

KANSAS WIC INFORMATION MEMORANDUM
KANSAS-WIC-I-2015-05

TO: Parent and Sub-Agencies

FROM: Dave Thomason
Nutrition & WIC Services Director

DATE: February 27, 2015

RE: Food Package-Food-Food Package Changes
Vendor Management-Food-Potatoes
Nutrition Education - Baby Behavior Ne+ Lesson #2 materials
Resources-Breastfeeding-Baby Wearing
Resources-Nutrition Ed-WIC Participant Survey

WIC Advisory Committee: Minutes (1/21/15) & Call for Agenda Items for 4/15/2015 Meeting
Program Integrity – Certification Policy Tips
KWIC Focus – Changing the Flow sheet if High Risk is resolved
Training: Educational Opportunities

Food Package – Food –Food Package Changes

As a reminder, food package changes will be implemented March 27. Detailed information was provided in the January I and P memos found at http://www.kansaswic.org/local_agencies/policy_info_memos.html . Education materials and inserts for program booklets will arrive the week of March 23.

ACTION REQUIRED:

Inform all staff.

Food Package - Potatoes

Potatoes will now be available for purchase with WIC Fruit and Vegetable Checks (FVC). Potatoes, prepared properly, can be a good source of potassium and Vitamin C. Of course the main concern right now is ensuring WIC clients understand what types of potatoes they can and cannot buy with their FVC. Each county has vendors who order their foods from different distributors. The most important aspect is that no added sugars or oils are added, this includes added Dextrose. The biggest area of concern is frozen potatoes. It is strongly recommended that the local vendor manager and/or dietitian visit the grocery stores in their county and look at what frozen potato products are being offered. Feel free to take pictures of those potato products that you know meet the requirements of no added syrup, sweetener, flavoring, fat, oil, sauce, meat, pasta, rice or noodles and share the pictures with your clients.

ACTION REQUIRED: Clinic staff (vendor manager/dietician) should review frozen potatoes in your local stores to have a working knowledge of eligible potatoes and to ensure they do not have the dextrose or other added fats/oils/sugars.

Nutrition Education - Baby Behavior Ne+ Lesson #2 materials

Materials for the second Kansas Baby Behavior, secondary low risk nutrition education (Ne+) lessons were mailed to clinics on 2/10/15. Materials were mailed in a large manila envelope with a blue folder inside. This lesson (and the two to come) are a part of the two year implementation of the Kansas Baby Behavior Campaign.

WIC staff members were told during the initial Baby Behavior trainings to expect these lessons. The four lessons were also included on the 2015 Nutrition Education Offerings table in the 2015 Nutrition Services Plan Guidance. It is expected that all clinics will use these lessons for secondary low risk nutrition education, unless the agency plans to use only individual one-on-one nutrition education (Nei) with clients.

This second lesson is titled *Is Baby Hungry?* The goals of this lesson are to learn hunger and fullness cues, that crying may not always be a sign of hunger and that it is important to stop feeding when a baby shows fullness cues. This lesson should be used during April, May and June.

These lessons may be used with pregnant, breastfeeding, postpartum and infant (less than six months) clients. Client interaction with staff must be included. It is not acceptable to send handouts or materials home with clients, have them complete a quiz and return it at their next appointment. Clients should review materials at the clinic, interact with staff and be given an opportunity to ask questions. (These are USDA mandated requirements.)

The materials were designed to be used on a three panel display, but could be used on a wall, large bulletin board or in a notebook. The display materials are printed on heavy paper for durability, or can be laminated by clinics. All materials are 8.5" x 11" so they could be placed into page protectors for a Notebook lesson.

There are two client handouts included with this lesson. To simplify things for clinic staff, the SA will provide these two handouts in the quantity needed by your clinic. An order form is included with the packets mailed to clinics. The order form is also attached to this I Memo. If it is more convenient for your clinic to print these handouts, you may request the electronic files.

ACTION REQUIRED: Check that your clinic received the Baby Behavior lesson packet that was mailed on 2/10/15. Use the lesson plan and materials in your clinic. Order handouts or electronic files as desired. If you would like additional sets of these materials or if your clinic has not received these materials, contact Julie Ornelas, jornelas@kdheks.gov, 785-296-0094.

Resources-Breastfeeding-Baby Wearing Postcard

Postcards to inform mothers about the benefits of baby wearing, the practice of carrying a baby or child in a sling or other form of carrier, are now available in English and Spanish. These items have been added to the WIC Publications order form.

ACTION REQUIRED: See attachment for a sample postcard. Share information with staff and order postcards as needed.

Resources-Nutrition Ed- WIC Participant Survey

The WIC Participant Survey was completed last fall. Thank you to all clinics submitting surveys. 543 English and 52 Spanish surveys were submitted and results tabulated by Brush Art. Be sure to read the comments as many thank you for your assistance.

ACTION REQUIRED: Share with all staff. The survey summary is attached.

WIC Advisory Committee: Minutes (1/21/15) & Call for Agenda Items for 4/15/2015

- You can find minutes of the January 21, 2015 WIC Advisory Committee meeting on the WIC Advisory Committee page of the website. http://www.kansaswic.org/local_agencies/WIC_advisory_comm.html
- The next WIC Advisory Committee conference call is April 15, 2015 at 10:00 AM. **Please submit agenda items to your WAC representative or Patrice Thomsen by March 31, 2015.** You can find your representative name and contact information on the [WIC Advisory Committee](#) page of the Kansas WIC website. As a reminder, questions about policy implementation should be directed to your agency's assigned state staff member.

ACTION REQUIRED: Read minutes as desired. Submit agenda items by March 31, 2015.

Program Integrity – Certification/Eligibility Policy Tips – Proof of Identity

Certification/Eligibility is a major focus of current USDA/FNS WIC program integrity strategies. To support this effort, the Mountain Plains Regional Office is providing a series of technical assistance policy tips. We will continue to pass these tips along to help strengthen the certification process and preserve program integrity in Kansas.

Question: Does staff need proof of identification if the applicant is already known to staff?

Answer: Proof of identify is a regulatory requirement. Applicant should always be advised by the local agency when they make their initial certification appointments to bring such proof with them, along with proof of residency and documentation of all household income. This absolves the local agency of suspected conflict of interest, and ensures program integrity by treating all applicants equitably. In the limited circumstances where the local agency staff knows the applicant, they can use personal knowledge **after** the initial certification appointment. This should be fully documented in the participant's record. Refer to Kansas policy [CRT04.00.00 Proof of Identify](#).

ACTION REQUIRED: Review indicated policy.

KWIC Focus - Changing the Flowsheet if High Risk is resolved

This month's issue of *KWIC Focus* is included at the end of this memo and is also available on the web site at http://www.kansaswic.org/local_agencies/kwic_focus_newsletter.html

ACTION REQUIRED: Have all staff read *KWIC Focus*.

Training: Educational Opportunities

- Announcing Pediatric Nutrition Course-Module 2 Course: March 30 - June 12, 2015. *(With no statewide conference this year, some dietitians and nurses (especially if new to WIC) might be interested in taking this on-line course. Note the short timeline to get registered!)*

The Nutrition Services Branch of North Carolina in collaboration with the University of North Carolina – Chapel Hill is pleased to announce that Module 2: Basic Nutrition, of the Pediatric Nutrition Course (PNC) series, will be offered in 2015. This is an online, faculty guided, self-paced module of about 35 hours to be completed between March 30, 2015 and June 12, 2015. The overall goal of the course is to provide nutritionists with the knowledge and skills needed to improve the nutritional health of the pediatric population. The objectives of Module 2 are to reinforce the fundamentals of nutrition assessment, nutrition monitoring/evaluation, and to build competence in using the nutrition care process for the pediatric population. It is ideal for new employees in public health nutrition, nutritionists who are new to pediatrics and those who want to broaden their pediatric knowledge base.

Module 2 Basic Nutrition consists of the following nine topics:

Unit 1: Nutrition Education; Unit 2: Infant and Toddler Nutrition; Unit 3: Child Nutrition; Unit 4: Adolescent Nutrition; Unit 5: Formulas; Unit 6: Anemia; Unit 7: Physical Activity; Unit 8: Elevated Blood Lead; Unit 9: Sports Nutrition

This course has been approved for 20 CPEUS – Level 1 from the Commission on Dietetic Registration – Academy of Nutrition and Dietetics for Registered Dietitian Nutritionists (RDNs), Registered Dietitians (RDs), and Dietetic Technicians, Registered (DTRs). For all others, 3.0 Continuing Education Units (CEUs) will also be awarded from the Friday Center for Continuing Education at the University of North Carolina at Chapel Hill.

Fees

The course fee is \$50 for public health nutrition personnel in North Carolina Local Health Agencies and for pediatric nutritionists in North Carolina Children’s Developmental Services Agencies (CDSAs). For all other participants, including those residing outside of North Carolina, the course fee is \$100. Enrollment is limited, and participants will be taken on a first-come, first-serve basis.

An orientation webinar is scheduled with registered students on March 24, 2015 at 11 am – 12 pm EST to provide an overview and demonstration of the online course. This webinar will be recorded for those unable to attend.

