

Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



Reflections on 2015 NWA Conference

Vickie Hayes, Shawnee County Health Agency

I was allowed to attend the National WIC Conference in Los Angeles, California this year for the first time. I found it to be very interesting and informative.

Attending the conference made me realize just how important working for the WIC Program all across the United States was to everyone. Staff members are absolutely passionate about getting food to the pregnant women, breastfeeding women, infants and children who need the foods to lead a healthy life. Everyone also seemed very passionate about helping their clients in many other ways, such as making WIC easier and more convenient for them.

I learned that:

WIC has 1,000,000 less clients than there were in 2010.
 The United States is ranked 26th in Child Health/Infant Mortality

We need to increase awareness about WIC:

It's important to speak to people while they are in the waiting room of WIC office to make sure that if someone is not on WIC, you could check to see if they are eligible for the program.

Gain the trust of clients.

Get to know them and let them get to know you! It was suggested that we could send out birthday cards for the 1 year old clients and maybe put a little something in the card regarding nutrition, WIC, etc. Also have the professionals (dietitians and/or nurses) wear white jackets to look more professional and have them make up a board for the exam room they work in showing their license and mention some things that particular professional is interested in.

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WE need WIC





Differences between a Counselor Centered Nutrition Education Approach and a Participant Centered Approach

(Adapted from the Oregon WIC Program “A comparison of nutrition education approaches in WIC”.
Provided by Patrice Thomsen, MS, RD, LD.)

Counselor Centered Approach

The counselor wants to be seen as a knowledgeable nutrition expert.

The counselor:

1. Asks for information from the WIC participant about risks and problems
2. Decides which nutrition/health/behavior changes the WIC participant should make
3. Informs the WIC participant what is wrong with her current nutrition/health behaviors (her “nutrition risks”)
4. Presents an action plan with broad suggestions for behavior change
5. Asks yes/no and leading questions to confirm the WIC participant’s understanding of the nutrition information and action plan

The participant:

Leaves with information she can use to change counselor – identified nutrition/health-related behaviors

Participant Centered Approach

The counselor wants to be seen as a facilitator or partner, who provides information, ideas and support to help the participant make positive nutrition/health behavior changes.

The counselor:

1. Asks for information from the WIC participant about her goals, abilities, questions and concerns
2. Helps the WIC participant decide which nutrition/health behaviors she wants to change, in the context of her own goals, culture and personal situation
3. Helps the WIC participant identify barriers to change and strategies she can use to overcome them
4. Offers information and ideas for how participant can change her behavior, with small doable action steps
5. Asks open-ended questions and uses active listening skills to encourage the WIC participant’s active participation and to make sure she (the counselor) understands

The participant:

1. Leaves with information and decides what behaviors she can change
2. Gains ideas and makes her own decisions about small steps she can take, motivation to take those steps and a feeling of support that can help her to change her nutrition/health-related behaviors.





Why Support Breastfeeding? Thoughts after Attending Certified Lactation Educator Training

Nicole Boswell, Breastfeeding Peer Counselor, Brown County



Why should I encourage breastfeeding? Why should I start talking about it so early? Why should I concentrate on getting enough information prenatally to help make breastfeeding the best start for mom and baby? Why should I bother? The short answer is because it's better than any other option for feeding children. Science and nutritional studies are still finding out new benefits for everyone involved. I'd go so far to say it's better for the world.

When women aren't equipped with support and resources anything can become a battle, including breastfeeding. Choosing to give your infant the most optimal nutrition available should be an easy decision. Instead, it can be intimidating, come with social stigma, be embarrassing, and scary. The thought of nursing being painful could send a girl running. Who can blame her? Who can relieve her misunderstandings, clear up the misinformation, and put a positive spin on breastfeeding? We all can. Anyone who comes into contact with this concerned mother can!

The WIC office is a great source of resources for women and children who need encouragement. Staff can share information on the benefits of breastfeeding. Just a few of the benefits to your baby include the protection colostrum provides to the intestines and vulnerable organs; helping regulate temperature and control pain, and allowing the baby to sense and smell the safety of nursing. Mother's hormones release, allowing her to stay calm, be soothed, and provides the foundation of attachment.

How do we educate mothers with this information? My experience is that during pregnancy and early postpartum moms learn differently. Giving simple statements and repeating them will help her retain the most important elements making her breastfeeding experience successful. Every person has a different learning style. What works for one person may not work for another; this needs to be considered when offering resources.

Prenatal breastfeeding information plays an important role in acceptance. Exposing mom to other breastfeeding moms normalizes the breastfeeding experience. Here are some important points to share with moms:

- The body is preparing milk for your baby by 16 weeks gestation, shortly after most women confirm that they are pregnant.



Why Support Breastfeeding? (continued)

- Breastfeeding is the “natural” feeding method and a learned skill for both mom and baby. My favorite analogy of this learning process is to explain it like a dance; no two partners dance the same, there will be some aches and pains along the way but soon they will learn each other’s steps and never miss a beat.
- Encourage early skin to skin contact, within that first hour of life. Many moms and babies experience a smoother transition to nursing after early skin to skin contact.
- Latch the baby in the quiet alert state after birth, usually within an hour of birth.
- Encourage breastfeeding support contact before mom leaves the hospital. Early support leads to a better breastfeeding experience for mom and baby.

Seventy five percent of women decide whether they will try breastfeeding within the first trimester of their pregnancy. It is encouraging that we can support our WIC clients from the start of their pregnancy. Establishing breastfeeding normalcy in a mom’s life benefits them, their babies, and the world.

Healthier Beverage and Food Intake

There has been much written about making healthier choices and reducing sugar sweetened beverage intake. Below are a few studies that highlight some of the newer research in this area.

Associations between mother’s child-feeding practices and children’s sugar-sweetened beverage intake. Park S, Li R, Birch L. Journal of Nutrition. 2015. <http://www.ncbi.nlm.nih.gov/pubmed/25833783>

Sodium and sugar in complementary infant and toddler foods sold in the United States. Cogswell ME, Gunn JP, Yuan K, Park S, Merritt R. Pediatrics. 2015

<http://www.ncbi.nlm.nih.gov/pubmed/25647681>

Juice and water intake in infancy and later beverage intake and adiposity: Could juice be a gateway drink? Sonnevile KR, Long MW, Rifas-Shiman SL, Kleinman K, Gillman MW, Taveras EM. Obesity (Silver Spring). 2015.

<http://www.ncbi.nlm.nih.gov/pubmed/25328160>

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