was a powerful method of teaching nutrition. It could easily be adapted to a WIC setting.

The speaker presented various creative nutrition education games using readily available household items. These included "Germ Wars", "The 8-a-Day Relay", and "Digestive Dodge Ball"—all games which were fun for kids and generally could not be won by those with the strongest athletic skills.

She then challenged session participants to form groups and develop a creative, interactive game teaching about MyPlate. Resources available included bright colored straws, plastic cups, bean bags, hula hoops, paper plates and Frisbees. Several groups presented their games. They varied but were based on a theme of having teams compete to win an active game requiring knowledge of the MyPlate food groups. It was engaging to see participants batting beanbags with Frisbees and throwing beanbags into hula hoops while developing their games.



Besides inspiring my creativity in use of readily available items, this session vividly reminded me how important it is to incorporate visual and kinesthetic activities in WIC nutrition education.

I appreciated the opportunity to attend the July SNE conference in Kansas City. It was a unique educational opportunity and great networking experience!

The American Diet Then and Now

Patrice Thomsen, MS, RD, LD, CBE

Americans eat roughly 570 calories more per day than they did in the 1970s, according to a new study. While supersize portions are partly to blame, steady snacking is the bigger culprit.

"We're a generation of constant eaters," said Barry Popkin, distinguished professor of nutrition at the University of North Carolina at Chapel Hill. Popkin used surveys to probe the American diet since 1977. Americans began eating more in the '80s and '90s, but in recent years, they've begun eating and drinking more often -- like almost all the time. "It used to be you'd have three meals a day. And if you snacked, it was unsweetened tea or coffee," said Popkin. "Nowadays, everywhere you turn there's food. If you're driving, you have a big bag of Doritos next to you while you drive."



More than [one-quarter of adults in the United States are obese](#), according to a 2010 report from the Centers for Disease Control and Prevention -- a proportion that has steadily grown over the past 30 years as Americans tend to "eat more and do less," said Dr. David Katz, director of the Yale University Prevention Research Center.

"We joke about the 'see food' diet. We see food and we eat it," said Katz, explaining how Americans have come to expect food at every turn. "People panic at the thought of spending a couple of hours somewhere where there might not be refreshments on hand." Despite their growing obsession with food, fewer Americans are willing to sit down and enjoy it.

The findings of this study indicate that, although the energy density of food and drink, portion size, and the number of meals and snacks per day have all contributed to changes in the average daily total energy intake of US adults over the past 30 years, increases in the number of eating occasions and in portion size have accounted for most of the change. These findings suggest that efforts to prevent obesity among US adults (and among adults in other developed countries) should focus on reducing the number of meals and snacks people consume during the day as a way to reduce the energy imbalance caused by recent increases in energy intake.

Here is the source for most of this article.

http://abcnews.go.com/Health/w_DietAndFitness/american-diet-now-snacking-expanding-countrys-waistline/story?id=13948594

The link below is the "scientific version" with greater details on study methodology.

<http://www.medicalnewstoday.com/releases/229596.php>

Note by Patrice Thomsen, WIC Nutritionist: This article hit home with me – personally and professionally. We probably plan too much food at conferences in hopes that people have a good conference experience (and because of the catering price packages at some hotels).

Citation: "Energy Density, Portion Size, and Eating Occasions: Contributions to Increased Energy Intake in the United States, 1977-2006." Duffey KJ, Popkin BM (2011). *PLoS Med* 8(6): e1001050. doi:10.1371/journal.pmed.1001050

Thoughts from the Breastfeeding Peer Counselor Program Coordinator

Wendy Froggatte, RN

“My grandfather once told me that there were two kinds of people: those who do the work and those who take the credit. He told me to try to be in the first group; there was much less competition.”

Indira Gandhi (1917-1984)

To summarize the year to date in regards to the Breastfeeding Peer Counselor Program (BFPC) all I can say is that I'm left with a strong sense of hope and pride, and I am humbled by the true perseverance of all the local agencies that have gone above and beyond the call to assure that all of the breastfeeding WIC families have access to what I feel to be the truest form of preventative public health in the world; Breastfeeding.