Please Note:

You must complete all three of the following steps to be considered fully enrolled in the course:

- 1) Complete the online application form before March 2, 2015.
(To apply, go to <https://sph.unc.edu/nciph/pncm2/>)
- 2) Complete the ‘Invitation to Register’ request (this will be sent via email after the completed online application form has been reviewed)
- 3) Ensure your payment is received or postmarked by no later than March 16, 2015. Failure to do so will cancel your registration.

If you have questions or need more information about enrollment, registration or payment, please contact Cherelle Whitfield by email at cwwhitfi@email.unc.edu. If you have questions about course content, please contact Anna Tseng, Online Courses Project Manager by email at Anna.Tseng@dhhs.nc.gov.

- Reminder (from October I-memo): There will be no Kansas WIC Conference in 2015. The next conference will be a statewide conference in the spring of 2016. Clinics are encouraged to consider using budgeted funds to send WIC staff to other appropriate training opportunities.
- The National WIC Association Annual Education and Networking Conference & Exhibits will be at the Westin Bonaventure Hotel in Los Angeles, CA, May 16 - May 20, 2015. This Conference will offer an excellent opportunity to acquire new skills and to network with an estimated 1,000 of your peers, colleagues and exhibitors who provide WIC related products and services for your participants. The conference will also offer an opportunity for attendees to hear from USDA officials and to dialogue on relevant updates and challenges that the program faces.
For the rest of the conference, you will have the opportunity to choose from over 30 general and concurrent sessions that is sure to expand your professional skills and knowledge base to equip you to face coming WIC challenges and to take advantage of current and future WIC opportunities. Registration is not available yet, but in the future, check here: <https://www.nwica.org/events/info/2015-annual-education-and-networking-conference-exhibits>
- Certified Lactation Educator training April 22 – 24, Goodland, KS. There is special WIC pricing and early bird pricing until March 9. The course can be taken with or without CLE certification. Find more information [here](#). Registration and other information were attached in the January I-Memo.
- Inaugural SWKS Breastfeeding Coalition meeting. Friday, April 17th, 9:30 am to 11:30 am at Breastfeeding Clinic of St. Catherine Hospital – Suite 206, Medical Office Building, 310 E. Walnut, Garden City, KS. This meeting will target those interested from the Southwest KS region – come meet other regional partners, share ideas and current projects.
- Breastpump Information Meeting, Wednesday April 22, 9 am at the Lawrence-Douglas County Health Department, 200 Maine St. Ste B, Lawrence, KS. Agenda – demonstration by Medela representative of Lactina and/or Symphony hospital grade pumps, demonstration of WIC personal use pump, review of 2-phase pump technology, review of Medela breastpump literature, discussion of the Affordable Care Act – when and where to refer moms to obtain a pump. RSVP to Linda Rippetoe at lrippetoe@ldchealth.org
- Kansas WIC New Employee Breastfeeding Training -“Using Loving Support to Grow and Glow in WIC”. All new employees are required to attend Loving Support training. WIC Coordinators may choose to wait and send new employees to the nearest training, as long as the person will have been employed in WIC for less than one year by the time they attend.
 - Topeka – Wednesday, June 3, 2015. Watch for registration information in a future I-memo.
 - Wichita – November, 2015. (exact date to be determined)
- An online breastfeeding continuing education tutorial titled: “Expanding Pediatricians' Roles in Breastfeeding Support Continuing Medical Education (CME) Online Tutorial” is available. There is no charge for this tutorial. To access the program, click on or cut and paste this link into your browser: <http://www.northeastern.edu/breastfeedingcme/index.html>

ACTION REQUIRED: Share information with appropriate WIC staff about these continuing education opportunities. WIC staff is encouraged to attend additional nutrition and breastfeeding trainings and conferences. Consider sending appropriate WIC staff to trainings and conferences according to your local agency training needs and as the local agency budget allows. The SA encourages WIC staff, if appropriate, to also obtain funding through - [ADM 11.02.00 Financial Support for Local Agency On-Going Training](#). This policy provides information on the possibility of obtaining financial support from the SA for additional training. Be aware that the policy specifies that staff time is not covered in these special funds. Appropriate staff time would be covered under regular WIC funds or other county funds as approved by supervisor. If additional regular WIC funds are needed for staff time, contact your SA lead for guidance.

If you have any questions regarding this memo, please contact the state staff member assigned to your agency.

Attachments:

Handout Order Form for Baby Behavior Lesson #2
Baby Wearing Postcard sample
WIC Participant Survey Evaluation Report
KWIC Focus

Handout Order for Kansas Baby Behavior Campaign Lesson #2 - Is Baby Hungry?

Agency Name: _____

Agency Contact Person: _____

Shipping
Address: _____

Handout Name	<u>Number of packages</u> of English handouts (25 per pkg)	<u>Number of packages</u> of Spanish handouts (25 per pkg)
Hunger Cues Activity Answer Sheet and Goal Response		
Handout titled: Your Baby's Hunger & Fullness Cues		
Send order to: Cathy Colpitts Email: ccolpitts@kdheks.gov Fax: 785-296-1326 Phone: 785-296-8956		

Our clinic requests the files for these two handouts so we can print them ourselves

Email address to send these electronic files:

Baby Wearing

- ♥ **Baby Wearing—Practice of carrying a baby or child in a sling or other form of carrier.**
- ♥ **Benefits for mom and baby—baby is calmer, aids breastfeeding, prevents post partum depression**
- ♥ **Baby develops faster—babies learn body and vocal language and establish independence earlier.**
- ♥ **In a quiet, low light environment reduces colic symptoms—calms the baby and reduces crying.**
- ♥ **Baby wearing can be practiced by mom, dad, grandparents, others.**
- ♥ **Examples of baby wear slings -Mei Tai's, Moby wraps, Maya wraps**
- ♥ **Make your own—www.thebabywearer.com**

WIC is here for you. For questions or more information, call:



Participant Survey

Evaluation Report

January 9, 2015

Executive Summary

The following is an evaluation of findings and recommendations, formulated by examining survey responses from the Kansas WIC Participant Survey, an informal study implemented October 20, 2014 through December 1, 2014. This study was developed to help evaluate existing breastfeeding materials currently being used by the Kansas WIC program. The results from this study can be utilized to help drive future development of Kansas WIC breastfeeding and nutrition education materials.

To implement the study, WIC agencies in the state of Kansas distributed the [WIC Participant Survey](#) to participants within their WIC programs during the given timeline. The survey was accessible to participants online and in print form, and was offered in both English and Spanish. The combination of 22 multiple choice, Likert scale rating, and open-ended questions asked WIC participants to share their thoughts and opinions regarding some of the breastfeeding materials currently available as well as their own personal experiences with breastfeeding.

Purpose

The intention of this report is to:

- Provide direction for future growth, development, and improvement of Kansas WIC's breastfeeding materials.
- Determine priorities in order to focus on improvements that will have the greatest impact.
- Create cohesion through the alignment of WIC's needs and Brush Art's services and desired outcomes.
- Assist with continuous improvement by identifying needed changes, practices, and strategies to ensure the greatest success with regards to effective content and client experience.

Method

The report has been developed by:

- Objectively and subjectively evaluating the WIC Participant Survey data to justify revisions to existing and future material developments, and identify strategies and guidance principles regarding written and visual content of Kansas WIC's breastfeeding materials.
- Meaningfully examining and employing the use of valid and reliable data to the maximum extent possible.

Report of Findings

I. Participation

A total of 595 WIC participant surveys were submitted and analyzed for this evaluation: 543 English and 52 Spanish. Of these surveys, the great majority (539) were submitted in paper form; the remaining surveys (56) were submitted online.

Table 1 offers participation in the study by county, as indicated by the responses received from participants when asked, “What county in Kansas do you currently live in?”

Table 1. Kansas WIC – County Representation

County	English	Spanish	Total Responses
Allen County	15	--	15
Anderson	5	--	5
Bourbon County	5	--	5
Butler County	2	--	2
Chautauqua County	5	--	5
Cherokee County	4	--	4
Cheyenne County	3	1	4
Comanche County	4	1	5
Crawford County	35	5	40
Dickinson County	3	--	3
Elk County	1	--	1
Ellis County	1	--	1
Ellsworth County	2	--	2
Finney County	15	1	16
Ford County	18	27	45
Franklin County	3	--	3
Geary County	56	--	56
Gray County	1	--	1
Greenwood	1	--	1
Harper County	6	--	6
Hodgeman County	5	--	5
Jefferson County	5	--	5
Leavenworth County	166	--	166
Lincoln County	1	--	1
Logan County	1	--	1
Marion County	15	--	15
Norton County	7	--	7
Osborne County	3	--	3
Ottawa County	3	--	3
Phillips County	4	--	4
Pratt County	1	--	1
Reno County	6	1	7
Riley County	3	--	3
Rooks County	4	--	4
Rush County	5	--	5
Russell County	29	--	29
Saline County	1	--	1
Sedgwick County	68	11	79
Seward County	1	--	1
Shawnee County	3	--	3
Sherman County	5	2	7
Stafford County	5	3	8
Stanton County	1	--	1
Thomas County	3	--	3
Wichita County	5	--	5
Wyandotte County	8	--	8
TOTAL	543	52	595

Participant Demographics

The average age of participants who completed the survey was 27 years (English) and 30 years (Spanish).

