



# Nutrition and WIC Update

## *Eating a Healthy Diet May Reduce Risk of Birth Defects*

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Pregnant women who eat a healthy diet appear to reduce the risk of having a baby with a major birth defect, such as spina bifida or a cleft lip or palette, a new study suggests.

Neural tube birth defects -- including spina bifida and other brain abnormalities -- are known to decrease when pregnant women take supplements of folic acid, a type of B vitamin that also has been added to a variety of foods. However, folic acid alone does not prevent all birth defects, the researchers said.

"There may be certain qualities of foods that have benefits that aren't captured by examining just one nutrient at a time," said lead researcher Suzan L. Carmichael, an associate professor of pediatrics at Stanford University.

Diet could also be related to reducing birth defects because a combination of nutrients from a variety of foods may act together in a beneficial way, Carmichael said. "It is also possible that a healthy diet is a marker for other characteristics of a woman's lifestyle."

"Our study supports recommendations that have been made for many years for pregnant women," she said. "Eat a variety of foods, include a lot of fruits and vegetables and whole grains in your diet and take a vitamin supplement that contains folic acid."



Although folic acid can prevent up to 40 percent of neural tube defects, it's not the whole story, Carmichael said. "Babies are still born with neural tube defects, so we need to keep looking for answers," she said.

The study was published in the Oct. 3 online edition of the *Archives of Pediatrics & Adolescent Medicine*.

### *Eating a Healthy Diet May Reduce Risk of Birth Defects, continued*

Using data from the U.S. National Birth Defects Prevention Study for October 1997 through December 2005, Carmichael's team looked at the role diet plays in birth defects. During telephone interviews, mothers described their diet.

The researchers looked at cases of 936 infants born with neural tube defects, 2,475 with oral clefts, and compared these with 6,147 infants without birth defects.

They found that women with diets similar to the Mediterranean Diet -- which is rich in fruits, vegetables, whole grains and fish and light in fats and sugar -- were at lower risk of having a baby with a neural tube defect or oral cleft, compared to women who reported eating less-healthy diets.

This finding remained even after adjusting for other factors such as taking a vitamin or mineral supplement, the researchers noted. "We found that diet was important whether a woman took a vitamin supplement or not," Carmichael said.

David R. Jacobs, Jr., the Mayo Professor of Public Health at the University of Minnesota in Minneapolis, and co-author of an accompanying journal editorial, said, "We have confused the constituents of food with food itself. Food is a complex mixture."

There may be a number of right ways to eat, and some diets that are not so good, he said. Generally, foods are better than supplements except when there is a deficiency, he added.

"There are some better ways to eat and supplements are probably not the right answer -- we should eat food," Jacobs said. One should not eat too much and eat mostly plants, he added.

Commenting on the study, Gail Harrison, a professor of public health at the University of California, Los Angeles, and spokeswoman for the March of Dimes, said, "I am not surprised that there is an independent effect of total diet quality."



The finding underscores the importance of the mother's nutrition both before and during pregnancy and the effect it can have on the developing infant, she said. "A lot that goes on that determines pregnancy outcome goes on very early in the pregnancy -- before women even realize they're pregnant," she said.

Harrison noted that healthy eating needs to start even before pregnancy. "Women who are capable of becoming pregnant really need to pay attention to overall diet quality," she said.

SOURCES: Oct. 3, 2011, Mom's Healthy Diet Might Cut Birth Defect Risk, *HealthDay*, *MedlinePlus*, online; Oct. 3, 2011, Reduced Risks of Neural Tube Defects and Orofacial Clefts With Higher Diet Quality, *Archives of Pediatrics & Adolescent Medicine*, online.

## *Breastfeeding Educator Course—Observations From WIC Staff*

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

Observations from Rebecca Potvin, Riley County – Ft. Riley clinic

I had the wonderful opportunity to attend the Breastfeeding Educator Program on September 21<sup>st</sup> through 23<sup>rd</sup> given by Debi Bocar, RN, PhD, IBCLC. I've always been a little nervous when speaking with moms about breastfeeding. I felt like I had a lot of good information to share, but was worried about questions they might ask. After attending this conference, I can definitely say I feel much more confident about my knowledge on breastfeeding.

