

KANSAS WIC INFORMATION MEMORANDUM
KANSAS-WIC-I-2016-08

TO: Parent and Sub-Agencies

FROM: Dave Thomason
Nutrition & WIC Services Director

DATE: May 24, 2016

RE: Nutrition Services Coordinator Position Filled
Nutrition Education – Removing outdated or unused website handouts
2016 Kansas WIC Conference – Materials on Website
WIC Advisory Committee: Minutes (4/19/16) & Call for Agenda Items for 7/19/16
Food Package-Formula-Similac Advance
KWIC Focus: Pregnant Client Who Has Miscarried
Training: Additional Educational Opportunities

Nutrition Services Coordinator Position Filled

Patrice Thomsen of the State WIC office has accepted the position of Nutrition Services Coordinator. In this position Patrice will provide leadership for the nutrition components of the program and for other assigned areas. She will also lead and supervise the other registered dietitians in the State WIC office. There will be a period of transition while we seek to fill Patrice's previous position during which time Patrice will continue to be the lead for her assigned Local Agencies and oversee the Training aspects of the program. Please join in congratulating Patrice in her new responsibilities.

Nutrition Education – Removing outdated or unused website handouts

The Nutrition Education Committee has thoroughly reviewed all of the nutrition education items on our website under the Nutrition Education Materials tab. It was determined that several handouts need to be removed because they are out-of-date or clinics do not use them. So that clinics can review these before they are removed, the titles of items to be removed are listed below. If a clinic uses any of these items and would like them to remain on our website, contact Julie Ornelas, jornelas@kdheks.gov no later than 6/24/16.

Items to be removed from the WIC website:

- After the Birth: Caring for Yourself and Your Baby
- Before Pregnancy: Prepare for a Healthy Baby
- Make Healthy Choices for the Road Ahead
- Babies Need Iron
- Healthy Teeth for Healthy Smiles
- Juicy Tidbits
- Managing Diarrhea
- Healthy Snacks For Healthy Teeth
- Help Your Child Grow, Glow and Go
- Juicy Tidbits
- Vitamin A The Eyes Have it!
- Ideas for Using More Milk
- Help Your Heart
- Treat your Heart to a Healthy Celebration
- Why Eat Fruits and Vegetables? Vitamin C, Of Course
- Who Needs Folate?

The Nutrition Education Committee has also set priorities for future materials. Some may take time to develop, others may be added soon. Watch for information in future I Memos.

ACTION REQUIRED:

Staff who provide nutrition education should review the website items listed above and if any items are still needed notify Julie Ornelas, jornelas@kdheks.gov no later than 6/24/16.

2016 Kansas WIC Conference – Materials on Website

Thank you to everyone who made the 2016 Kansas WIC Conference a success. Many of the handouts and presentations are already posted to our website. The remaining items will be posted by about May 25.

In particular, the “Executive Summary of the Surgeon General’s Call to Action to Support Breastfeeding” was meant to be distributed during Brenda Bandy’s session, “Breastfeeding in Kansas: Building a Foundation of Health and Wellbeing”. That particular item is attached to the end of this I-memo since it was supposed to be a handout that went along with the points in the presentation. The other items can be found on the [Training page](#) of the website under the link labeled “2016 Conference Handouts”. The order is as was listed on the agenda.



ACTION REQUIRED: Use as desired.

Food Package-Formula-Similac Advance

Clients may find two labels for Similac Advance 20 calorie per ounce on the vendor shelf. The products are the same, however the OptiGROW information is now more pronounced.



ACTION REQUIRED: Inform staff and clients. A picture to show clients, if needed, can be found at <http://abbottnutrition.com/brands/products/similac-advance-20>.

WIC Advisory Committee: Minutes (4/19/16) & Call for Agenda Items for 7/19/16

- You can find minutes of the April 19, 2016 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 Tuesday, July 19, 2016 at 10:00 AM. **Please submit agenda items to your WAC representative or Patrice Thomsen by July 5, 2016.** 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 July 5, 2016.