Participants were asked to share the number of children they currently have; a total of 459 children under the age of two, and 879 children over the age of two years were reported, representing a total of 1,338 children currently under the care of WIC participants who completed the survey.

The majority of both English and Spanish responses indicated participants were not currently pregnant, the numbers of which are represented in *Table 2* below.

Table 2. Currently Pregnant

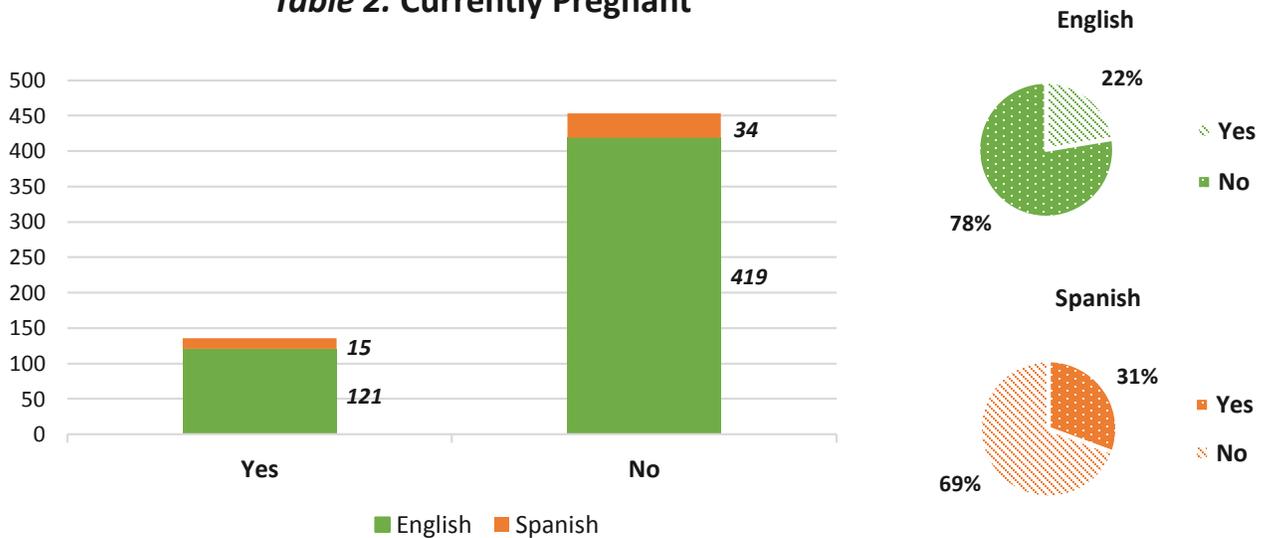


Table 3 represents participants' current breastfeeding status, as indicated by responses to the question, "Are you currently breastfeeding?" alongside *Table 4*, which provides the number of responses from participants when asked, "Do you plan on becoming pregnant in the next 6 months?"

Table 3. Currently Breastfeeding

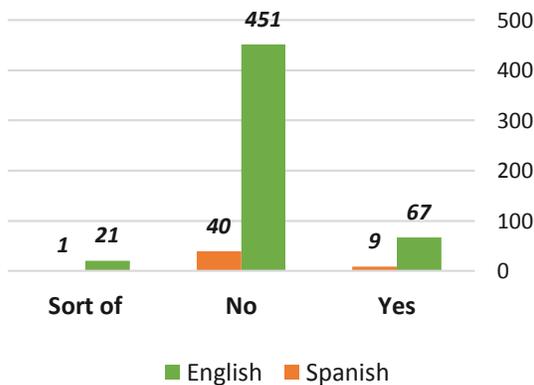
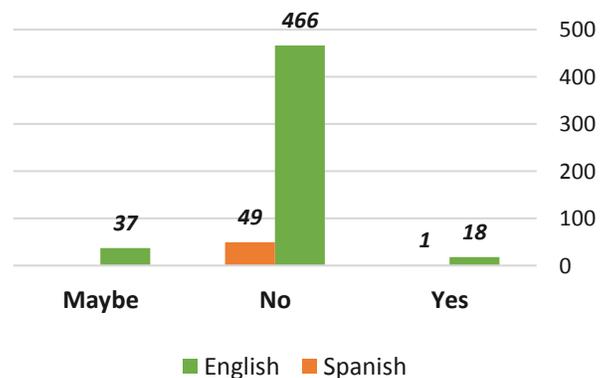


Table 4. Planning Pregnancy



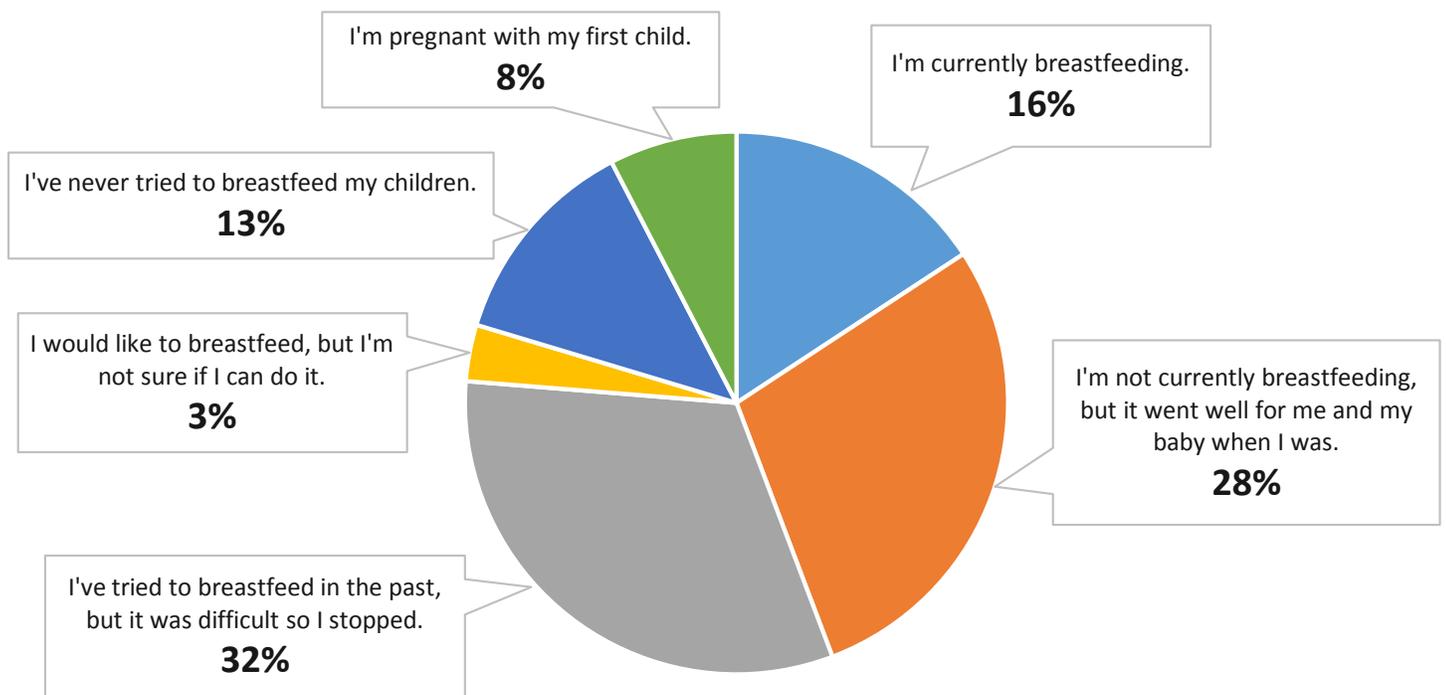
Breastfeeding Experience

To meaningfully gauge and grasp participants' past and present experiences with breastfeeding, participants were given six different situational statements and were prompted to select one statement that best represented them when asked, *"Which statement sounds the most like you?"*

The majority of participants indicated they have tried to breastfeed in the past, but stopped because it was difficult or they were not currently breastfeeding, but stated it went well for them when they were breastfeeding. It may also be worthwhile to note that approximately 24% of participants indicated an inexperience with breastfeeding all together – stating they were pregnant with their first child (8%), have never tried to breastfeed their children (13%), or would like to, but are not sure if they *can* breastfeed (3%).

Table 5 offers a visual representation and percent distribution of the six situational statements and responses.

Table 5. Breastfeeding Experience



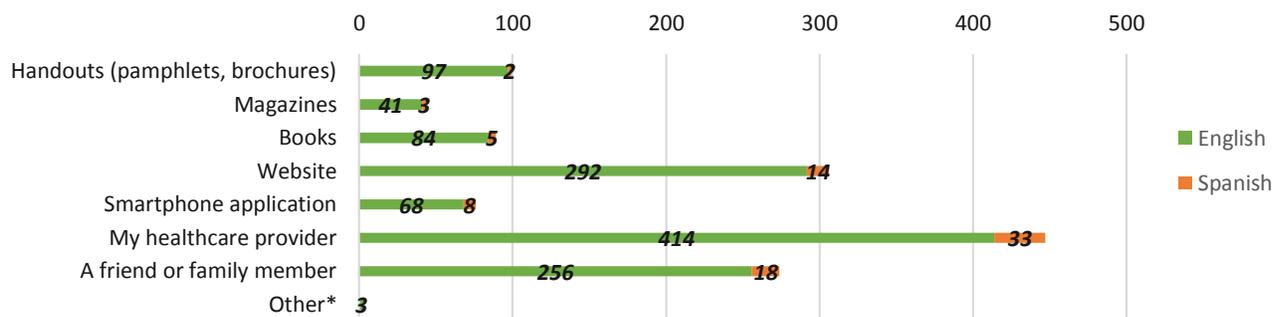
II. Learning Preferences

The following section of this report focuses on the learning preferences of WIC participants, as reported by responses from the WIC Participant Survey.