From latch evaluation to positioning, this conference covered all the core information necessary to be a knowledgeable breastfeeding counselor. From there it went into more problematic situations; returning to work, breastfeeding the critically ill child, breastfeeding multiples, etc. It covered just about every situation I could imagine.

Here are a few points I would like to pass on:

1. Team approach is vital. We all know the vast benefits breastfeeding provides. As a team, we need to give helpful and consistent education. It was stressed that breastfeeding information is more effective based on the number of times that it's brought up rather than the amount of information given. We don't want to overwhelm our parents, but help them to make an informed decision. First find out what they know. The phrase "What have you heard...?" as an example can open up the discussion. Find out their concerns first before working on your own agenda. "Clients don't care how much you know until they know how much you care."
2. The first latch may be the most important in breastfeeding success. If possible, it's recommended baby goes to breast within the first half hour or as soon as possible. Newborns have well developed senses of hearing and taste, and can also differentiate smells. It's been termed that infants "imprint" to what they first experience. Ideally, we'd like this to be to mom and not to an artificial nipple. The first feeding may not be the most productive in nourishing the baby, but helps them to learn and become acquainted with mom. Skin-to-skin contact helps to establish an early bond and encourage a successful feeding relationship. Most initial medical assessments when baby is first born can be done while on mother's chest. When this is interrupted, breastfeeding can become more of a struggle and might lead mom to earlier cessation.
3. Lastly, along with encouraging early initial latch, mom should opt for rooming-in. This allows mom and dad to learn early hunger cues. When they can tell baby is becoming hungry, it's much easier to work on latch and position. If baby is coming all the way from the nursery and is already crying and upset, chances are we've missed the early cues. Doctors may claim it's important so mom can get sleep, but "mothers report sleeping as well or better when the infant is in the room with them."



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*Breastfeeding Educator Course - Observations From WIC Staff, continued*

In our situation, we're not there in the delivery room, or even there shortly after baby is born. We have to encourage mom to be a self advocate. Make sure she knows to tell her doctor and any nurses that she is committed to breastfeeding and it's her wish to encourage an optimal start (early latch, rooming-in, no artificial nipples, etc). There are certain cases that take special treatment where supplementation is necessary, but it is imperative mom expresses her desire to breastfeed early on.

Jana Patton, Riley County – Ft. Riley clinic shares the following, which she entitled, “If Not Us, *Who?* If Not Now, *When?*”

I would like to thank the State WIC office for helping me attend the Certified Breastfeeding Educator Program presented by Debi Bocar, RN, PhD, IBCLC. Dr. Bocar covered practically every situation possible and gave us tips she has learned over the years which have helped me feel confident I can apply the information immediately.

The prenatal period is by far the best time to start discussing mom's thoughts on breastfeeding, but they are often overwhelmed with so much information during educational sessions and end up retaining almost nothing. Many moms seem completely distracted during their appointments for various reasons, but **keeping the initial breastfeeding promotion short** can help. The first appointment is a good time to understand their concerns and validate them and then get more in-depth at the next appointment. Even though we know they are not alone with these concerns, they might not and think they aren't good enough to breastfeed. We talked a lot about boosting their maternal confidence and how it is such an important factor in how long they breastfeed. Their confidence can be greatly increased with positive thoughts and by reassuring them that breastfeeding is a learned skill that will take time to establish.

Additionally, Dr. Bocar talked about explaining and encouraging a “humane birth” experience for both mom and baby which allows for the infant to adjust to their new environment and meet mom before being thrown into lots of tests and poking. A few doctors will require that newborns have certain things done before they can see mom for the first time, but for some, these experiences can cause them to refuse to nurse. Dr. Bocar explained to us that allowing the newborn to “imprint” on mom's chest is an important adaptive skill and allows the infant to use visual, auditory, olfactory, tactile, gustatory and kinesthetic cues to recognize his mother. Their natural instinct is to look for food and they are able to do this after becoming comfortable with the new environment. The longer it takes to get a baby to their mother, the more difficult it may be to introduce breastfeeding.



