



Mothers May Not Accurately Identify a Child's Weight

Pat Dunavan, MS, RD, LD, CBE

Inside this issue:	
<i>Human Lactation Conference Report</i>	2
<i>Nutritional Risk Factor Update</i>	4
<i>2009 National WIC Association Conference Report</i>	6
<i>Check This Out!</i>	8
<i>Share Your Comments Now</i>	9
<i>National Pesticide Information Center</i>	9
<i>Local Agency News</i>	10

A study, published in the June 29, 2009 journal *Pediatrics* indicates that overweight mothers may have difficulty accurately recognizing when their children are overweight or obese. Researchers at the University of Potsdam in Germany surveyed 219 mothers with children ages 3 to 5. The mothers were asked to compare the weight status of 36 gender-specific silhouettes representing different ages and body mass indices.

According to the researchers, 64.5 percent of the mothers correctly identified the silhouettes of preschool-age children who were overweight. The mothers were asked which silhouettes might be at risk of physical and mental health problems. Only 48.8 percent of mothers associated the overweight silhouettes with physical health problems, and 38.7 percent associated them with mental health problems. Researchers found that mothers with lower educational levels were more likely to incorrectly classify the overweight silhouettes and underestimate the health problems.

Less than half (40.3 percent) of mothers correctly identified the silhouette that most closely represented the weight status of their own child, and mothers who underestimated their child's weight were more likely to be overweight themselves. The researchers recommended that physicians and dietitians provide targeted information on the risk of childhood obesity to caregivers to increase maternal awareness.



Report from the 2009 Hartmann & Hale Human Lactation Conference

Vonda Williams, RN, Breastfeeding Coordinator, Reno County



(Vonda attended this conference with funding provided through policy ADM 11.02.00 Financial Support for Local Agency On-Going Training.) I appreciated the opportunity to attend this conference and feel the information gained will be invaluable working with WIC prenatal and post partum clients. The insights gained will help when clients have problems or questions regarding breastfeeding and in my new capacity as Breastfeeding Coordinator. The following information is from the sessions I attended.

Evolutionary Perspective on Nighttime Infant Parent Contact and Care: Culture, Politics and Biology

Presenter: Dr. James J. McKenna and Mr. Lee Gettler

Dr. McKenna began his presentation outlining the evolution of the human brain stating “at birth the human infant is the least neurologically mature primate of all and the most reliant on physiological regulation by the caregiver for the longest period of time”. He said ideas change faster than the mother/infant biology. The ideas about the mother/infant relationship have changed creating the disease, SIDS. No human baby had ever been separated from their mother, nocturnally or any other time until the Western industrialized world. Earlier pediatricians, usually men, who were not the primary caregivers for their own infants decided what was good for babies. They decided babies should sleep in rooms alone and in their own beds.

Dr. McKenna stated that SIDS has been cut in half by breastfeeding because the babies are breastfeeding during the night and are in the same room with a committed caregiver. Risk factors for SIDS are smoking, postnatal depression and residences in poor areas rather than co-sleeping. He stated that policies have been made regarding SIDS without proper information or due to a crisis situation and it is not with the child’s protection in mind. The most important thing is to educate the parents on the highest risk suffocation factors—sleeping on the sofa or in a recliner.

Sexual Abuse/Assault in the Lives of Childbearing Women

Presenter: Kathleen Kendall-Tackett, PhD, IBCLC

Dr. Kendall-Tackett found a higher rate of depression, posttraumatic stress disorder, anxiety, substance abuse and high risk sexual activity in women that had been sexually abused. The most common symptoms of post partum depression were being unable to sleep at night, nightmares and how long it took to go to sleep. Childhood sexually abused women often have a very difficult birth experience, difficulties getting pregnant, and severe labor pains but the rate of breastfeeding is similar to non-abused women. She stated that violence against women is not just a problem of the criminal justice system but it is one of the primary health problems facing women today.

(Continued on next page)

Report from the 2009 Hartmann & Hale Human Lactation Conference (continued)

Exploring the Beginnings of Food and Flavor Preferences

Presenter: Julie A. Mennella, PhD

Dr. Mennella spoke about the sensory capabilities of the human infant during the first year, types of flavors that are transmitted to amniotic fluid and human milk, how these experiences impact breastfeeding and weaning, and the impact of early flavor experiences on later food preferences.