KWIC Focus- Pregnant Client Who Has Miscarried

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: Additional Educational Opportunities

- 2016 National Maternal Nutrition Intensive Course – *on-site and on-line options available.* Topics include:

UNIVERSITY OF MINNESOTA
Driven to Discover™

2016 NATIONAL MATERNAL
NUTRITION INTENSIVE COURSE
July 27-29, 2016
Minneapolis, Minnesota
www.sph.umn.edu/ce/mnic

- Opioid and Marijuana Use During Pregnancy and Lactation
- Support for Families of Infants with Neonatal Abstinence Syndrome
- Effects of Depression on Nutrition and Weight in Pregnancy
- Nutrition as an Integral Part of Preconception and Interconception Care for Women
- Influencing Eating Behaviors of Parents and Children: Marketing & Labeling Policies and Behavioral Economic Strategies
- Microbiome and Obesity
- Taste Preferences and Feeding Behaviors of Parents & Young Children
- Child and Adult Care Food Program (CACFP) Guidelines
- Talking about Nutrition and Weight Before and Between Pregnancies

Distance education options are available for certain sessions. Up to 12 CEUs are available for distance viewers. The distance education program will be available from September 1 through November 30, 2016. Additional information about the program, along with registration materials, can be found on the [web site](#).

Notice that the on-line distance program fee is only \$20 per person – basically to cover the continuing education cost. Review registration information on the website. Note that if several at one agency want to participate as a group, you should contact Chris Carlstrom for registration instructions. carls020@umn.edu | 612-624-3024

Do you want to be on **the National Maternal Nutrition Intensive Course mailing list**? **To opt in to their new list** [sign up here](#) .

- 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 – June 2, 2016 (See details in [March I-memo](#).)
 - Wichita – November 2016 (exact date to be determined)

- The Kansas Breastfeeding Coalition, Inc. is offering nine breastfeeding information classes in various locations around Kansas throughout 2016. The **FREE** workshop covers the following topics which are important for any health care professional who support breastfeeding dyads: Wide Range of Normal in the Breastfed Baby; Teaching Mothers Optimal Latch and Positioning Techniques; Reducing the Rate of Formula Supplementation. The workshop is approximately 4 ½ hours long and is approved for continuing education credits for nurses, licensed dietitians and IBCLCs. Use this opportunity to network and invite others in your community - hospital staff, physician office staff, Healthy Start Home Visitors, etc. to attend this training. For sites and registration information use the following link. <http://ksbreastfeeding.org/breastfeeding-101/>

Last Opportunity!
August 26 in
Dodge City.

- 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>
- National WIC Association conferences <https://www.nwica.org/>
 - **The NWA Biennial Nutrition Education and Breastfeeding Conference will be held at the Sheraton Downtown Hotel in Denver, CO from September 8 - 10, 2016.** This conference is the most popular gathering of the **WIC nutrition and breastfeeding professionals** in the US, attracting more than 1,200 staff from USDA, state and local WIC agencies. Education sessions will cover current and emerging nutrition and breastfeeding science, research, policy and best practices. Poster Sessions and special forums will offer additional learning and networking opportunities. More than 40 exhibitors will be on hand to provide the latest on WIC-related products, technology and services.

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.

Items:

“Executive Summary of the Surgeon General’s Call to Action to Support Breastfeeding”
KWIC Focus



Executive Summary

The Surgeon General's Call to Action to Support Breastfeeding



One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed. However, in the U.S., while 75 percent of mothers start out breastfeeding, only 13 percent of babies are exclusively breastfed at the end of six months. Additionally, rates are significantly lower for African-American infants.



The decision to breastfeed is a personal one, and a mother should not be made to feel guilty if she cannot or chooses not to breastfeed. The success rate among mothers who want to breastfeed can be greatly improved through active support from their families, friends, communities, clinicians, health care leaders, employers and policymakers.

Given the importance of breastfeeding for the health and well-being of mothers and children, it is critical that we take action across the country to support breastfeeding.

Everyone can help make breastfeeding easier.

Mothers and Their Families

Actions for Mothers and Their Families:

1. Give mothers the support they need to breastfeed their babies.
2. Develop programs to educate fathers and grandmothers about breastfeeding.

Encouraging women to discuss their desire and plans to breastfeed with their clinicians, family and friends, employers, and child care providers is key. When a woman has decided she wants to breastfeed, discussing her plans with her clinician during prenatal care and again when she is in the hospital or birth center will enable her clinician to give her the type of information and assistance she needs to be successful. Family members – including spouses, partners and the baby's grandmothers – can play critical support roles, both with regard to assisting in decision-making about how the baby is fed and in providing support for breastfeeding after the baby is born.

Communities

Actions for Communities:

3. Strengthen programs that provide mother-to-mother support and peer counseling.
4. Use community-based organizations to promote and support breastfeeding.
5. Create a national campaign to promote breastfeeding.
6. Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.