I learned quite a bit while discussing the barriers many mothers face as the decision whether or not to breastfeed is often emotional and takes more consideration than it might for others. She cautioned us to treat each mother as if she were our sister or daughter in order to create a relationship with the client. By establishing a supportive relationship with her, you may be able to get her to be more specific on why she is choosing not to breastfeed her baby. One potential barrier that is hard to avoid relates to

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### *Breastfeeding Educator Course - Observations From WIC Staff, continued*

the fact that bottle feeding has been a cultural norm for the past 40 or 50 years. Numerous foreign families choose to bottle feed in order to feel like they fit in and will be accepted. They are easily influenced by advertisements and those around them. Even if their culture predominantly breastfeeds, it may be a difficult decision to choose.

We need to be sensitive to each situation and show them that we understand and are willing to help.

The **first two weeks** seem to be the hardest for most mothers and Dr. Bocar advised us to support the mother especially during that critical time.

**They may need extra help and are probably not going to ask for it.**

Giving them the tools and resources that can help them succeed with their desire to breastfeed can make the difference in how long they are likely to continue. While Dr. Bocar really stressed the importance of relationships and identifying potential problems, she also urged us to step up and start making a difference. A quote on one of her slides stated, **“If not us, who? If not now, when?”** There are so many families that need extra support and I am very excited to be able to apply all the knowledge I obtained from the training.



### *Report from Marie Biancuzzo's Comprehensive Lactation Education Course*

Kelly Beasley, RD, LD, WIC Nutrition Services Coordinator, Butler County, provided the following report.

This October I was able to attend a four day course in Denver, in preparation for the IBCLC certification process next year. This course provided 90 hours of lactation-specific education, which is needed to sit for the IBCLC exam.

I learned new things, and was refreshed on old topics during the course. The most notable new bit of knowledge I retained was regarding the Aka tribe in Africa, where the men provide their breasts as non-nutritive soothers to their infants, when the mammas are out hunting! I had never heard of men breastfeeding before, and this opened up a whole new area of research for me! Also, I was able to become more familiar with typical OB nurse “lingo” and medications, which I have not worked with much before.

The class involved about 64 hours of online webinars and reading/book work, before the actual conference. I feel more prepared to offer assistance for moms with infants who have cleft defects and Down's Syndrome because of this course.

Note by Julie Ornelas, WIC Nutritionist: I was intrigued by Kelly's comment about the Aka tribe, so I looked them up. I found a very interesting article about this tribe. If you would like to read more about them, here is a link: <http://www.guardian.co.uk/society/2005/jun/15/childrenservices.familyandrelationships> . It is also a nice commentary on fathers and their relationships with their children.

## *The WIC Advisory Committee and You*

*Pat Dunavan, MS, RD, LD, CBE*

The WIC Advisory Committee (WAC) has been a part of the Kansas WIC Program services for over 25 years. And yet, many staff may not have a full understanding of the committee's role and how you can help these local representatives.

The WIC Advisory Committee consists of five elected representatives and five alternates—one from each of five regions:

Northeastern (representing 15 counties),  
Southeastern (representing 18 counties),  
North Central (representing 25 counties)  
South Central (representing 18 counties)  
Western (representing 27 counties)

Each representative and alternate is elected for a two year term. In addition, the Committee also includes a non-voting member who represents the National WIC Association Local Agency Section for Kansas. This person is also elected for a two year term. Each year, one half of the committee is up for election. The only requirement to run for a WAC position is that the person has worked for WIC for a minimum of one year prior to election. Clerks, nurses or dietitians may serve on WAC. Nominations for these positions come from local agencies and the agencies represented in a particular region vote for their own committee choice.

So what does a WAC member do? Their responsibilities are to represent the local agencies in their region and bring to the attention of the committee and state staff any issues or policy changes that they feel necessary. WAC members serve as advisors to the State WIC staff who may be considering program or policy changes. Members meet quarterly either in person or by conference call to discuss and decide on any issues appearing on the agenda (see past agendas and minutes of the WAC at: [http://www.kansaswic.org/local\\_agencies/WIC\\_advisory\\_comm.html](http://www.kansaswic.org/local_agencies/WIC_advisory_comm.html).) Depending upon the agenda, members may be asked to poll local clinic staff in their region and gather opinions about a suggested change. They may also be asked to serve on ad hoc committees such as the WIC Approved Food List committee, which decides on the foods to be offered on WIC in Kansas. Input from these members and their regions have often been valuable in shaping how policies are implemented statewide.