Research found that a fetus actively swallows more than a liter of amniotic fluid daily during the last trimester. The flavor of this fluid reflects the mother's diet and the baby knows the mother's smell because it is the same as the amniotic fluid. In some hospitals they will soak a piece of cloth with the mother's amniotic fluid and put the cloth in with preemies. Mothers and infants possess the ability to recognize each other by smell alone. She shared a story of washing one mother's breast after delivery and leaving one breast unwashed and the baby gravitated to the unwashed breast right after the birth.

Within hours after birth infants show a preference for sweet tastes (mother's milk) which remains high through adolescence. Children have a preference for sweet, salty and savory tastes but bitterness is learned. She also explored how infants learn about foods and found that infants prefer foods that the mother ate during pregnancy and lactation. Once babies are weaned the infants acceptance patterns of foods change. That is why it is important to offer a variety of fruits and vegetables early.

In another session she spoke on alcohol and lactation. She said there is no evidence to support the folklore that alcohol is a galactagogue or stimulator of the milk supply. In fact it diminishes the infant's milk supply in short term. After a drink of alcohol the level in the breast milk peaks in 30 minutes and can cause less active sleep for the infant. Mother can time her feeding after taking a drink by waiting 2 1/2 hours before breastfeeding. She found in research that babies drink less milk, sleep less and wake earlier from naps when the mother is drinking alcohol and breastfeeding.

Survey of Antidepressants and Their Use in Breastfeeding Mothers and Their Infants

Presenter: Dr. Thomas W. Hale, RPh, PhD

Dr. Hale stated that depression is one of the most commonly occurring conditions among pregnant and postpartum women with 13.5%-25% of women suffering depression during pregnancy. Antidepressants are still the best choice during pregnancy and lactation. Depression in pregnancy is a strong risk factor for postpartum depression. He gave the unique traits of antidepressants as being: not addictive, no "buzz", mild withdrawals occur, they are "slow" in onset (3 weeks), most side effects wane after 4-8 weeks and about 60%-70% of the patients respond positively. Preterm births are 2 times higher if the woman is depressed.

Mothers who took antidepressants while breastfeeding were 60%-80% less likely to report long term effects in their babies. They seemed to view the baby more positively. Is it due to the drug getting to the baby and the baby sleeping better or mother feeling better?

Nutritional Risk Factor Update

Diet Very Low in Calories And/Or Essential Nutrients

Sandy Perkins, MS, RD, LD, CBE

While completing chart reviews for Management Evaluations, the SA nutritionists frequently see the risk factor “Diet Very Low in Calories and/or Essential Nutrients” over used. The risk factor should be assigned to clients that routinely consume highly restrictive diets. It should not be assigned to clients whose diet is simply limited in certain nutrients because of inadequate intake of particular foods or food groups. In this article, we will review examples and discuss whether this risk factor should be assigned.

Situation	Assign Risk Factor?	Rationale
A 33-year-old pregnant woman consuming approximately one serving of milk per day.	No	While this example represents less than recommended milk intake, by itself consuming only one serving of milk is not an example of a highly restrictive diet. If no other risk factors are identified assign the appropriate assumed risk factor.
A 35-year-old pregnant woman who had gastric bypass surgery five years ago.	Yes	Women who have had a gastric bypass operation are at risk for nutritional deficiencies because the procedure causes food to bypass the duodenum and jejunum, where most of the iron and calcium are absorbed. The risk factor should not be assigned if the women had her stomach stapled and has acceptable food intake. Operations, such as gastric banding only reduce stomach size and do not interfere with the normal digestive process.
A two-year-old child whose family routinely follows a vegan diet.	Probably	The CPA would need to assess if the child is being fed a vegan diet or allowed to consume dairy products and eggs. Well-balanced vegetarian diets with dairy products and eggs are generally associated with good health. Strict vegan diets may be inadequate in calories, vitamin B12, vitamin D, calcium, iron, protein and essential amino acids needed for growth and development.

(Continued on next page)

Nutritional Risk Factor Update (continued)

Situation	Assign Risk Factor?	Rationale
A 4-year-old child routinely drinking more than 40 ounces of milk per day.	No	A child who routinely drinks more than 40 ounces of milk per day is probably filling up on liquids and not consuming very much food, but this does not represent a “highly restrictive diet.” The CPA should assess if the child is drinking that much milk from a cup or a bottle. If the child is still using a bottle, assign the risk factor, “Inappropriate Use of Bottles, Cups or Pacifiers;” if not and no other risk factors are identified assign the appropriate assumed risk factor.
A 21-year-old postpartum woman routinely eating less than recommended number of servings in both the fruits and vegetables and the dairy food groups.	No	Nearly all U.S. women and children usually consume fewer than the recommended number of servings specified by the Food Guide Pyramid and could be considered at dietary risk for failing to meet Dietary Guidelines. This does not mean they are routinely consuming a highly restrictive diet. If no other risk factors are identified assign the appropriate assumed risk factor.
A 25-year-old breastfeeding woman on a low carbohydrate diet to help lose the weight she gained during pregnancy.	Yes	In order to follow a low carbohydrate diet, the fruits and vegetables, grains, cereals and dairy food groups are severely restricted or eliminated.