Sources of Information

Participants were asked *“In general, if you have a question about your or your family’s health, where do you go to find answers?”* A list of 7 different information sources were provided and participants were prompted to select any or all of the items listed that applied to them, or provide their own by selecting “Other”. *Table 6* offers a representation of the selection popularity for each information source item.

Table 6. Information Sources



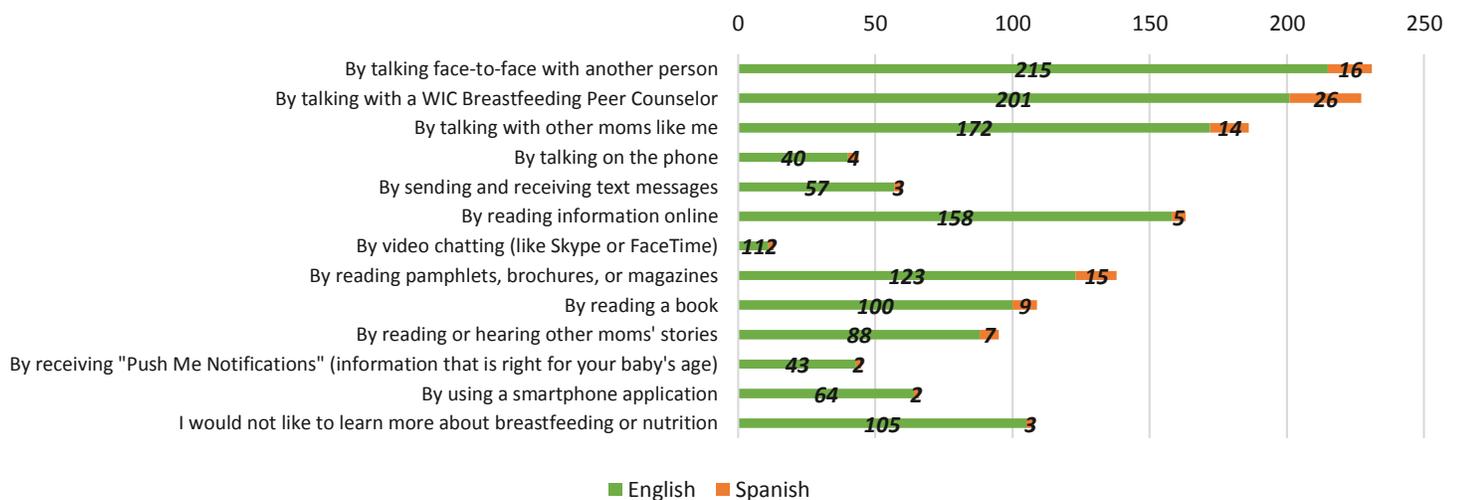
* A total of 3 “Other” responses were indicated, which included: “Facebook groups”, “WIC”, and “Local health department”.

Preferred Learning Methods

To determine participants’ preferred method of learning, the survey asked participants to choose any or all of 13 different options that applied to them to answer the question, *“If you wanted to learn more about breastfeeding or nutrition, how would you prefer, or like to do so?”*

The majority of participants stated they prefer talking face-to-face with another person, talking with a WIC Breastfeeding Peer Counselor, and/or with other moms like themselves. *Table 7* provides a breakdown of the preferred learning methods of WIC participants who completed this question.

Table 7. Preferred Learning Methods



Previous Experience with WIC Breastfeeding Materials

To examine participants' previous experience with WIC breastfeeding materials, participants completing the survey were asked, **"Have you ever received breastfeeding information from WIC (like a brochure, pamphlet, or handout)?"**

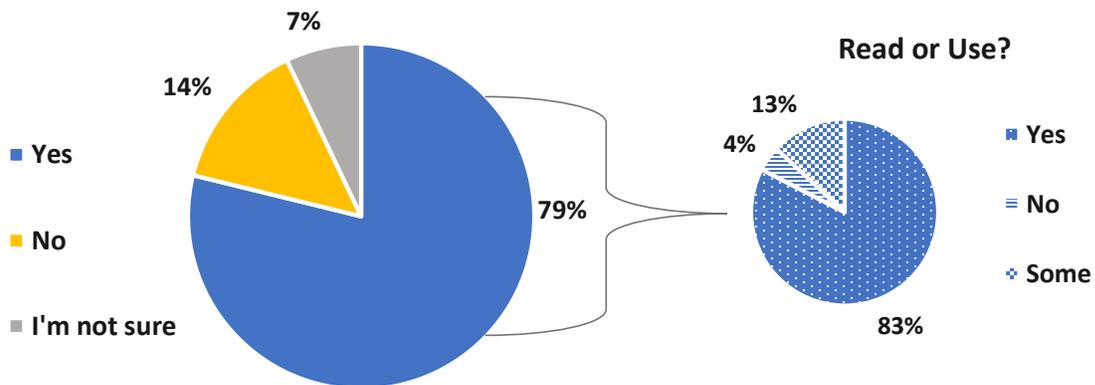
Those who responded "Yes" to this question were then asked three additional follow up questions regarding their use of and experience with the materials they received. These participants were asked to share if they read or used the materials, what they liked about the materials, and also what they would change or how the materials could be improved.

While the majority of participants indicated they have received breastfeeding information from WIC (79%), those who indicated they had not (14%), or were not sure if they had (7%), were asked to skip to question #15 to complete the remainder of the survey.

Of the 79% of participants who stated they have received breastfeeding materials from WIC, the great majority (83%) indicated they did indeed read or use the materials they received.

Table 8 provides a representation of the responses received for the survey questions regarding receipt and use of WIC breastfeeding materials.

Table 8. Received Breastfeeding Materials

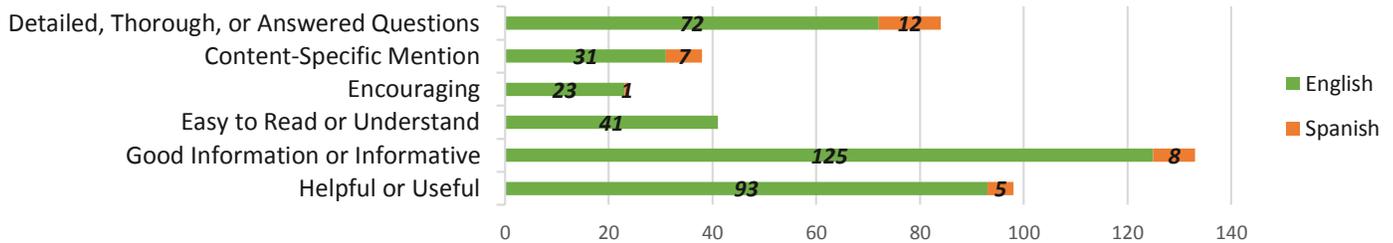


Breastfeeding Material “Likes”

To evaluate responses to the open-ended question, *“What did you like about the materials you received?”* all written comments were reviewed and “tagged” with at least one of 6 categories (listed within *Table 9* below); some comments were tagged with two or more categories, when appropriate.

Table 9 represents the number of references to commonly-mentioned “likes” about the breastfeeding materials participants have received from WIC, followed by some of the comments participants provided for each category.