WAC representatives are here to be your voice to the State WIC office, but they are not here to pass on complaints about the KWIC system, your management evaluation findings, or how local staff is handling a particular situation. These issues are best forwarded directly to the state staff working with each local clinic.



Serving on the WIC Advisory Committee can be a rewarding way to expand your involvement in WIC at a statewide level. We hope that more local staff will take the opportunity to join this group and share their expertise. To find out more about the WIC Advisory Committee, review the policy at: [http://www.kansaswic.org/manual/ADM\\_09\\_00\\_00\\_WIC\\_Advisory\\_Committee.pdf](http://www.kansaswic.org/manual/ADM_09_00_00_WIC_Advisory_Committee.pdf).

## *Maintaining Status Quo*

*Rachelle Hazelton, Program Consultant*

Prior to FFY2011, for many years the Kansas WIC Program had been provided sufficient funding to meet our needs. Last year, we found out mid-year that our allocation would be reduced by approximately six percent. The State Agency examined various items that would not be purchased and/or scaled back to absorb the impact of the reduction at both the State and Local levels.

Due to projected reductions for FFY2012, the Kansas WIC Program was unable to fully fund Local Agencies budgets as requested. We understand Local Agencies are concerned about their FFY2012 WIC allocation being less than what was requested. Currently we are operating under a Continuing Resolution (CR), which we believe will continue until after the first of the year or even longer. Once our actual allocation is received, we will be able to re-evaluate funding for all Local Agencies and increase allocations, should sufficient additional funding be provided.

In the meantime, Local Agencies are being asked to maintain their current daily maintenance and operations in accordance to what was submitted on their budget and not to change anything until further notification from the Kansas WIC program. So what does this mean? It means that Local Agencies should maintain status quo.

We encourage each Local Agency to look at their process for providing WIC services and determine if there is a more efficient way to provide those services. For example, each county should look at their staffing patterns versus the number of clients being served by their county. Is your Local Agency performing WIC services in the most efficient manner? The General Staff Responsibilities WIC Policy ADM: 10.01.00 can be used as a reference guide to ensure staff are performing their correct job duties within the guidelines of the policy.

I would also encourage Local Agencies to compare their FFY2012 WIC Budget for operations and maintenance to monthly affidavits at least quarterly. This will help the Local Agency track expenses versus their remaining allocation. It will also provide insight as to the Local Agency's expenditures and may reveal areas to focus on for efficiencies.

It's hard to say what will occur with the Federal funding this year or in future years, but we will all get through these changing times together.

## *Website of Interest—Head Start, Body Start*

*Pat Dunavan, MS, RD, LD, CBE*

Have you discovered Head Start, Body Start? This is a website sponsored by the National Center for Physical Development and Outdoor Play. One section of particular interest is called Healthy Homes. It offers monthly handout sheets targeted to families with young children. Each handout provides information on a physical activity using low-cost or no-cost options along with healthy eating tips. Topics include such ideas as Indoor Blizzard, Let's Go Bowling, Throwing Sponges and more. Each handout is available in English and Spanish versions with new topics added monthly. Check it out at: <http://www.aahperd.org/headstartbodystart/activityresources/healthyhome/>

## *Ready, Set, De-Stress and Let Your Positive Attitude Shine!*

*Pamela Combes, BSE, CBE*

Stress comes to each of us in different forms. Stress can be good and it can be bad. Having too much stress can make our lives difficult and create anxiety. Working in a WIC agency can sometimes be stressful and this adds to the stress felt from other parts of our lives, but we need to keep things in perspective. It's important to have a healthy balance of stress. To alleviate some of your stress, take a moment to think about what makes you smile. Is it snuggling with your children or grandchildren? Maybe it's a cup of coffee warming your hands during a chilly high school football game. Whatever it is, take time to de-stress. Below are some ideas for making your day less stressful.