Report from the 2009 National WIC Association Conference

Kansas had several attendees at this years conference held in Nashville, Tenn. Here are some of their reports from various sessions. Additional reports will be shared in future newsletters.

Building Bridges: Effective Cross Cultural Communication

Presenter: Ira SenGupta, MA

Comments on this session from Brenda Stoneberger, RD, LD

In order to overcome cultural barriers in WIC, we as professionals need to respond to demographic changes, eliminate health disparities, understand the impact of individual and organizational cultures, improve the quality of services to our customers, thus improving the outcomes and enhance our workplace environment. Being sensitive to each of our client's unique cultural characteristics will only enhance our relationships with those we serve.

It is important to master the five steps to cultural competence. The five steps include being aware of self and others' cultural identity; acknowledge the fact that others may be of another culture; we must be sensitive to their differences as well as we must be honest with our clients and provide validation when it comes to our cultural differences.

A quote by Dr. Martin Luther King, Jr. used by the speaker sums up the ideal mindset: "Forgiveness is not an occasional act; it is a permanent attitude."

Comments on this session from Donna Marley, RN, SW Kansas WIC – Finney County

Cultural competency is a deep respect for cultural differences and being eager to learn and willing to accept that there are many ways of viewing the world. It's important to be aware and accepting of the differences. One needs to be aware of one's own culture first. Understanding current realities and development of cultural knowledge is important. We need to be grateful for diversity.

Diversities can be visible and invisible. Individuals are often stereotyped. It's time to explore the individual and build a communication system. Half of all American adults have a health literacy complication, with difficulty understanding and acting upon health information. The average person has an 8th grade level of literacy.

It's important to slow down and take time to explain things, show pictures, learn different languages and use interpreters. Building a good communication system will decrease disruptions as well as increase loyalty, confidence, and compliance. Striving for cultural competence will give us the ability to function effectively with WIC clients. Show respect, value their cultures and be kind. We can all learn from each other.

(Continued on next page)

Report from the 2009 National WIC Association Conference (continued)

Tasting Balance in a Time-Starved World

Presenter: Chere Bork.

Comments on this session from Jody Hammerschmidt, RD, SW Kansas WIC – Finney County

This session speaker was very spunky and gave helpful tips on how to put ZEST back into your life by finding balance and not feeling overwhelmed. What I liked about this workshop was the handouts that allowed each participant to evaluate oneself and decide what one's values are. Then on the other side of the handout, it made the participant rate one's behavior in life to see if one's lifestyle reflected the values chosen for one's self.

After discovering the off balance of values versus the lifestyle, it allows one to go in and reprioritize real life to ideal life, which is what a person truly wants. After this step, a person is ready to create an action step. The action step looks like this.

The first action step to create my ideal life is _____.
I will do this by this date _____.

The last activity in this workshop was to create a list of things a person does. Next to each step, we placed "should" or "want". This allowed for reprioritizing to happen.

"Shoulds" are those things a person thinks you ought to want. "Shoulds" are based on shame, duty or guilt. They are externally prompted by someone other than oneself. They are not motivating and create a state of dissatisfaction.

"Wants" are internally prompted and are the things that are important and fulfilling to you, based on your "craving" or desire. Wants support your values and who you are. Wants are full of life and are fun!

After this process clarification happens and one can distinguish what one wants, thinks what one needs, and what a person thinks he or she should want or need. The goal is to get rid of as many "shoulds" as possible. This is critical for achieving balance. Achieving balance is just achieving what you want in each area of your life.



Continued on next page

Report from the 2009 National WIC Association Conference (continued)

Creating Positive Energy for Change

Presenter: Chere Bork

Comments on this session from Norma Doerksen, RD, SW Kansas WIC – Finney County

Chere Bork's three secrets to being happy are:

1. Know your purpose
2. Appreciate what you have
3. Give your gifts freely

The session gave us permission to become “self”ish. Becoming “self”ish means learning about ourselves and how our environment, our beliefs and the people around us affect our personal energy. Becoming “self”ish is taking care of ourselves in order to create more energy for the benefit of ourselves and others. Besides the energy created for our bodies by taking care of our physical needs with food, rest and exercise, we get energy from our heart – emotional energy; our mind – mental energy; and our spirit – spiritual energy.