Table 9. Material “Likes”



- **Detailed, Thorough, or Answered Questions**
 - *“Very thoroughly explained topics that I had questions about.”*
 - *“Answered questions I was unsure about in every way.”*
 - *“Very explanatory; full of detailed information I found useful.”*
 - *“Great info and answered all my questions – being a 1st time mom was stressful and A LOT of work with my newborn – breastfeeding went well, but I still had questions and got to talk and read through WIC.”*
 - *“I liked how descriptive the pamphlets were and the advice it gave.”*
- **Content-Specific Mention**
 - *“It helped me know how to store milk and how to hold him.”*
 - *“It explained how to produce more and about latching on properly.”*
 - *“The information and numbers to people who can help if problems arise.”*
 - *“The different positions to feed your baby.”*
 - *“I like how the brochure informed me on foods to eat to help with breastfeeding.”*
- **Encouraging**
 - *“They made me comfortable with trying to breastfeeding and they encouraged me to keep trying.”*
 - *“Made me feel better about doing it.”*
 - *“It changed my mind about my decision to not breastfeed my first born 6 years ago.”*
 - *“They had pros and cons about the topic and that it’s not forceful, it’s informational.”*
 - *“The materials were informative and persuaded me to breastfeed.”*
- **Easy to Read or Understand**
 - *“Simple and to the point.”*
 - *“There wasn’t an overwhelming amount of information, just enough information to keep my attention.”*
 - *“They were simple steps – had pictures.”*
 - *“Easy to understand and relatable information.”*
 - *“Short documentation, easy to read and understand.”*
- **Good Information or Informative**
 - *“Very informative, new and useful information. Great resources.”*
 - *“That it was important, informative information and it was free.”*
 - *“Very informative and answered many questions while helping me see why my friends were struggling breastfeeding.”*
 - *“They give good information, things I wouldn’t have thought about.”*
 - *“They have very good recipes that are healthy and cheap. Very informative about anything you need/want to know.”*
- **Helpful of Useful**
 - *“Very helpful and really provided me with useful information.”*
 - *“It had a lot of helpful information that I didn’t know about.”*
 - *“Helpful and made it easier to learn about breastfeeding.”*
 - *“When it was my first, tips were helpful, especially as a teen mom.”*
 - *“Once I got a DVD, which is helpful in the visual sense.”*

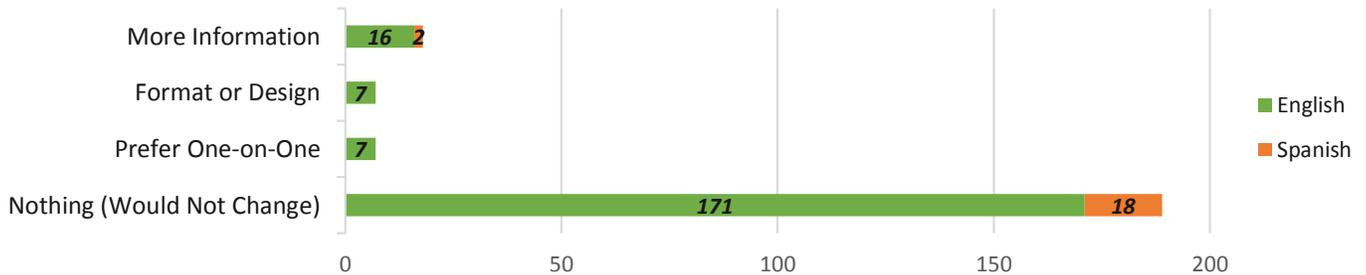
Breastfeeding Material “Dislikes”

To parallel the strengths and gain a solid understanding on all aspects of the breastfeeding materials participants have received, in addition to what they liked about the materials, participants were also asked to share, **“What would you change, or how could the materials be better?”**

Responses were tagged with at least one of 4 categories, the results of which are provided in *Table 10* below.

Possible explanations for these findings as well as suggestions on how to improve WIC breastfeeding materials are provided under the Discussion and Recommendations section of this report.

Table 10. Suggestions for Improvement



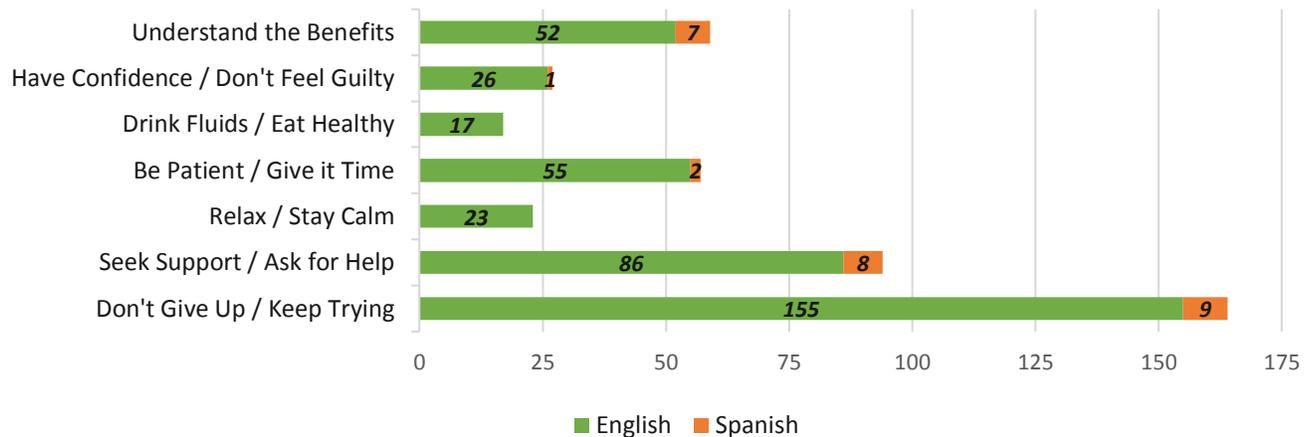
- **More Information**
 - *“Maybe including the disadvantages of formula!”*
 - *“I would like information on average children milestones/abilities for their age.”*
 - *“Too much basic, common sense knowledge, not enough information that I didn’t already know.”*
 - *“FAQs could be more broad, individual problems that could happen included.”*
 - *“A sample day of feeding, possibly also doing one with a baby who cluster feeds before bed.”*
 - *“More information given to pregnant mothers, giving La Leche League information while pregnant, talking to nursing mothers while pregnant.”*
 - *“Giving more actual situations that could occur.”*
- **Format or Design**
 - *“Maybe more diagrams, showing it better, info if you’re having trouble what to do.”*
 - *“Could make them more attention-grabbing.”*
 - *“More interesting.”*
 - *“There are several different ones, maybe combine all breastfeeding info into one.”*
 - *“Papers get lost so easily or thrown away, email information might be better.”*
- **Prefer One-on-One**
 - *“Sometimes you just need some that knows right there with you to help.”*
 - *“Hands on training with a professional.”*
 - *“More one-on-one about what’s in the materials.”*
 - *“More hands-on training.”*
 - *“Invite to watch a mom breastfeed.”*
- **Nothing (Would Not Change)**
 - *“I think they are fine the way they are.”*
 - *“It was nice and informative; didn’t really have an issue with changing any of it.”*
 - *“Nothing. Everything is good about explaining things.”*
 - *“I wouldn’t change anything.”*

Mom-to-Mom Advice

Participants were asked to share, **“What advice or tips would you share with other moms who may be struggling with breastfeeding?”**

In order to quantify this qualitative data, all responses were reviewed and tagged with at least one of 7 different categories, the details of which are provided under *Table 11*.

Table 11. Mom-to-Mom Advice



- ### Understand the Benefits

- *“Breastfeeding is an amazing experience and it also helps baby a lot, grow healthier and stronger.”*
- *“I would tell them that it’s the best thing for your child, and helps you lose weight – although myself I did not.”*
- *“To not give up, it will be worth it if you continue. Your baby benefits so much. Health, intelligence and strong babies if you breastfeed. It also helps you as a mom to lose weight and healthier too.”*
- *“Not to give up. To keep trying and listen to the breastfeeding counselor at the hospital or WIC. It really is worth it. It benefits your child’s health and your health.”*
- *“Que amamantar es mejor para el bebe.” (That breastfeeding is best for baby.)*

- ### Have Confidence / Don’t Feel Guilty

- *“Don’t give up, but don’t kill yourself trying. Don’t feel like a bad mom for stopping.”*
- *“Don’t let other people make you feel guilty for not being able to breastfeed.”*
- *“Relax! Do not beat yourself up if it is a struggle for you.”*
- *“Always trust your instincts.”*
- *“Don’t get discouraged.”*

- ### Drink Fluids / Eat Healthy

- *“Drink lots of liquids.”*
- *“Keep going, drink lots of water, and eat nutritional things.”*
- *“Drink a glass of water while you are breastfeeding your child, and get lots of protein.”*
- *“Eat healthy foods and drink plenty of fluids.”*

- ### Be Patient / Give it Time

- *“Be patient, it gets easier. Don’t give up. It’s harder at first, but gets easier. You and baby are just learning.”*
- *“Be patient and give it some time.”*
- *“It takes time and patience!”*
- *“Patience is key. Even if baby always seems to want to feed, your breast milk is fulfilling. Give it all you got!”*

- **Relax / Stay Calm**
 - *“Do your best to relax and stay calm, makes baby more comfortable and easier on you!”*
 - *“Just to breathe. You are doing your best.”*
 - *“Try to calm down as much as possible for yourself and baby. They feel how you do; they get all of their cues from you!”*
 - *“Take your time. Stay calm. Relax. If it doesn’t happen right away, pause a while and try again.”*
 - *“Start by making yourself and baby comfortable in the room and just talk to baby to calm them. Hold baby close then, and after a few minutes latch and feed. Making this a routine helped us relax together and make feeding time enjoyable.”*

- **Seek Support / Ask for Help**
 - *“To talk one-on-one with another mom! Reaching out for advice is so helpful. I also found it easier to set small goals and take it “one more day””.*
 - *“Ask for a lactation specialist at the hospital and make sure they show you what to do and not just tell you.”*
 - *“Get help so you know you’re not alone. It gets easier and the bonding is awesome!”*
 - *“Let people help. It makes it easier.”*
 - *“Find someone you trust to share your concerns with – there are breastfeeding groups available.”*
 - *“Talk to someone from WIC.”*
 - *“Conversando con una consejera de amamantamiento del WIC.” (Conversing with a WIC breastfeeding counselor.)*