- Take a walk, a nice peaceful walk, and reflect on good things. Possibly, on a beautiful morning as the sun is rising.
- Do something kind. A simple act of kindness will not only make someone else feel better, you will too!
- Listen to a baby laugh. No baby around? Watch laughing babies on YOU TUBE! It works for me, I can't stop smiling.
- Have a cup of hot chocolate on a brisk evening and watch the sun set.
- Close your eyes, take a deep breath, and count to ten as you exhale. This works great when in a tense situation.
- Be positive. Your positive attitude can be infectious. Spend time with other "positive" people.
- Think calming thoughts - think of the seashore and waves pulsing - get into a "zone" about it.
- Think of pros and cons to situations and how to make things work out better - and rationally.
- Don't use alcohol to calm down.
- Play with your pet - smile, laugh and have fun. Let it go.
- Eat foods that are good for you - lots of fresh grains, fruits and vegetables.
- Reduce caffeine and sugars.
- Drink lots of water.
- Get plenty of sleep.
- Relax in the tub with a nice long hot bath.
- Take a vacation - get away from it all.
- Play sports or exercise aerobically.
- Talk it out with a friend who will just listen.
- Do something you truly enjoy.
- Avoid dwelling on the negative. I had to do this quite often during the past year. Each day seemed to bring a new stress into my life. I'll share an example of this. It seemed to be a crowning moment for me.



It was 7:00 a.m. on a cold Saturday morning in December. My husband was driving me, once again, to an appointment 60 miles away for a "shot" that boosted my white blood cell count. I was bald, sick, unable to eat, and tired thanks to chemo. We were driving through Osage county on an alternate route because highway 75 was closed. As we approached Osage City I saw a semi-truck traveling towards us in the opposite lane.

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*Ready, Set, De-Stress and Let Your Positive Attitude Shine!, continued*



No big deal, until out of nowhere a full grown deer was standing beside us! I'm not sure at that point who hit the deer first, the semi or us. But, it slammed into our car so hard that my husband had to fight to keep the car on the road. It was like watching him in slow motion. I didn't make a sound, I just watched as we headed for a bridge. There were no shoulders on this road and I thought at that moment about how my fight with cancer didn't matter. I thought about what my children and grandchildren would do without us. Wow, I will never forget that feeling.

Amazingly, we didn't go off the road and missed the bridge. The car was smashed from one end to the other, but we made it! Then my instinct to protect others kicked in, I climbed out of the car and started flagging down other cars so they wouldn't hit the enormous deer laying in the road. My husband was yelling at me to get out of the road as I stood there acting like some crazy lady waving my arms. I could see that the truck driver was okay as he pulled over down a gravel road.

The car was wrecked, but still drivable. Once my husband convinced me to get out of the road, I called 911 and reported the accident. We made it to my appointment on time in a beat up car. After getting the "shot" that made me feel like I had the flu, we got in the car and I smiled all the way home. Why was I smiling? I didn't care that I had no hair, that I was weak and sick, that I couldn't eat, or that my car was a disaster. I was going home! Look out world here I come.

Look for the positive in your day.

*Educating Clients—Using a Fruit and Vegetable Check*

*Brad Iams, Vendor Manager*

A lot of time has been spent over the past couple of years educating WIC clients on how to shop for fruits and vegetables and how to use the Fruit and Vegetable Check (FVC). There has been education on what is allowed for purchase and what isn't, and on buying fruits and vegetables in bulk to maximize the benefit of the FVC. There has also been education on the fact that clients can pay for the difference if the transaction goes over the allowed maximum on the FVC.

One of the ways that a client can pay for the difference on a FVC transaction is by using another FVC, and this is where the State Agency has noticed something. At times WIC clients will use an additional FVC to cover a very small amount and waste a good portion of money. For example, a FVC transaction comes to \$6.05 and the WIC client doesn't have the money to cover the difference so they use an additional FVC to cover the \$0.05 overage. This is allowed, however, the client forfeits over five dollars of that additional FVC.



Instead the WIC client should ask the cashier to remove a portion of their order to bring the transaction amount down below or equal to the maximum allowed on the FVC. This will allow them to save that additional FVC for another shopping trip so they can get the full benefit of the FVC.