A mother's ability to begin and to continue breastfeeding can be influenced by a host of community factors. The communities where we live, work, and play: urban, rural, neighborhoods, and apartment buildings are where we feel most comfortable. Mothers can learn about breastfeeding in prenatal classes and by discussing their interest in breastfeeding with a variety of people. In addition, women can turn to other mothers in their community, whether they are family, friends, or women they have met through mother-to-mother support groups, as well as women who are knowledgeable and have previous experience with breastfeeding. Community-based groups should include family members such as fathers and grandmothers in education and support programs for breastfeeding. Community-based support groups such as La Leche League and programs such as the U.S. Department of Agriculture's WIC program can expand the support that women ideally have received in the hospital and help extend the duration of breastfeeding.

Marketing of infant formula within communities is another influence on breastfeeding. Research indicates that advertising infant formula can deter exclusive breastfeeding and the effect may be stronger among women who do not have well-defined goals for breastfeeding.

Health Care

Actions for Health Care:

7. Ensure that maternity care practices around the United States are fully supportive of breastfeeding.
8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.
9. Provide education and training in breastfeeding for all health professionals who care for women and children.
10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.
11. Ensure access to services provided by International Board Certified Lactation Consultants.
12. Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.

Nearly all births in the United States occur in hospital settings, but hospital practices and policies in maternity settings can create barriers to supporting a mother's decision to breastfeed.

National data from the Centers for Disease Control and Prevention's (CDC) ongoing survey of Maternity Practices in Infant Nutrition and Care (mPINC) indicate that hospitals have opportunities to implement practices in labor, delivery, and postpartum care, as well as in hospital discharge planning, that support mothers who want to breastfeed.

Once home from the hospital, mothers need support to continue breastfeeding. Support from health care professionals is particularly important at this time; however, many health professionals need more breastfeeding education and training themselves and often have time constraints that can present barriers. One way this issue is addressed is through coordinated health care systems that partner with community networks to provide breastfeeding support so mothers have access to breastfeeding assistance after they return home. New mothers need access to trained individuals with established relationships in the health care community who are flexible enough to meet mothers' needs outside of traditional work hours and locations, and provide consistent information.

International Board Certified Lactation Consultants (IBCLCs) are an excellent source of assistance for breastfeeding mothers. IBCLCs are health care professionals certified in lactation management. They work with mothers to solve breastfeeding problems and educate families and health care professionals about the benefits of breastfeeding. Research shows that rates of exclusive breastfeeding and of any breastfeeding are higher among women who have had babies in hospitals with IBCLCs on staff than in those without these professionals.

Employment

Actions for Employment:

13. Work toward establishing paid maternity leave for all employed mothers.
14. Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees.
15. Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.
16. Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.

Employment is now the norm for U.S. women of childbearing age (20–44 years). In 2009, half of all mothers with children younger than 12 months were employed, and more than two-thirds of those employed worked full-time (35 or more hours per week).

Employed women have been less likely to initiate breastfeeding, and they tend to breastfeed for a shorter length of time than women who are not employed. Most employed mothers who are lactating have to pump milk at work for their children and need to be provided with accommodations to do so.

In 2010, the Affordable Care Act (ACA) included a provision for employers to provide workplace accommodations that enable employees who are breastfeeding to express their milk. Specifically, the ACA amends the Fair Labor Standards Act of 1938 by having employers provide reasonable, though unpaid, break time for a mother to express milk and a place, other than a restroom, that is private and clean where she can express her milk.

Given that 26 percent of mothers employed full-time in 2003 were breastfeeding when their infant was aged six months, it is clear that a substantial percentage of U.S. mothers manage to combine breastfeeding and paid work. However, U.S. mothers overall have less support for continuing to breastfeed after returning to work than is recommended by the International Labor Organization. In 2009, 15 U.S. states required that employers support breastfeeding employees when they return to work.

Research and Surveillance

Although there is a body of research on breastfeeding, significant knowledge gaps are evident. These gaps must be filled to ensure that accurate, evidence-based information is available to parents, clinicians, public health programs, and policymakers. For example, more research is needed on the barriers to breastfeeding among populations with low rates of breastfeeding. Economic research is also needed on how breastfeeding affects mothers and employers, as is research on best practices for management and support of lactation and breastfeeding. Building capacity for research on breastfeeding should be a priority by strengthening surveillance at state and local levels.

Public Health Infrastructure

An effective national public health program requires the basic coordination and monitoring of services. Within the federal government, numerous agencies have developed programs on breastfeeding, and others have programs that affect breastfeeding indirectly. Although the work of each of these agencies is valuable, the creation of a federal interagency work group on breastfeeding could enhance coordination and collaboration across agencies to improve support for breastfeeding.

Through the technical assistance of the U.S. Breastfeeding Committee (USBC), all 50 states have now formed breastfeeding coalitions, and there are many local, tribal, and territorial coalitions as well. These coalitions mobilize local and state efforts to promote and support breastfeeding. The USBC supports state coalitions with technical assistance, web-based communications, and a biannual conference. However, most of these coalitions are small and unfunded. Additionally, except within the WIC program, most state health departments do not have staff responsible for breastfeeding activities, making it a challenge to carry out new breastfeeding programs at the state level.