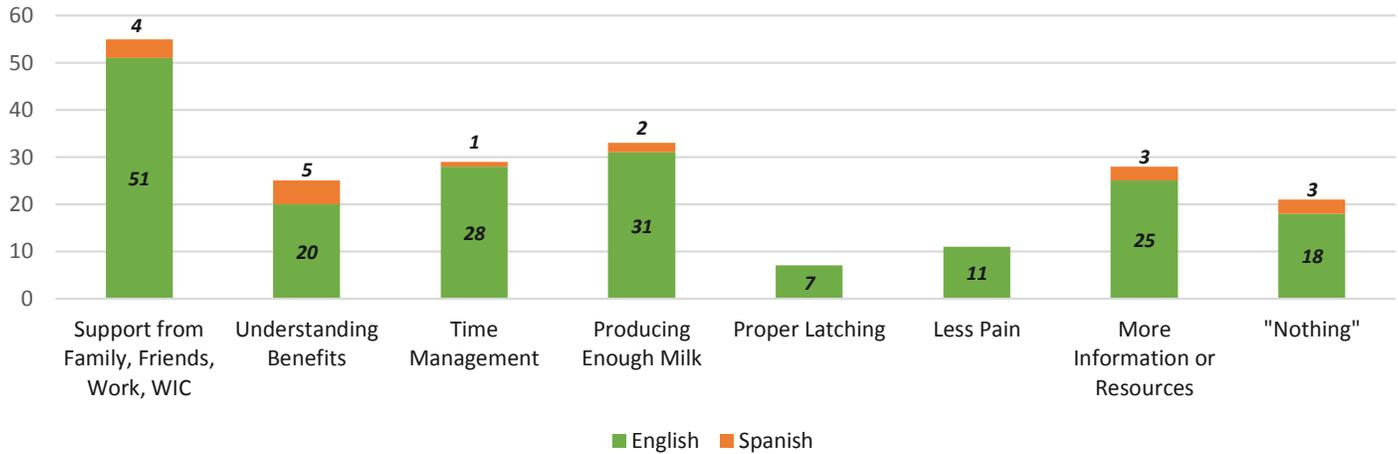
- **Don’t Give Up / Keep Trying**
 - *“Stick with it. A lot of people/women I’ve talked to say they can’t produce enough or their baby was always hungry – that’s normal and they should just stick with it and seek help from a lactation specialist, not a pediatrician.”*
 - *“Don’t give up, ask questions.”*
 - *“Don’t give up. I was uncomfortable with it because it was my first child and after a few days it was relaxing and then I breastfed for 3 months. So try it and just stay away from everyone and let it just be you and baby. It is very rewarding in the end because my son grew up so fast.”*
 - *“Keep at it and spend time around other breastfeeding moms to motivate you.”*
 - *“Don’t give up – it gets harder before it gets easier. If you feel as though you are not making enough milk for baby, keep at it and your body will produce and adjust to baby.”*
 - *“Yo sugeriria que intentara muchas veces porque es importante amamantar al bebe para su desarrollo y crecimiento saludable.” (I would suggest to try many times because it is important to nurse the baby for healthy growth and development.)*

Continuing to Breastfeed

The WIC Participant Survey asked participants to share, *“What would help you the most to continue breastfeeding?”*

To help evaluate this qualitative data, all responses were reviewed and tagged with at least one of 8 different categories, the details of which are provided under *Table 12*.

Table 12. Help to Continue Breastfeeding



- **Support from Family, Friends, Work, WIC**

- *“Support from significant other.”*
- *“Supportive family and friends.”*
- *“Extra help around my house.”*
- *“An area at my place of employment so I could breastfeed at work.”*
- *“Getting reassurance that I’m doing a good thing.”*
- *“Having WIC and someone to tell you keep going.”*
- *“I think someone talking to me and helping me learn how to properly breastfeed would be helpful.”*
- *“If I need to talk or ask questions just knowing who to contact.”*
- *“Support for breastfeeding in public, so you don’t feel obligated to bottle feed while out.”*
- *“Talking to other moms about breastfeeding.”*

- **Understanding Benefits**

- *“Support and knowing the benefits behind the whole process of breastfeeding.”*
- *“The fact that every drop of mother’s (breast) milk helps the baby’s immune system. I saw the difference with my son and daughter.”*
- *“Knowing about the benefits not only about baby, but for moms as well.”*
- *“Knowing that it was the best source of nutrition for my babies.”*
- *“Cost effective and great bonding time.”*
- *“Que se puede seguir perdiendo peso.” (You can still lose weight.)*

- **Time Management**

- *“Having ample time to pump no matter where I am.”*
- *“A good breast pump and more time away from daily duties (school/work).”*
- *“Being able to stay at home with baby.”*
- *“More time to feed.”*
- *“Not having to go back to work full time, but I did what I had to.”*
- *“Being a full time working mommy, a breast pump has been extremely helpful. It has allowed me to continue providing breast milk even when I’m away at work.”*

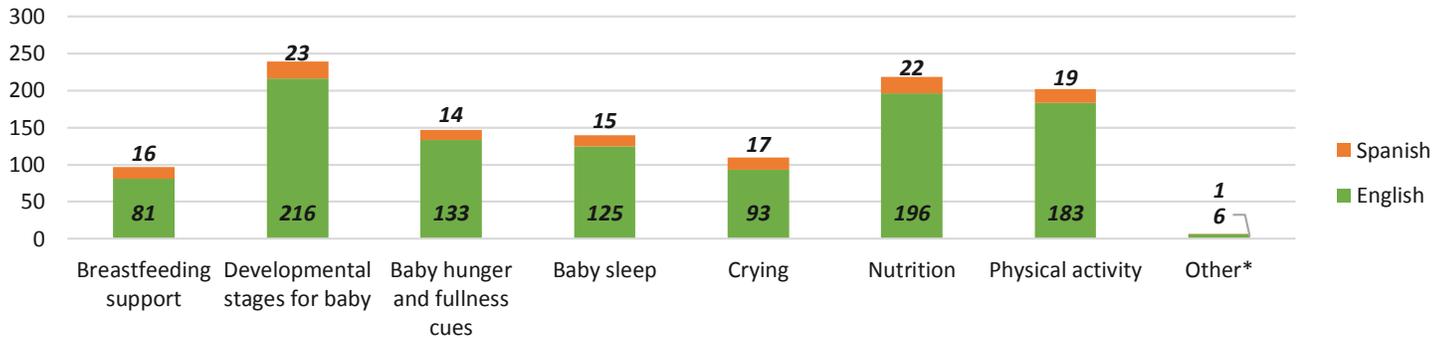
- **Producing Enough Milk**
 - *“Info on producing enough milk.”*
 - *“My milk production increasing and my baby getting all she needs naturally.”*
 - *“Producing more milk. I can’t get enough when I pump and he gets upset when I’m breastfeeding.”*
 - *“If my child didn’t eat so much, so often.”*
 - *“It would of helped me to have info on how to produce more milk.”*
 - *“How to maintain my weight, how to keep a good supply.”*
- **Proper Latching**
 - *“If baby would have latched.”*
 - *“If my child could/would of latched on right.”*
 - *“Learn to latch baby on.”*
 - *“My physical ability to have baby latch on – unable to breastfeed.”*
- **Less Pain**
 - *“Help with knowing how to tell baby was getting enough to eat, and how to deal with the soreness and issues encountered – like when baby won’t keep a good latch.”*
 - *“It not hurting too terribly.”*
 - *“Getting through the painful part of breastfeeding and the fussiness of a newborn.”*
 - *“Something to soothe the nipple pain.”*
 - *“To learn how to keep my child from biting as they are eating.”*
- **More Information or Resources**
 - *“Honestly I need a pump so I can pump milk for my son when I’m out so he isn’t drinking as much formula.”*
 - *“Just having the knowledge available to you; whether through the hospital or WIC assistance.”*
 - *“Information to get started.”*
 - *“Knowing/explaining how to breastfeed.”*
 - *“Encouragement and Info, Info, Info.”*
 - *“Having access to the pump and support.”*
 - *“Having step-by-step instructions.”*
 - *“Getting a pump.”*
 - *“Una bomba para sacar leche.” (A pump to express milk.)*
- **“Nothing”**
 - Due to the ambiguity of this statement, “nothing” responses cannot be definitively analyzed, nor labeled as a positive or negative affirmation. “Nothing” could be interpreted as “nothing would help me because it’s too difficult” or “nothing would help me because I’m not having any problems or don’t need help”.

Additional Interest

To help determine any additional interest in receiving educational materials from WIC, participants were asked, **“What topics would you like to have more information about?”**

Table 13 displays the topics of interest that were indicated, including “Other” topics suggested by participants.