## How Does Your Clinic Measure Up?

Patrice Thomsen, MS, RD, LD, CBE

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

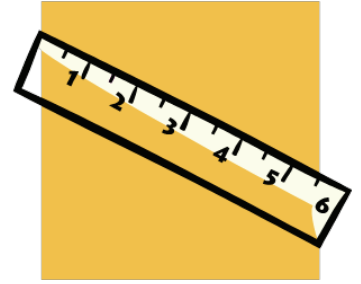
### Recumbent length measured incorrectly

*Observation:* Staff frequently hold just one leg when measuring the recumbent length of an infant and young child. The result is one foot against the footpiece.

### Correct Procedure:

This webpage link is a HRSA training module for measuring recumbent length. The information below comes from this module. <http://depts.washington.edu/growth/module5/text/page4b.htm>

The child should be placed on his back in the center of the length board so that the child is lying straight and his shoulders and buttocks are flat against the measuring surface. The child's eyes should be looking straight up. Both legs should be fully extended and the toes should be pointing upward with feet flat against the foot-piece.



Accurate length measurements require two measurers. One measurer holds the infant's head, with the infant looking vertically upward and the crown of the head in contact with the headpiece in the Frankfort Horizontal Plane. The head of the infant is firmly but gently held in position. The measurer gently cups the infant's ears while holding the head. Make sure the infant's chin is not tucked in against his chest or stretched too far back. (In WIC, the caregiver usually holds the baby's head so staff need to ensure the position is correct.)

While the first measurer holds the infant's head in the proper position, the second measurer aligns the infant's trunk and legs, extends both legs, and brings the footpiece firmly against the heels. The second measurer places one hand on the infant's knees to maintain full extension of the legs. The infant's toes should be pointing upward.



It is imperative that both legs be fully extended for an accurate and reproducible length measurement. If only one of the infant's legs is extended during the length measurement, the measurement may be unreliable and inaccurate.

If you'd like more information about weighing and measuring clients, see the full list of training modules at:

<http://depts.washington.edu/growth/index.htm>

## *Cook Smart, Eat Smart—Lessons Learned*

*Pat Dunavan, MS, RD, LD, CBE*

In March 2011 we began a food demonstration pilot project called “Cook Smart, Eat Smart.” Four local clinics—Riley, Dickinson, Greenwood, and Douglas were the pilot sites for curriculum developed by Nada Schroeder, former Saline County WIC Coordinator. Each of the pilot sites received a food demonstration table with a cook top, kitchen supplies and incentive items for clients who attended the classes.

The food demonstration curriculum includes five lessons demonstrating how to make nine different food items. Included is: French Toast and Apple Smiles; Chicken Primavera, Breakfast Burritos and Bean and Cheese Quesadillas; Magic Pudding and Pyramid Parfaits; and One Pan Spaghetti with Cheese Toast. Each lesson includes a grocery list, a lesson outline, client handouts and recipes. Additionally, the curriculum includes marketing materials, web and nutrition resources and support materials for instructors.

Over the next few months, each of the pilot sites shared all five lessons with their clients. Each pilot site approached the curriculum uniquely. One used Extension staff to assist in the food demonstrations. Another hosted evening classes with child care provided. A third used only WIC staff to complete the food demonstrations. One clinic was adding the cooking classes to an already established list of class offerings. Each clinic determined how they would market their classes, how often they would offer them each month, and what time the classes would be held. Each clinic was instructed to gather participant feedback forms from class attendees and to also have WIC staff complete an evaluation of each lesson. Feedback from these forms was incorporated into final revisions to the curriculum.

So what was learned? Just as each clinic was unique, so too was the outcome of their classes. Some were very successful; others experienced poor attendance by participants. One clinic started strong but saw participation dwindle as the classes continued. Overall, there were some “lessons learned” that other clinics should keep in mind if you wish to provide cooking classes:

1. The recipes included in the curriculum appeared very simplistic, but were enthusiastically received by WIC families who might have less cooking experience than WIC staff. The take away message—Keep it Simple.
2. Know your audience—the most successful pilot sites were those that did their homework prior to starting the classes. One site did a client survey to determine interest in cooking classes, what time would be best for classes to be held and what other conditions would make it easier for clients to come to the class. Their preparation paid off with the better class attendance and calls for additional classes in the future.

