May 2014

Kansas Department of Health and Environment

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES

KANSAS WIC

Mothering the New Mother – A Book Review !

Mary Waite, RD, LD

When my oldest daughter, Angela, was pregnant with twins, I came upon the book, Mothering the New Mother, Women's Feelings & Needs After Childbirth, A support & Resource Guide by Sally Placksin. I found it filled with valuable information about motherhood in our society, and the many challenges facing mothers today. The author shared stories of moms struggling with overwhelming fatigue, self-doubt and guilt, partly because of unrealistic expectations and demands placed upon them.

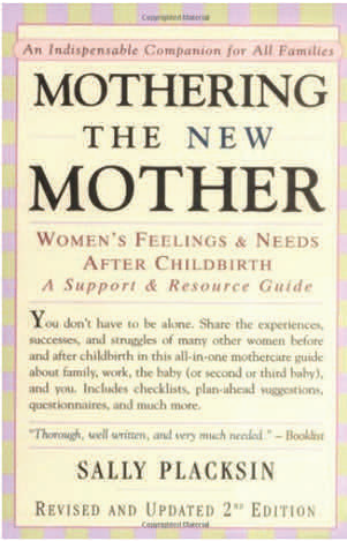
The book detailed how other cultures, and our own culture in the past, had valued, protected, and nurtured new moms and their newborns. It was once understood that new life was sometimes fragile. Therefore, a new mom and her infant were given special foods, were allowed to rest and recuperate, and bond with their babies. The new mother's mom, sisters, aunts, and neighbors would come together to teach the young mom about baby care, and breastfeeding, helping her transition to the role of mother. These other women would take care of the daily tasks of food preparation, cleaning, and minding the older children.

Inside This Issue

Galactogogues 2

Under the Influence: How Media and Parenting Drive Early Childhood Nutrition 3

Early Feeding Habits May Neald to Future Childhood Obesity 4



Contrast this to what is typical in our society today, when women are often unprepared for their new role of motherhood. After a very brief stay in the hospital, many new moms find themselves alone with their new babies, with sometimes minimal assistance from the baby's father or family members. These new moms often stumble through those first few weeks of their babies' lives sleep deprived and guilty that they can't keep up with the housecleaning, cooking, self care and baby care. Society encourages women to return to work and balance both motherhood and career, a practice which can result in fatigue, no time for relaxation, being vulnerable to depression and other stresses.

I would encourage all WIC personnel to read this book, as it offers valuable insight, plus practical suggestions and hands-on resources for new moms. The Baby Behavior Training is a good adjunct to this book, as the training helps moms to understand their babies better, and thus be able to feel more confident in their mothering ability. As WIC staff, we can educate and encourage moms in this transitional period following their baby's births to nourish themselves and their babies and enjoy this time in their journey as mothers. We can help them see that it is necessary and good to ask for help and take time to let their bodies heal and forge the new relationship with their baby.

Galactogogues

Robin Rziha, RN, IBCLC, Pawnee County Health Department

If you watch much TV or look at magazines, it seems that there is a pill out there for about every problem imaginable. Unfortunately, this is not the case for the very common complaint heard by all in the business of supporting mothers with breastfeeding, "I don't have enough milk!"

At the March 7, 2014 La Leche League of Kansas breastfeeding conference, Dr. Kathleen Martinelli presented a session on "Galactogogues and Other Hot Topics from Recent ABM Protocols." I was looking forward to this presentation so that I could get up-to-date on current research, practices, and recommendations on this topic, only to be disappointed by the recommendations.

The definition of a galactogogue is "medications or other substances believed to assist initiation, maintenance, or augmentation of the rate of maternal milk synthesis." Perceived or actual low milk supply is one of the most common reasons given for discontinuing breastfeeding. What is new is that the Academy of Breastfeeding Medicine (ABM) can no longer recommend any specific pharmacologic or herbal galactogogues because current research of all galactogogues is relatively inconclusive and all have potential adverse effects.

