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Kansas Department of Health and Environment

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES

KANSAS WIC

In this issue, we will share the training reports of several local WIC staff. We hope their experiences will encourage others to continue their education at similar training events.

Breastfeeding Education is a PROCESS, not an event

Kelly Schleiger, RD, LD, CBE Riley County WIC Dietitian

I attended the Certified Breastfeeding Educator (CBE) training presented by Debi Bocar, RD, PhD, IBCLC in Oklahoma City in August. I was very excited to attend the training, knowing that even after a year of working with WIC clients, there was so much more I could learn about breastfeeding.

Debi Bocar presented on breastfeeding topics from breastfeeding basics, to latch, to the science behind lactation. We were able to explore the material given through role-playing scenarios and practice hands-on interventions. Information about unique and challenging breastfeeding situations and solutions were invaluable for a professional working in the WIC setting, where often we see the difficulties associated with breastfeeding.

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I also enjoyed the sessions addressing breastfeeding prenatally and plan to implement a more improved approach in our clinic with our pregnant clients. The three topics I found most influential in assisting our WIC clientele were:

The prenatal breastfeeding discussion. The prenatal period is an important and opportune time to address plans for feeding baby. Assess mother's thoughts, views and attitudes on the subject of breastfeeding prior to education. Gauge the expectations and motivations for breastfeeding and tailor any education to her thoughts and concerns. Include close family members or friends in the discussion. Tailor the information you give to address the client and family's specific concerns or thoughts before any education. Always acknowledge the client's response and gather more information if able. Remember to always share factual, accurate information.

Have the client identify a great breastfeeding support system before baby is here to provide her with the best environment for her breastfeeding experience. It is helpful to have family, friends, health care professionals and community resources in the system. Identify a friend or family member who has not only breastfed, but who enjoyed breastfeeding. Also, identify prenatal "flags" that may hinder a breastfeeding mother. One common "flag" often seen in the WIC setting is the mother's "I will *try* to breastfeed" response. Address this carefully and thoughtfully as it may mean the mother is marginally committed to breastfeeding. Encouragement, expressing confidence and following up are essential to mothers who are indifferent. Any prenatal assessment should end with optimism and reassurance.

Two statements from the training that summed it up best are: “Breastfeeding education is a PROCESS, not an event” and “Discuss Early, Discuss Often”.

Early latch and after delivery experience. The first two hours after baby’s birth are the critical period when the attachment and bonding process intensifies. During this time, a small amount of experience will produce a great effect on later behavior. Ideally, infant is placed to breast immediately after birth. Newborns should be given the opportunity to use their senses to “imprint” with mother, an important adaptive skill for learning from what they experience. Healthy term infants should be breastfed immediately after birth and infants should be kept near the breast for most of the first two hours after birth. Avoid separating mothers and babies. Frequent breastfeedings and interactions during the hospital stay are highly encouraged. Interruption of the first feedings and use of artificial nipples can cause breastfeeding challenges for mom and baby.

Support and help through the first days and first month for a breastfeeding family. The first few weeks are crucial to establishing a successful breastfeeding experience. Support and help from the mother’s established support team to resolve any challenges helps mom and baby get off to the best start in reaching their breastfeeding goals. Support can be provided in many different ways. Sometimes the smallest things make the biggest differences after a new baby is born. The initial WIC appointment and assessment after delivery allows WIC staff to take a “breastfeeding expert” role. WIC may be the only place a family knows and feels comfortable to get breastfeeding help.

Important topics to address at the initial client visi are: concerns identified by family, the “How to know if my baby is getting enough milk” question, and when and from whom to get help. Include topics such as hunger and satiety cues, positioning and latch on, and consoling infant as needed. Mother-to-mother information and support is critical. Early and often encouragement, support and assistance should be routine.

I have had the opportunity to incorporate many of the ideas and practices into counseling clients and feel more confident in approaching the subject with clients, providing advice and answering their questions. I appreciate the opportunity to attend this training and for the numerous useable skills I obtained. I was very happy to share with everyone that I am now a CBE!

Maria Biancuzzo’s Comprehensive Lactation Course

Jody Hammerschmidt, RD, LD, CBE Leavenworth County WIC

I had the privilege of attending Marie Biancuzzo’s Comprehensive Lactation Course in Dallas Texas. This course was a four day intense course on preparing for the IBCLE exam. It covered a variety of topics including legal and ethical responsibilities, cultural feeding practices, counseling strategies, research, breastfeeding in public health, W.H.O. Code, growth and development, developmental milestones, and breastfeeding management topics.