Having started with this program in January I have been so blessed to participate in many educational opportunities and training events that have catapulted me into a world I knew little about. The BFPC Program has sponsored the completion of Breastfeeding Educator Certification (CBE) for many Peer Counselors and BFPC Supervisors, and supported ten individuals in their completion of the International Board Certified Lactation Consultant (IBCLC) exam (including myself). <http://americas.iblce.org/> We will learn our results in October.

We have also supported training of many individuals in “The Business Case for Breastfeeding” that allows us to support our communities and employers as they further support breastfeeding families. See more at <http://www.ksbreastfeeding.org/Employers.aspx>. Many county programs have been involved in their local Breastfeeding Coalitions, The Kansas Breastfeeding Coalition and multiple other community organizations. All of this further honing the skills of all of our great BFPC's and supervisors to be the best they can be for the people they serve.

One thing I find difficult personally and professionally is that in light of my access to the newest and most up to date information regarding human lactation and infant nutrition, relaying that information to those who need it most can be very trying. Breaching an impenetrable wall involves the unification of the community and its people, and a unique combination of services that are tailored to that specific dyad being served. In short, we need time, and we need to continue to work together to see a measurable end result. We will see the rise and fall of our numbers but ultimately the true measure rests in the families we serve and their overall success.

Ours is the most palpable all encompassing program in that it starts at the beginning. We are the catalyst that can in essence secure and enhance the human life cycle from the start. What we affect now, will affect not only the life we touch this time, but generations to follow. As we charge into another year with the BFPC Program I challenge you to engage in any opportunity you can that will further expand your capacity in your counties. If you would like to learn more about how this great program can benefit your county please call the SA and we will be glad to enlighten you further. Well wishes to FFY2012 and our continued success as the Breastfeeding Peer Counselor Program.



Breastfeeding Educator Course - Observations From WIC Staff

The Breastfeeding Educator Program was recently sponsored by Southwest Kansas WIC and Finney County Breastfeeding Coalition and held in Garden City. These are observations from some of the WIC staff that attended.

Observations from Barbara Underwood, Greeley County WIC

In our practice, the WIC nurse is a CBE (Certified Breastfeeding Educator) who begins talking to clients about breastfeeding and the natural benefits to mom and baby from her very first clinic visit. We also have a HSHV (Healthy Start Home Visitor) who is a CBE and last year completed the IBCLC program (International Board Certified Lactation Consultant). Our clients are surrounded by loving women who truly believe breastfeeding is best.

I serve as the WIC clerk and receptionist with these two other women who will obviously do the more hands-on teaching. I will probably never use the actual physical techniques taught with such detail in the classroom, but my goal in becoming certified was to gain new insight and familiarity in the overall scope of breastfeeding. I see myself as an encourager of young women, mothers-to-be and new mothers. I want to be able to speak to their concerns with some authority and knowledge, as well as compassion.

I most enjoyed the very first session when we were exposed to answers to the question “Is Breastfeeding Still the Best?” (Note: there is no hyphen in breastfeeding because it is like “heartbeat,” a natural process, not like formula-feeding or bottle-feeding.) There are many reasons why breastfeeding is best for the baby, but let me point out three that one can use to make significant points to parents.

- First, a 50% decrease in death due to SIDS.
- Second, less asthma and allergies in babies.
- Third is higher (tested) cognitive development in breastfed children.

Again, many more reasons are available to make the case for breastfeeding to mothers/parents for their own benefit, but here are three great ones.

- First is cost/convenience. You cannot beat free. You cannot beat instant. No warming needed, no waiting necessary, once established no complete waking from sound sleep for either mother or baby.
- Second is lowered impact on rates of child abuse/neglect/domestic violence.
- Third is less mother and infant morbidity.