Actions for Research and Surveillance:

17. Increase funding of high-quality research on breastfeeding.
18. Strengthen existing capacity and develop future capacity for conducting research on breastfeeding.
19. Develop a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.

Action for Public Health Infrastructure:

20. Improve national leadership on the promotion and support of breastfeeding.

The Landscape of Breastfeeding

Mothers face a variety of issues in starting and continuing to breastfeed. With better understanding of these issues, everyone can make breastfeeding easier.

Key barriers to breastfeeding:

Lack of Knowledge

While breastfeeding is considered a natural skill, some mothers may need education and guidance. Providing accurate information can help prepare mothers for breastfeeding.

Lactation Problems

Without good support, many women have problems with breastfeeding. Most of these are avoidable if identified and treated early, and need not pose a threat to continued breastfeeding.

Poor Family and Social Support

Fathers, grandmothers, and other family members strongly influence mothers' decisions about starting, continuing, and accommodating breastfeeding.

Social Norms

Many people see breastfeeding as an alternative rather than the routine way to feed infants.

Embarrassment

The popular culture's sexualization of breasts compels some women to conceal breastfeeding. Improving support for women to breastfeed can help them better accommodate the demands of everyday life while protecting their infants' health.

Employment and Child Care

Employed mothers typically find that (1) returning to work and (2) lack of maternity leave are significant barriers to breastfeeding.

Health Services

Health care systems and health care providers can improve mothers' breastfeeding experiences by pursuing and obtaining the training and education opportunities they need in order to fully support their patients.

The Surgeon General has identified 20 key actions to improve support for breastfeeding.

Make a commitment to ensure that breastfeeding support is consistently available for every mom and baby.

You can lead the way to improve the health of millions of mothers and babies nationwide.



A number of factors may influence or lead new mothers who want to breastfeed to give up such efforts.

These factors must be addressed in order for mothers to be able to achieve their own breastfeeding goals.

Active involvement and support from family members, friends, communities, clinicians, health care systems, and employers can help make breastfeeding easier.



Visit www.surgeongeneral.gov for more information and how you can help.





Question: I have a pregnant client who has miscarried. How do I change her category?

Answer: The KWIC “Change Category” screen is just for changing between Breastfeeding and Postpartum categories (and vice versa.) In your situation, the woman must be recertified as a Postpartum woman. (See category definitions in [CRT 01.01.00 Categorical Eligibility](#).) See information and screen shots below.

Open **Record End of Pregnancy**. As always, the red asterisks show what is required. You can enter more information now or it can be collected during the certification appointment.

Barbara Broccoli | WIC Active PG | Cert. Period 11/20/2015 to 08/30/2016 | Due Date 06/27/2016 | Priority 1

Record End of Pregnancy | Notices | Barbara

Enter Information About the End of the Pregnancy

Post-Delivery Category:

Current Pregnancy and Delivery

Estimated Due Date: 06/27/2016
 Pregnancy End Date: 00/00/0000
 # of Infants This Delivery:
 Delivery Method: Vaginal C-Section
 First Prenatal Visit Date: 12/18/2015
 Month Prenatal Care Began:
 Average Number of Vitamins per Week in the Month Before Pregnancy:
 PG Complications:
 Delivery Complications:

Enroll Infants

Client ID: | DOB: 00/00/0000
 Gender: Female Male
 Last Name: | MI:
 First Name:
 Local ID: | Gestational Age:
 Birth Length: in 8ths | Weight: lbs oz

If infant(s) resulting from the pregnancy will be enrolled in WIC, enter the infant's demographic information below. Click the Add button for multiple births.

The number of infant records entered cannot exceed the number of Outcomes identified as "Born Alive".

Pregnancy and Delivery History

of Previous Pregnancies: 3
 Last Pregnancy End Date: 04/27/2015
 Feeding Hx Note:

Birth Outcomes This Delivery

No infants have been entered for this delivery.

Once you enter information in the “# of Infants This Delivery” field, the “Birth Outcomes This Delivery” changes so you can enter “Born Dead”.

Birth Outcomes This Delivery

Infant 1

- Born Dead
- Born Alive
- Unknown

Finally, since there is no infant to enroll, click the “Delete” button to the upper right of the “Enroll Infants” section. There will be a “Are you sure?” pop-up message. Click “Yes” to confirm.

The “Save” button will become enabled. Click “Save” and proceed with certifying the woman as postpartum.