Cook Smart, Eat Smart  
Cooking Classes for Today's  
Families



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*Cook Smart, Eat Smart—Lessons Learned, continued*

3. Marketing is key to success. The State WIC Office provided each clinic with bookmarks and posters to remind clients to attend the cooking classes. Most clinics went well beyond this basic step. Some set nutrition education class appointments and gave the client an appointment letter as a reminder. The clinic let the client know that there would be samples of food and that their attendance counted for their nutrition education contact. Others offered reminder phone calls. Articles in newsletters and local newspapers, pictures of classes on the health department website, information about the classes on Facebook, as well as posters showing local WIC staff using the kitchen all added to the atmosphere in the clinic that these classes were something special.
4. Keep it fresh. All the clinics indicated that attendance at the classes varied with some sites seeing fewer clients as the classes progressed. It is important to think creatively not only about how classes are marketed but to distinguish in the client's mind how each class is different. Based upon comments from staff and clients, we also added additional resources to the curriculum that can help extend the learning. A list of websites that WIC families can check out on-line or additional recipes that they can try at home all help continue the learning experience into the future.

The final version of the curriculum is now available on the KDHE/NWS website at: [http://www.kansaswic.org/nutrition\\_education/lesson\\_plans.html](http://www.kansaswic.org/nutrition_education/lesson_plans.html). I encourage you to check it out and see what creative ideas it might spark in your clinic as you provide nutrition education to our WIC families.



*K-State Research and Extension's Susan Krumm teaches a lesson from Cook Smart, Eat Smart for Douglas County WIC*



*Chicken Primavera, prepared by Susan Krumm, during a Cook Smart lesson at Douglas County WIC*



*Greenwood County Cook Smart, Eat Smart class attendees*



## *Butler County World Breastfeeding Week Baby Shower: Quite an Event!*

*Kelly Beasley RD, LD, WIC Nutrition Services Coordinator, Butler County*

For two years now, as WIC dietitian, I have hosted a baby shower, open to WIC moms and all our Butler County moms and partners, in honor of World Breastfeeding Week. The shower is held in the evening, and includes cake, punch, and presents, like a typical baby shower; additionally there is information about breastfeeding.

This shower is a big undertaking, from the initial selection and reservation of the facility, to the decoration and stuffing of goodie bags for each attendee. Past showers have involved free bra fittings from a local maternity store, visits from La Leche League leaders, information and give-aways to support breastfeeding. This year our local hospital dietitian, who is also a Certified Breastfeeding Educator, discussed the services she offers for breastfeeding moms. I showed some power point presentations on what World Breastfeeding Week is all about, and on breastfeeding as the way moms normally feed their babies. We also watched a short video about NIPing, or Nursing In Public.



With all the work involved in presenting this shower, my to-do list included the following:

- Reserve room, create RSVP list, have Fire Department out to measure for Fire Code Occupancy, call attendees day before to confirm
- Decide if childcare will be offered, and if so, recruit qualified volunteers and create release form
- Plan agenda, coordinate with LLL, hospital; locate and learn to use projector for slide show presentation, get wireless internet working for video
- Contact local business for potential donations-create vendor letter, talk with owners, send out thank you cards; also contact breastfeeding support companies like Medela, Ameda, etc.
- Contact food bank for help with refreshments for shower
- Coordinate with radio station for advertisement before and during event
- Buy decorations, make goodie bags for each mamma, make infant tummy models
- Have cakes made for shower, buy supplies for punch
- Recruit “helpers” to assist at the shower, create task lists for these helpers

There was much more, but hopefully this gives you a snap shot. The first year we presented this shower, our BFPC and I worked together, from the planning to the presentation. However the second year I put on the shower on my own, which was a lot for one person!

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### *Butler County World Breastfeeding Week Baby Shower: Quite an Event!, continued*

To advertise, I designed cute little slips (3-5 per sheet of paper), and got them printed out in color at our County's mapping office for free. We sent one of these home with all our moms when they came in for appointments, pregnant, breastfeeding, or postpartum, for about 2 months before the shower. We also mailed out a letter that described our WBW events to all pregnant and breastfeeding moms. Because space was limited, we required attendees to RSVP by calling the Health Department. This year, word of mouth from client to client encouraged attendance, as folks were excited about all the give-aways and freebies.