Table 13. Topics of Interest



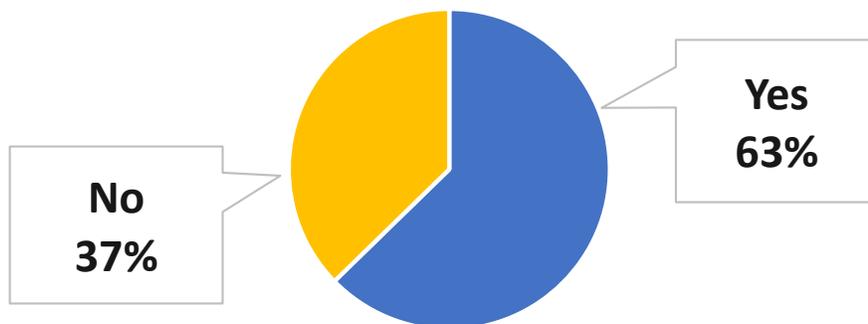
* **Other** topics of interest included:

- “How to receive free items for you and your baby.”
- “Fun activities to do with your child.”
- “Potting training”
- “Free childcare”
- “Nutrition to maximize milk maintenance”
- “Don’t be scared of feeding your baby in town. They should see your doing the right thing for your baby.”
- “Pecho - cuando cesaria” (?)

Monthly Newsletter

Participants were asked, **“If a monthly email newsletter about nutrition and breastfeeding was available from WIC, would you like to receive it?”** The majority of participants indicated they would indeed be interested in receiving an e-newsletter if it was offered.

Table 14. Newsletter Interest



III. Analysis of Breastfeeding Materials

The information outlined in the following section of this report summarizes the perceptions and preferences of WIC participants, as reported by responses from the WIC Participant Survey, and reflect the thoughts and opinions regarding the reviewed materials as such.

Postcard Materials

The WIC Participant Survey asked participants to rate various characteristics of an educational postcard currently in distribution. Participants were randomly shown one of two different postcards (either A or B, as outlined below) along with the statement, **“The above information is...”** They were then prompted to select one answer for each of the 9 rows (or characteristics) listed based on their level of agreement (from “YES!” = 100% agreement, to “NO!” = 0% agreement).

Table 15 provides the strength of agreement for each category in question, with comparisons between the two postcards and language.

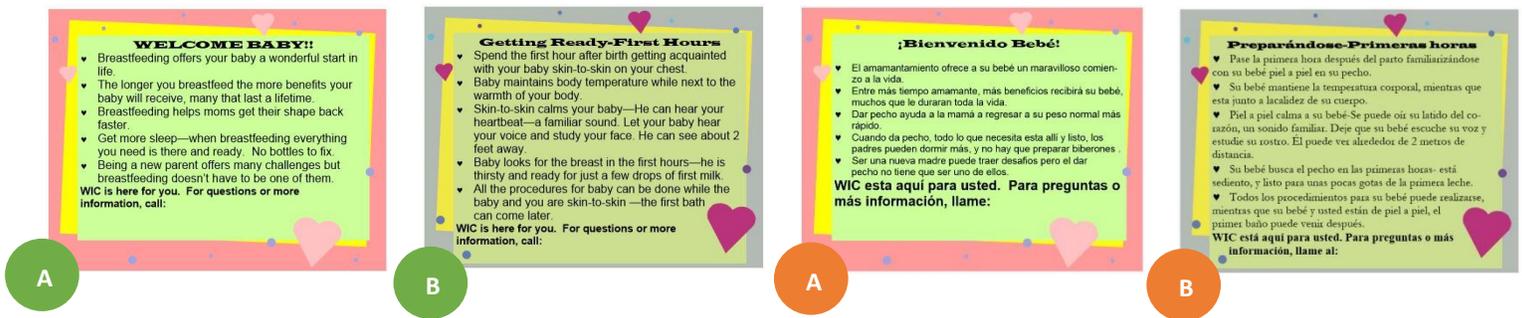


Table 15. Postcard Comparison

“The information above is...”	A	B	A	B
Helpful	92%	94%	83%	89%
Confusing	15%	17%	12%	18%
Easy to understand	93%	94%	92%	97%
Valuable	89%	90%	93%	90%
Boring	20%	19%	20%	17%
Important	91%	93%	88%	96%
Exciting	76%	82%	78%	90%
Judgmental	18%	19%	29%	17%
Encouraging	89%	91%	84%	92%

Further explanation as well as possible application of these findings are provided under the “Discussion and Recommendations” section of this evaluation report.

Comments from Participants:

- “Before having kids, this (Postcard B) would have been helpful, but from personal experience, not all procedures can be done while doing skin-to-skin. Some babies need to go to NICU, or need other medical attention.”

Daily Log Book

Following the postcard inquiry, participants were then shown an image from one page of a daily log book. They were again provided with the statement, **“The above information is...”** and prompted to select one answer for each row listed based on their level of agreement (**“YES!”** = 100% agreement; **“NO!”** = 0% agreement).

Table 16 provides the strength of agreement for each category in question, with comparisons between languages.

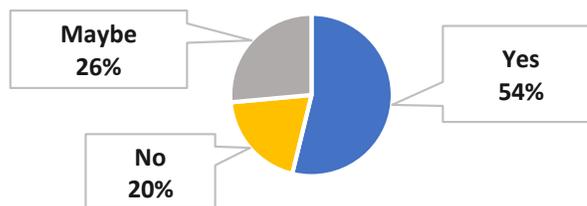
English	Spanish
<p>7 Days Old</p> <p>birth weight _____ weight today _____</p> <p>Is your milk in? Yes ___ No ___</p> <p>Baby's tummy size is increasing and holding more – about 1½ to 2 ounces.</p> <p>Feeding goal: 8-12+ feedings per day.</p> <p>Circle the approximate times you breastfeed!</p> <p>12 midnight 1 2 3 4 5 6 7 8 9 10 11 12 noon 1 2 3 4 5 6 7 8 9 10 11</p> <p>Wet diapers Goal: 6 wet (circle each wet) W W W W W W w w</p> <p>Yellow soiled diapers Goal: 4 Diaper Movements (DM) (circle each BM) BM BM BM BM bm bm</p> <p>Signs that say: “Mama, Da, milk fed.”</p> <p>*Baby is alert and active. *Baby is happy and satisfied after breastfeeding. *Baby breastfeeds at least 8 times in 24 hours. *Baby can hear an ear tube rupture while breastfeeding. *Baby lost less than 10% of birth weight during the first 5 days and is beginning to gain weight. Generally babies will gain back to birth weight by 14 days of age. *Baby's stool color has changed from black to yellow and baby has 3 to 5 wet stools a day, unless vigorous stools per day. *Baby has clear or pale yellow urine and 6 or more very wet diapers per day. *After feeds, mother's nipple is comfortable, not very sore, and not pinched, cracked or damaged. * * * * *</p> <p>Signs that say: “Mama, Da, hungry.”</p> <p>*Baby is unusually sleepy. * * * * * * 3 hours during the day and 4 hours during the night since the last nursing in the last few weeks of life. *Baby is restless and fussy after breastfeeding. *Baby breastfeeds fewer than 8 times in 24 hours. *Loses weight or is not gaining at the breast. *Baby does not gain back to birthweight by two weeks of age. *Baby's arm-pits sometimes appear dry (for months) and gentle period skin care is required. *Scales has noticeably long (>30 minutes per side) or short (<5 minutes per side) feeds.</p>	<p>7 Días de Edad</p> <p>Peso de nacimiento _____ Peso de hoy _____</p> <p>¿Ya le bajo su leche? Sí ___ No ___</p> <p>El tamaño del estómago de su bebé está creciendo y guarda más – como 1½ a 2 onzas.</p> <p>Meta de alimentación: 8-12+ alimentaciones por día.</p> <p>Circle la hora que aproximadamente alimenta a su bebé!</p> <p>12 medianoche 1 2 3 4 5 6 7 8 9 10 11 12 medio día 1 2 3 4 5 6 7 8 9 10 11</p> <p>Pañales mojados Meta: 6 mojados (círculo cada mojado) M M M M M m m</p> <p>Pañales sucios color amarillo Meta: 4 Evacuaciones (E) (círculo cada E) E E E e e</p> <p>Señales que le dicen “Mamá, estoy bien alimentado.”</p> <p>*El bebé está alerta y activo. *El bebé se muestra satisfecho después de comer. *El bebé amamanta por lo menos 8 veces en 24 horas. *El bebé puede escuchar o ver al bebé tragar mientras amamanta. *El bebé perdió menos de 10% del peso de nacimiento durante los primeros 5 días y empieza a ganar peso. Generalmente los bebés recuperan su peso de nacimiento para el día 14. *El estómago del bebé ha crecido de color de rojo a amarillo y el bebé toma de 3 a 5 o más evacuaciones, amarillas, y abundantes por el día. *El bebé hace el ruido claro o palido amarillo y 6 o más pañales bien mojados al día. *Después de alimentar, el pecho de mamá se siente cómodo, no muy dolorido, no pinchado, agrietado o dañado. * * * * *</p> <p>Señales que le dicen “Mamá, tengo hambre.”</p> <p>*El bebé está muy somnoliento. * 3 horas durante el día y 4 horas durante la noche desde la última alimentación en los primeros semanas de vida. *El bebé parece inquieto o agitado después de amamantar. *El bebé pierde menos de 8 veces en 24 horas. *El bebé no gana o no gana suficiente peso. *El bebé no gana de vuelta su peso de nacimiento por las dos semanas de edad. *La axila de mamá a veces aparece seca (por meses) y se necesita cuidados especiales. *El bebé tiene brazos muy largos (>30 minutos por lado) o cortos (<5 minutos por lado) alimentaciones.</p>

Table 16. Daily Log Comparison

“The information above is...”	English	Spanish
Helpful	92%	89%
Confusing	19%	24%
Easy to understand	88%	86%
Valuable	89%	90%
Boring	20%	20%
Important	91%	93%
Exciting	77%	79%
Judgmental	18%	20%
Encouraging	86%	90%

Table 17 below provides the strength of agreement to the question, **“Would you use a daily log book like this if it was given to you?”**

Table 17. Interest in Using Daily Log Book



Comments from Participants:

- “I wish I had something like this (daily log) when he was born.”
- “I just think the one above (daily log) is a bit overwhelming - a LOT of info on one page.”
- “Maybe have an app for phone to put this (daily log) info.”