In the United States, there are no FDA approved prescription drugs for use as galactogogues. Metoclopramide (Reglan) is often prescribed by providers when all other efforts have failed but this is considered "off-label" use and is not approved for this indication. Another pharmaceutical galactogogue, Domperidone, is not available in the United States unless a provider can order the medication through a compounding pharmacy but this is still considered "off-label" use. Caution is required in using herbs and herbal preparations. The mechanism of action for most herbals are unknown and a lack of standardized dosing for preparations, possible contaminants, allergic potential, and drug interactions are possible. Fenugreek may cause severe allergic reactions. Dr. Martinelli pointed out that before a mother takes fenugreek she should be asked about any peanut allergies.

The ABM recommends first evaluating and augmenting the frequency and thoroughness of milk removal and to use non-pharmacologic measures when a woman is experiencing difficulties with a low rate of milk production. The mother should also be evaluated for medical causes of hypogalactia, which include: Pregnancy, medications, primary mammary glandular insufficiency, breast surgery, polycystic ovary syndrome, hypothyroidism, retained placenta, theca lutein cyst, loss of prolactin secretion following postpartum hemorrhage, heavy smoking or alcohol use, or other pertinent conditions. If treatment is available then treat the condition as indicated.

If a galactogogue is suggested or prescribed to a mother, prior to use a thorough evaluation should be performed of the entire feeding process by a lactation expert. If the healthcare provider chooses to prescribe a galactogogue after weighing the risks and benefits, the guidelines presented by ABM should be followed in the *ABM Clinical Protocol #9: Use of Galactogogues in Initiating or Augmenting the Rate of Maternal Milk Secretion (First Revision January 2011).*

It is discouraging that there isn't a safe pharmaceutical galactogogue that is FDA approved in the United States to be used in those instances where the mother is doing everything possible and still is having issues with adequate milk production. For now, the answer is getting the milk supply well-established from the start and catching problems early so they can be corrected or treated.

Under the Influence: How Media and Parenting Drive Early Childhood Nutrition

Kelli Waggoner, BSN, RN, Cowley County WIC Coordinator

This session was presented at the 2013 National WIC Association Annual Education and Networking Conference by Jill Castle, MS, RD. The statistics of how media affects our children and their families is astonishing. Annually, 1.8 billion is spent on ads targeting children, 4.2 billion on fast food advertising, 26 % of ads viewed are for food. How does this marketing influence our children? Fourteen percent of 6-23 month olds watch >2 hours of television per day, 67% of 2 year olds watch 1.5 hours daily, children between 2-7 years old will watch 12 ads per day, 4427 ads per year. The average girl will see 80,000 ads before going to kindergarten. Girls between 5-8 years old have already developed the idea that "thin is in" by what they are seeing on TV.

Marketing understands that children and teens are very impressionable and creating brand recognition and loyalty over time will lead to "cradle to grave" loyalty to products. This targeting of children influences buying patterns of their parents affecting early nutrition and overall health. How many times have we all heard, "my child doesn't really watch TV it is just on in the background"? Thirty nine percent of families with infants and young kids have a TV on constantly. This exposure to TV not only suggests what to buy and how to eat but reduces parent involvement/interaction leading to negative impacts on language development due to children are being read to less often. So what is being done? The Food and Beverage Advertising Initiative is trying to shift the focus of advertising to healthier foods, encourage fitness and decrease the ads directed toward children. Since this started in 2009 there has been a slight decrease toward children but sadly has increased toward teens.

Jill talked about the different feeding styles:

Authoritarian (clean your plate),
Permissive (yes parent, children taking control of food choices),
Neglectful (unreliable meals, lack of food/eating), and
Authoritative (structured feeding, boundaries with eating).

Of these styles, *authoritative*, works best. It promotes structure of meal/snack time by creating times that the "Kitchen is closed" which in turn limits grazing. This feeding style also encourages balanced meals/snacks. Jill discussed the 90:10 Rule, 90% should be healthy foods and 10% can be fun foods allowing for flexibility and choice.