I learned a lot from hosting this Breastfeeding Baby Shower. First off, it always takes more time to do something than you imagine! Leave lots of wiggle room in the agenda. Have the doors open early for guests to come in out of the heat. Draw for prizes, and avoid a "freebies" table, or guests may stampede towards it during your presentation. Don't be afraid to ask for help and donations, from everyone. Have a helper each step of the way. Be flexible with the unexpected, like dropping one of the cakes. Enjoy the event; everyone wants to have fun!

Funding the event has been one of the largest challenges; the first year we decided to host this shower, we had not planned for this in the previous year's budget, so the BFPC and I bought decorations with our own money-tablecloths, crepe paper, balloons, service ware, and goodie bags. Our BFPC at that time volunteered to make the cakes for free, and she did the same thing this last year, even though she was no longer working as our BFPC, bless her heart! I also paid to have about 30 large pictures printed in color, at Kinko's, of breastfeeding moms, to decorate the room. As the rules on State funding do not allow the purchase of any of these items, I purchased all these things again this last year on my own, which is a strain.

We did have a small amount of money I had planned in the BFPC budget, and I used that to purchase items to make infant tummy models (braided twine, wooden dowel ends and bead from Hobby Lobby), and we sent one of these home with each mom in her goodie bag, since those qualified as an educational tool. Our local food bank donated soda to help make the punch. My sister makes and sells sugar cookies, so I bought several dozen "boobie-shaped" and baby-themed sugar cookies that we sent home in mom's goodie bags for both years. Also Medela has always donated lanolin and breastmilk storage bags; I donated disposable breast pads. Local businesses gave away haircuts, massages, dinner out, diapers, baby items, and a scholarship for a child-birth class. My parents donated a rocker/glider, and we gave that away, along with a nursing stool Medela had donated, and a nursing station I created, including a wooden tv tray with a basket full of lanolin, breast pads, burp wraps, and a cup for mom to make a tasty drink. I did apply for state funding to help cover the hours I spent planning this shower, or at least the hours of the actual shower, but have not received that, so this time I have donated both years.

My motivation for the shower came as a newly pregnant first-time mamma myself, and realizing our moms would love a fun shower, and support and tools for breastfeeding. This last year, I got a thank you card from a mom of seven, who said this was the first baby shower anyone had ever given her! Now that I have a little one of my own, donating time and money is harder, and I'm pursuing other funding options for this special event, a time to shower moms and educate on breastfeeding. *For more information, contact Kelly Beasley at [kbeasley@bucoks.com](mailto:kbeasley@bucoks.com) or 316-321-340.*



## *Local Agency News*

### **We welcome these new WIC employees:**

Butler County, Susan Shinkle, BFPC  
 Geary County, Kacie Sena, Clerk  
 Harper County, Sandra Cornelson, Clerk  
 Leavenworth County, Sarah Lidtke, Clerk

Leavenworth County, Denise Curry, Clerk  
 Sedgwick County, Kristi Valles, Clerk  
 Sheridan County, Kay Riedel, RD  
 Sherman County, Irma Romero, Clerk

### **Congratulations to:**

Eileen Parks, RN, Ellis County, on her retirement

### **We say goodbye to these WIC friends:**

Crawford County, Lindsay Waterman, BFPC  
 Geary County, Frances Guffy, Clerk  
 Harper County, Cassie McKnight, Clerk

Sheridan County, Virginia Zeigler, RD  
 Sherman County, Connie Grieve, Clerk  
 Stevens County, Brandy Littell, Clerk

## *Tidbit to Try*

*Patrice Thomsen, MS, RD, LD, CBE*

We talk a lot about praising and acknowledging clients. Often we offer praise such as “good job”. Try an alternative sometime. Ask a question in which you also acknowledge that the person did something good, especially if it was a goal.

“Hey – how did it feel when your family liked that bean recipe you tried?”

“How did it feel to get out and walk?”

“How did it feel when you made it through the first week without giving any formula?”

“What do you think about your child liking to help wash vegetables?”

**By ASKING, you are encouraging dialogue. Dialogue builds rapport and supports behavior change.**



Growing healthy Kansas families



Our Vision: Healthy Kansans living in safe and sustainable environments

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