I liked the way the course opened my mind from thinking how to manage breastfeeding in the United States to breastfeeding management on a world standard, which is how the IBCLE exam is written. Breastfeeding management in the USA for some conditions may not be the same as in a third world country. In a third world country feeding a baby formula gives that infant a poor survival rate due to lack of clean water, poor sanitary

conditions, no means to purchase formula, or formula may not even be available to purchase. In the United States where breastfeeding may not be recommended due to a particular heath condition like HIV, in a third world country breastfeeding may be the only option. Therefore, the IBCLC needs to be prepared to give the best recommendations for breastfeeding in these situations to minimize disease exposure.

The course also touched on areas that I would not have thought about studying. An example of this for me was reviewing statistical vocabulary like p values, relative risks, statistical power, among many more! Things I may not have studied without this course would be the formulation of public health initiatives like the Innocenti Declaration. Other areas of review involved major developmental theories of Freud, Erikson and Piaget. Even human anatomy like the bones, blood vessels and nerves in head and torso are possible test questions. These content areas are just parts of the review course. Yet, these are topics that I may not have studied without this course.

When I made the choice to take the exam I thought I would only need to study breastfeeding management. However, after taking Marie Biancuzzo's course I have learned that the test is **MUCH MORE** involved! I will be studying a broader range of topics than just breastfeeding management. I am very thankful for having this opportunity. Preparing for this exam can become very overwhelming. However, now I feel more focused and prepared.

Cow's Milk is for Cows

Alison Boyle, CBE, Smith County

Recently I attended Deb Bocar's Breastfeeding Educator Program in Wichita, KS. I found one aspect of the education particularly interesting; cow's milk is for cows. We incorporate cow's milk into our daily diet. And yet the basic nutritional composition of cow's milk was never intended for human infant intake.

Every mammal produces milk that is specific and unique to their nutritional needs. If you think about the differences between a human and a cow, they are almost too many to list. A healthy calf can walk within the first few minutes after birth, and they can gain upwards of 2 pounds a day during their first year. Cattle reach sexual maturity within 12 months and their full growth potential can be reached within 2 years. Humans, on the other hand, have a much broader arc of growth and development. Cow's milk is formulated for rapid musculoskeletal growth. This is not necessary or optimal for human growth and development. Humans take three times longer to double their birth weight compared to calves. We have complex neurological and immune systems that require different specifications.

As consumers, we refer to it simply as milk, breast milk, and formula. The terms are somewhat misleading since technically all milk is breast milk. It all comes from mammary glands; the difference is the source. "Milk" consumed as part of ***our*** diet is actually cow breast milk. When we talk about "breast milk," we are

referring to milk from a mother's breast. Despite the fact that it is made for humans, today's societal expectations are less accepting of breastfeeding once the child reaches one year of age.

If you read the label on a can of infant formula, the main ingredients are corn syrup solids, vegetable oil, and whey protein concentrate from cow's milk. The list may also include preservatives and various vitamins and mineral supplements. Human breast milk composition changes and adapts to the changing needs of the infant. Nutrients are optimally proportioned and bioavailable. They are easily digested for comfort and provide significant immune protection. Studies have shown that breastfed infants have lower rates of developing infectious diseases. Breastfed babies are 20% less likely to die from ANY cause during their first year compared to formula fed infants, according the American Academy of Pediatrics, 2004. Studies show that breastfeeding reduces incidents of SIDS, diabetes, childhood obesity, certain cancers, asthma, allergies, and the lists goes on. Breastfeeding also provides benefits for mother's health, as well as baby's.

When we start making recommendations about what is best for baby, taking into account the benefits of breastfeeding, it is my hope that society will continue to move towards making breastfeeding the #1 choice for our children. The more we educate ourselves about the benefits, the more support we can offer to the growing number of moms who choose to breastfeed, because after all, cow's milk is for cows.

How Do You Treat Other Adults in the WIC Clinic? Food for Thought from the 2014 NWA Nutrition and Breastfeeding Conference

Mary Johnson, RD, LD, Shawnee County Health Dept.

One of the general sessions was a Dad's panel. I liked the statement "If the Dad is at the WIC appointment with the Mom and family he is an involved Dad" and thus we should direct our conversation to him as well as the Mom. This includes saying "hello" to all adults who come to the appointment as I feel an adult who comes into the WIC room is an involved person in the family even if it is a friend who comes with Mom.

Likewise, it is important to remember to thank the client and family/friends for coming to the appointment. Hopefully this helps the client realize we care about them. This is good for all staff members who work in our WIC clinic.

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