Jill presented the Satter's Division of Responsibility. The parent's responsibility is what, when, and where to eat, while the child's responsibility is whether and how much to eat. With this style of feeding it also presents opportunity to manage hunger. Jill suggested the fruit and veggie test. If your child thinks they are hungry, offer a fruit or vegetable. If they say, "no, I want chips", then it is probably boredom not hunger. Another suggestion she made was to serve family style meals or a dinner bar, such as a taco bar or pasta bar allowing each member of the family to fix with the things as preferred.

This session allowed me to look at each family and see the eating style/parenting style so that I can customize my counseling to be more helpful to the family in their current situation. Jill Castle was a wonderful speaker and really kept the attention of her audience. She has a book Fearless Feeding How to Raise Healthy Eaters From High Chair to High School that she co-authored with Maryann Jacobs and a Blog "Just the Right Byte".

Early feeding habits may lead to future childhood obesity

Pat Dunavan, MS, RD, LD

Childhood obesity has more than doubled in children and quadrupled in teens in the past 30 years, according to the U.S. Centers for Disease Control and Prevention. This puts kids at risk for life-threatening conditions such as high blood pressure and elevated cholesterol levels later in life.

A new study, published online March 17 in *Pediatrics* shows that many of infant feeding practices may lead to future obesity. The research found that of the 863 parents of 2-month-olds enrolled in the study, many reported at least one feeding practices that has been linked to increased childhood obesity. The study included a mix of breastfed and formula fed infants—19% were exclusively breastfed and 45% exclusively formula fed. The majority of parents (mainly mothers) included in the study were on Medicaid.

Beyond low rates of breastfeeding, researchers found that parents often had other habits that could potentially lead to unhealthy weight gain in childhood. These included putting the baby to sleep with a bottle, “always” trying to get baby to finish a bottle of formula, or offering a bottle whenever the baby cries. 43 % of parents put their babies to sleep with bottles; 23% propped bottles; 12% had already introduced baby foods; 20 % tried feeding every time their baby cried, and 38 % "always" tried to get their baby to finish the milk.

Two-thirds of parents did not follow the Academy of Pediatrics recommendations regarding "tummy time" -- placing the baby on its belly to play for at least 30 minutes a day. Researchers also looked at the extent of TV exposure. 90% of infants were exposed to TV for an average of six hours per day. Half of the parents said their baby actively watched TV for about ½ hour daily. Although the potential consequences of early TV exposure are not know, the study raised concerns that increases in TV time may lower the amount of talking and interactions occurring between parent and child. The Academy of Pediatrics discourages any TV time before age two.

The study showed that compared with white parents, black parents were more likely to put children to bed with a bottle, try bottle propping, and report more television watching. Hispanic parents were more likely than white parents to encourage children to finish bottle feeding, use bottle propping and report less tummy time.

The conclusion of the study was that behaviors that could potentially lead to childhood obesity were prevalent across race and ethnic groups and require further parent education regarding healthy infant feeding practices. Encouragement to exclusively breastfeed infants for at least 6 months and delay introduction of baby food until at least 6 months is important. Researchers also recommended that whether a baby is breast or bottle fed, parents should be taught to look for cues that the infant is hungry or full other than crying.

Racial and Ethnic Differences Associated With Feeding-and Activity-Related Behaviors in Infants. Eliana Perrin, M.D., MPH, Russell L. Rothman, MD, MPP, Lee M. Sanders, MD, MPH, Asheley C Skinner, PhD, Svetlana K. Eden, MS, Ayumi Shintani, PhD, MPH, Elizabeth M. Throop, BA, and H. Shonna Yin, MD, MS. April 2014 *Pediatrics*, p. 2013-1326.

Published by Kansas Department of Health and Environment. Sam Brownback, Governor. Robert Moser, MD, Secretary. Managing Editor: Julie Ornelas. Reprinting of articles should credit KDHE. USDA is an equal opportunity provider and employer. If you feel you have been discriminated against because of race, color, national origin, sex, age, or disability, write to the Secretary of Agriculture, USDA, Washington, DC.