And there are also benefits to society attributable to breastfeeding. Among them are:

- First, lower health care costs for both mother and baby.
- Second, less use of natural resources. Annually \$2 billion is spent in the United States alone on artificial feeding.
- Third, in times of crises, breastfeeding is economical, practical and safe. Hurricanes, tornadoes, floods, earthquakes, any displacement of people can cause a disruption of food supplies, but mothers can produce milk for their babies with as little sustenance as a bowl of rice per day.

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Breastfeeding Educator Course - Observations From WIC Staff, continued

Observations from Jaclyn Nisly, Reno County WIC Program

After three days of the Breastfeeding Educator Program, given by Debi Bocar, I found it difficult to pick just a couple of topics to share with my colleagues. The course was full of useful information to share with breastfeeding mothers and families.

In a session titled, Later Breastfeeding and Infant Situations, Debi shared with us some practical consoling skills to teach mothers when their infants are crying. I was surprised to learn that infants in industrialized countries spend up to 18 hours alone per day, compared with Korean infants who average about 2 hours. Infants need frequent human contact and will not be “spoiled” when held. Debi referred to infancy as a fourth trimester and encouraged us to be more empathetic to infants adapting to the world, even referring to this time as “womb withdrawal.” Debi also noted that infant massage was found to be helpful, along with talking, singing, eye contact, and skin-to-skin contact with the infant.



In the session, Positioning and Latch-On, Debbi provided us with “4 A’s” to complete a functional assessment of the infant at breast.

1. The first A was *Alignment*. The infant must be chest to chest; positioned with his ear, shoulder, and hip lined up (infant’s legs should be parallel to the floor). Mother and baby should be supported with pillow so both are comfortable.
2. The second A was *Areolar Grasp*. When baby comes to breast, his mouth should form a 140 degree angle and cover at least ½ inch of the areola. Upper and lower lips are flanged out.
3. The third A is *Areolar Compression*. The infant’s jaw should move in a rhythmic motion. The infant will initially take two faster non-nutritive sucks to start breastmilk flow, followed by a slower one suck per second in which he is taking milk into his mouth. There should be no clicking or smacking sounds heard.
4. The fourth and final A is *Audible Swallowing*. Swallowing should sound like short, forceful expiration of air. As the milk supply increases, the number of non-nutritive sucks before milk is flowing will decrease. When in doubt, the infant may be weighed before and after feedings to insure that milk is being transferred.



Sumner County Play Area is a Hit With Families

Sandi Fry, Vendor Manager

Staff members in the Sumner County Health Department are happy to see children enjoying the new play area of the waiting room. Judy Lewis, Health Department receptionist, painted the walls free hand. “We love it that she is so talented,” says Linda Baker, WIC Coordinator. The area was completed in stages. “The carpet squares are new and we have had a great response from participants. They are great in the fact that if one square is soiled we can just replace the square. (We did post a sign discouraging food or drinks in the play area.)” The play area was partially funded through WIC.



Feeding Practices That Disregard Developmental Needs—Choking

Sandy Perkins, MS, RD, LD

The definition for the nutritional risk factor Feeding Practices that Disregard Developmental Needs includes routinely feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. This risk factor applies to both infants and children.

Choking is a leading cause of injury and death among children. Children most frequently choke on food, coins and toys. In the United States a child chokes to death while eating every five days and for every death there are more than 100 visits to the emergency room. All foods that are round, small, hard, thick and sticky, smooth, compressible, dense, or slippery are potential choking hazards. Hot dogs are the food most commonly associated with fatal choking among children. Other high-risk foods include hard candy, peanuts/nuts, seeds, whole grapes, raw carrots, apples, popcorn, chunks of peanut butter, marshmallows, chewing gum and sausages.



Children younger than 4 years and children with chewing and swallowing disorders are at the greatest risk of food-related choking. In addition to age, a big consideration is the number and type of teeth. Before the molars come in, children are able to bite off a piece of food with their front teeth but without molars are unable to chew it adequately for swallowing. Children 3 to 4 years old have molars but are still learning to chew effectively.