Additional Comments from WIC Participants

Participants were encouraged to provide any additional thoughts, comments, or ideas about the informational materials they receive from WIC. Here's some of what they had to say...

"I believe there should be more information about formula feeding."

"More about toddlers."

"I have liked everything except for the part where breastfeeding after 1 year old isn't emphasized at all. I feel that breastfeeding until at least 2 years old should be advised!"

"Also how to receive free Pampers or things your baby might need."

"I would like more information on age appropriate stages and weight/height goals."

"I miss the old height and weight cards we used to get and keep each appointment that also had each age milestones and developmental signs."

"I would rather have more hands on training than reading material with my next child."

"More one to one time at good times for me!"

"Very helpful always, thank you for the use of the breast pump! Also I love the breastfeeding awards after 6 months!"

"I was going through difficult financial issues and WIC loaned me a breast pump machine. It allowed me to pump more often and at work and home. Very thankful for this service."

"All information has been very helpful."

"It's helpful!! Keep up great work."

"I think you're doing great!"

"I am very thankful for all the support, help and friendliness of the WIC program. I am a grateful mother."

"The Hodgeman County WIC office does really good about letting me know when my appointment is and giving me handouts to learn more about my babies."

"WIC is very helpful program as a new mom. I wasn't informed about a lot of things about babies and newborns; WIC hand outs and nutritionist helped me a lot."

"I am SO thankful for WIC!"

"I love all the ladies at my local WIC office in CQ county. They are always so sweet and understanding and offer help when needed!"

"I think WIC is a fantastic program."

"WIC has been so helpful and supportive through everything we've gone through, we might not have made it without them!"

"I love my local WIC lady...Trisha Smith. She goes above and beyond! Trust her and value her so much!"

"La ayuda que recibo de WIC es una gran ayuda para mí y mi familia. Gracias." (The help I receive from WIC is a great help to me and my family. Thank you.)

"Gracias por la ayuda que dan. Que dios los bendiga porque dios dice, el que da recibira." (Thanks for the help they give. God bless you because God says, the giver will receive.)

Discussion & Recommendations

The result findings from the Kansas WIC Participant Survey can be used to help improve existing, and steer the direction of future educational material developments; the intention of this discussion is to provide recommendations to assist in these efforts.

Target Population

A substantial volume of participants (32%) stated they have *tried* to breastfeed at some point, but ended up quitting because of the challenges they faced. Upon further examination of their subsequent responses, it became rather evident that many of the challenges they spoke of are relatively resolvable with a little patience, practice, and support. Things like producing enough breast milk, or proper latching techniques were very commonly mentioned throughout the analysis – both of which can generally be resolved with some good advice, helpful tips, and/or guidance. While some parents may be, or feel they are in a situation where it's "too late" to go back to breastfeeding, in many cases these common challenges moms are facing ultimately lead them to succumb their breastfeeding efforts and make an alternative infant feeding decision. Many of the common breastfeeding issues mothers are facing also come with simple solutions – it's just a matter of providing the information or support they need *prior* to them giving up.

Additional intervention emphasis should be considered for those with an overall inexperience with breastfeeding – be it their first child, or just first attempt. In general, those who have never breastfed before expressed a desire to do, but lacked the confidence in their ability. A one-on-one counseling session, demonstration, or class for pregnant women could benefit long-term breastfeeding success. Further, simple, step-by-step, or "how to" guides, along with relevant information, images, and breastfeeding support contact information could also help improve breastfeeding outcomes for expecting mothers.

Learning Preferences

"Website" was the second most popular answer participants indicated when it comes to finding answers to their health-related questions. While the convenience of the digital world is undeniable, the problem lies with the overwhelming amount of inaccurate or misleading information that's available at one's fingertips. To help steer participants to reliable sources of information, it may be worthwhile to develop materials that suggest, or guide participants to specific websites, or online resources – not just relying on them to "Google it". As determined from the study, 63% of participants indicated they would be interested in receiving an e-newsletter from WIC; including links to trusted information within these newsletters may be an efficient method of accommodating this need and providing ongoing support to WIC participants.

New Development

Regardless of the abundance of digital information available, an overwhelming majority of participants find WIC's printed materials helpful, valuable, and important, as well as easy to read or understand. Perhaps even more noteworthy, 83% of participants actually confirm they're reading or using the materials they receive. Continued efforts to provide WIC participants with tailored information in a simple, yet informative manner should be reiterated. An additional focus on popular topics such as breast milk production, latching, returning to work/school, and other common breastfeeding challenges (with an encouraging emphasis on solutions) could prove to be favorable for WIC participants.

Participants also showed a strong interest in age-specific information or resources that address developmental stages for babies. Developing and distributing materials to help guide parents through their child's early development, including nutrition, physical activity, and behavioral aspects may be of great value to parents.

The feedback received from the "Mom-to-Mom Advice" inquiry offered highly valuable insight into the beliefs and self-efficacy of breastfeeding moms. The responses that were shared honed in on past experiences to reveal underlying truths (be it positive or negative) and offered words of encouragement to other breastfeeding moms. The underlying message that was felt through these survey findings was one of strength and empowerment. So many parents expressed their encouragement to other moms with their advice of "don't give up, it's worth it." Using this positive tone for future material developments will truly speak loudly to the intended audience and likely be received with great acceptance. Support – both physical and emotional – is key for continued breastfeeding success; WIC has the ability to provide an abundance of support to a mom, and has the power to encourage her entire family to support her decision and efforts to breastfeed.

Postcard Feedback

Overall, Postcard B (Getting Ready – First Hours) was rated more positively than Postcard A (Welcome Baby – First Week), which may be due in part to the written content or information that was provided, as many participants indicated they prefer more detailed or thoroughly explained materials such as those offered with Postcard B.

Of the 9 categories examined, “exciting” and “boring” showed a generally negative correlation (less exciting = more boring). Should it be felt valuable to do so, minor adjustments to the aesthetic appeal of the WIC Breastfeeding Postcards has the potential to help improve these perceptions.

Nearly 30% of submitted Spanish surveys found Postcard A to be “judgmental” – further inquiry and examination on this discovery may be worthwhile to investigate.

Daily Log

While most found the Daily Log Book helpful and important, just over half said they would actually use it if it was given to them. This relatively low percentage may be true for a number of reasons, but its overall appearance or perceived ease of use may be the main culprit. As one participant shared, “...it’s a bit overwhelming – a lot of info on one page.” Adjustments to the format and overall amount of text may help improve the interest of using a daily log book like the one reviewed in the WIC Participant Survey.

And in Closing...

With the overwhelming number of responses (almost 600!) received for this informal study, the potential for further data analysis and examination exists. Various correlations between certain populations and perceptions can most likely be discovered – should the need or desire be present, the invitation to examine these findings in any additional way will remain open.



Question

Question from an RD:

I know that for a High Risk child, we are supposed to schedule an RD visit at both of the secondary nutrition education visits like on this Flow Sheet. What if the high risk is resolved at the Mid-certification visit? In this example, the child was underweight at the June certification. At the December midcertification visit, the weight is great (no longer underweight or at risk of underweight), the child is healthy and eating well. Should I change the flow sheet for March?

June, 2014	Recertification
July, 2014	
August, 2014	
September, 2014	High Risk (RD)
October, 2014	
November, 2014	
December, 2014	Mid-Certification
January, 2015	
February, 2015	
March, 2015	High Risk (RD)
April, 2015	
May, 2015	
June, 2015	Recertification

Answer

June, 2014	Recertification
July, 2014	
August, 2014	
September, 2014	High Risk (RD)
October, 2014	
November, 2014	
December, 2014	Mid-Certification
January, 2015	
February, 2015	
March, 2015	Nutrition Ed +
April, 2015	
May, 2015	
June, 2015	Recertification

With the change to one-year certification for children, this was clarified in policy [NED 02.03.00 Nutrition Education contact – Second, High Risk](#). The policy specifies, “If the high risk condition has been documented as resolved, the nutrition education after the mid-certification may be low-risk.” To clearly document the high risk as resolved, the client note should state something like, “Weight gain has been good. Growth chart shows no longer underweight. Flowsheet for next secondary nutrition ed will be changed to NE+.” (or NE-I, as desired.)

Remember that the Flowsheet is the client’s care plan so it is important the record show that the plan was intentionally changed. (Plus, when state staff review the record, it is clear the original plan was correctly made for two RD visits.) Risk factors such as Low Birth Weight or Preterm do not “resolve” so the care plan should remain for two RD visits.