We were encouraged to examine our lives, our friends, our environment, and our beliefs to be able to make changes that will lead to the creation of more personal energy. Personal energy will enable us to “give our gifts freely” for the benefit of others.

Check This Out!

If you have not looked at the **Spend Smart, Eat Smart** website recently, you should check out all the new resources available. The website sponsored by the Iowa State University Extension (www.extension.iastate.edu/foodsavings) helps consumers build their skills and knowledge to make or buy healthy meals.

The website offers:

1. Information on planning to shop; shopping at the store; and preparing meals
2. A series of extension publications by specific food category
3. An offer to sign up for a weekly blog with shopping tips
4. Short videos with recipes

Check out all the wonderful resources soon.



Share Your Comments Now

Julie Ornelas, RD, LD

The WIC Interim Rule published December 6, 2007 made sweeping changes to the WIC Food Packages. In Kansas these food package changes became effective August 1, 2009. The opportunity to make comments on these changes is still available. So, make your voice heard. Comments on the WIC Interim Rule are due no later than February 1, 2010.

Comments may be submitted in one of two ways:

1. Go to www.regulations.gov and follow instructions at that site for submitting comments. (Search procedures on the Regulations.gov site have changed since the interim rule was issued.) Once at the Regulations.gov site, you may find it helpful to search using the term “wic food package interim rule” or “FNS-2006-0037-0003.”

OR

2. Mail your comments to:
Director, Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 520
Alexandria, VA 22302

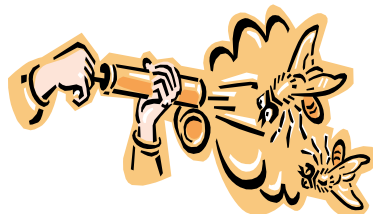
National Pesticide Information Center

Julie Ornelas, RD, LD

If your clients have questions like these, there is a source to refer them:

- Are pesticide residues on food safe for children?
- Is it safe to use insect repellents during pregnancy? On infants?
- With a baby on the way, is it okay to spray inside the home?

The National Pesticide Information Center can be contacted at 1-800-858-7378 (8:30 am to 6:30 pm Central-time, 7 days a week) or at their website, www.npic.orst.edu. This service is free and is a cooperative effort between Oregon State University and the United States Environmental Protection Agency.



Nutrition and WIC Services

Kansas Department of Health and Environment
Nutrition and WIC Services
1000 SW Jackson, Suite 220
Topeka, Kansas 66612, 1274

Phone: 785-296-1320
Fax: 785-296-1326

264-19

Published by Kansas Department of Health and Environment.
Mark Parkinson, Governor. Roderick L. Bremby, Secretary.
Managing Editor: Julie Ornelas. Reprinting of articles should credit KDHE. This is an equal opportunity program. 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.

WE'RE ON THE WEB!

WWW.KDHEKS.GOV/NWS-WIC

Growing healthy Kansas families



Our Vision: Healthy Kansans living in safe and sustainable environments

Local Agency News

We welcome these new WIC employees:

Butler County, Sarah Moore, RN

Ft. Riley, Julie Gibbs, Clerk

Geary County, Monica Rodriguez, Clerk

Harper County, Cassie Beeton, Clerk

Jackson County, Darla Haverkamp, Clerk

Johnson County, Jessica Nethicumara, Clerk

Nemaha County, Laurie Huppert, Clerk

Neosho County, Nancy Sherman, Clerk

Neosho County, Ashton Bainum, Clerk

Sedgwick County, Laronda Fields, Clerk

Sedgwick County, Jenna Schippers, RD

Shawnee County, Laura Vega, Clerk

Shawnee County, Cindy Branson, Clerk

Shawnee County, Sharon Melton, Clerk

Shawnee County, Sharon Stromgren, RN

Trego County, Kami Smith, RN

Wilson County, Destany Helton, Clerk

We say goodbye to these WIC friends:

Butler County, Holly Moore, RN

Harper County, Pam Fredrick, RN

Harper County, Teresa Ann Hemken, Clerk

Neosho County, Cathy Caylor, Clerk

Sedgwick County, Maria Hurtago, Clerk

Shawnee County, Sheila Laird, RN

Wilson County, Pam Lockhart, Clerk