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Feeding Practices That Disregard Developmental Needs—Choking, continued

At this age, children may also be easily distracted when they need to pay full attention to the task of eating. Inattention and high activity levels while eating, such as walking or running, talking, laughing, and eating quickly may increase a child's risk of choking. Child games involving throwing food in the air and catching it in the mouth or stuffing large amounts of food in the mouth also may increase the risk of choking.

Caregivers of young children need to recognize that choking is something that can happen to any child and take steps to minimize the risk. The following advice should be provided to caregivers who express concern about choking risks and when the certifying professional believes it is needed for the safety of the child.

- Don't give young children hard foods or small objects that are likely to become lodged in their airway. It is recommended that high risk foods not be given to any child younger than four years of age.
- Cut foods such as hot dogs, sausages, and grapes lengthwise into small pieces before serving them to young children.
 - Food for infants should be cut into pieces one-quarter inch or smaller.
 - Food for toddlers should be cut into pieces one-half inch or smaller.
- Tell babysitters and older brothers and sisters what foods and objects should not be given to young children.
- Instruct children to chew their food thoroughly before swallowing and to swallow before talking or laughing.



How Does Your Clinic Measure Up?

Patrice Thomsen, MS, RD, LD, CBE

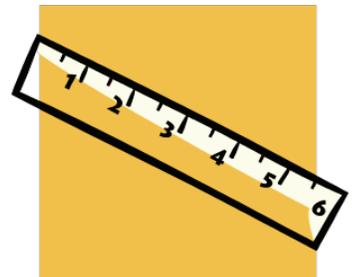
Here are some common observations from Management Evaluations. Read them and see how your clinic measures up.

Risk factors assigned without documentation of physician diagnosis

Observation: Many clinic staff members do not appropriately document physician diagnosis for certain risk factors.

Correct Procedure:

For certain risk factors, the risk condition must be diagnosed by a physician as self-reported by client; or as reported or documented by a physician, or someone working under physician's orders. Self-reporting of a diagnosis by a medical professional should not be confused with self diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. This omission seems to be a greater problem now that many of these health-related risk factors are automatically calculated from the woman's Health Interview screen.



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Unique Prizes Help Celebrate World Breastfeeding Week, continued

Pictured below, the handmade crocheted infant hats.



Sedgwick County WIC’s “Baby Timmy” with hats that were made and donated to Sedgwick County



Rachel Housby-Jones – Colvin BFPC, holding “Baby Timmy”

Thank you, Marie, for your donation of your time and talent to help promote healthy families through breast-feeding. If you are interested in the instructions to make your own “Celebrate Breastfeeding” infant hats, email your request to Martha Hagen at mhagen@kdheks.gov .

More World Breastfeeding Week Celebrations

Seward County shared some photos of their World Breastfeeding Week celebration. They had a 'Mother's Tea Time' to celebrate their breastfeeding families and had an awesome turnout! Thank you, Dana Littau, RN and Tiffani Krause, RN for sharing your photos.



Nutrition and WIC Services

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WE'RE ON THE WEB!
WWW.KANSASWIC.ORG

Growing healthy Kansas families



Our Vision: Healthy Kansans living in safe and sustainable environments

Local Agency News

We welcome these new WIC employees:

Butler County, Debra Barber, RN
Cowley County, Mary Robinson, Clerk
Crawford County, Vicki Wilbert, Clerk
Geary County, Hilary Rombeck, RD

Leavenworth County, Michelle Preston, Clerk
Pratt County, Crystal Stapelton, Clerk
Reno County, Brenda Alfaro, BFPC
Reno County, Nicole Clary, Clerk

Congratulations to:

Diana Martin, Clerk, Crawford County, on her retirement

We say goodbye to these WIC friends:

Butler County, Kim Morckel, RN
Butler County, Jessica Gomez, BFPC
Osborne County, Sara Pruden, RN

Pratt County, Melanee Weese, Clerk
Sedgwick County, Monica Smith, Clerk