

# Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



## War on Poverty

Linda Rippetoe RD, LD Lawrence-Douglas County Health Department

Summary from a session at the Academy of Nutrition & Dietetics' 2015 Food and Nutrition Conference and Exposition.

Erik Stegman from American Progress gave an interesting talk on the history of poverty and how the social programs (Food Stamps, Medicare, Social Security, WIC, and School Lunch Programs) were developed. Their organization works towards supporting and enhancing these programs. Although as a WIC dietitian I am familiar with the benefits of these programs it certainly is motivating to hear the background and the resources to use when promoting the programs to our clients and educating the public, our state and federal reps to continue to make the programs available. Our own Senator, Bob Dole, and George McGovern were instrumental in supporting the programs in the early 60's. These programs have helped reduce the percentage of people in poverty over the last 50 years. I did not realize that the SNAP program alone had helped 4.7 million people out of poverty. Erik encourages us as professionals that the public and Congress needs to hear the stories of how these programs help the low income with food insecurity and we as dietitians are the ones who have first hand knowledge of these needs to tell the story. An interesting point when polled at the talk is that approximately only 60% of dietitians attending the session used the services provided by the Academy to contact our senators and representatives. This is such an easy process that takes just a few minutes to connect with our reps. We can make a much bigger impact if more of us would respond and give an example of a family's real life story. The next time I contact a representative or senator I need to take a few extra minutes and give an example of a struggling family and how our programs benefit the families.

I look forward to following up on the information Erik provided at the session and do a better job as a dietitian representing those that need the programs and promoting the programs. If you are interested in more information, search for these sites:

Talk Poverty: [Talkpoverty.org](http://Talkpoverty.org)

A Place at the Table: [www.takepart.com/place-at-the-table](http://www.takepart.com/place-at-the-table)

CBS: Hunger in America: <http://www.peabodyawards.com/award-profile/cbs-reports-hunger-in-america>

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## Helping Raise Competent Eaters

Jane Freyenberger, Lyon County

I was surprised and pleased to once again hear Ellyn Satter speak at the NWA WIC Breastfeeding and Nutrition Education Conference. She is a registered dietitian/social worker who is now retired and who focused much of her career on the parent/child feeding relationship. The Ellyn Satter Institute carries on her work, and several sessions were led by professionals actively working with the institute. While most nutrition professionals are familiar with Satter's Division of Responsibility in feeding, there are always situations or questions that stump us as we teach our clients about healthy food relationships and work toward the same with our children and grandchildren. Our work is cut out for us, because according to research, 85% of parents do not follow the Division of Responsibility in feeding.



The goal of using Division of Responsibility guidelines is to raise competent eaters. A tool is available on the Satter website to evaluate one's eating competency. People who are "competent eaters", compared to those who are not, 1) both perceive themselves to be and are more physically active, 2) get more sleep at night, 3) do much better nutritionally, 4) have equal or lower BMIs, and 5) have better physical acceptance and are less likely to diet.

I took a few notes while Satter was describing raising an eating competent preschooler: Be firm about structure of meals and snacks. Dignify what they're currently able to do because this helps them move forward by taking off the pressure to eat by food rules. People do not move forward with new positive behaviors from a place of feeling bad about themselves. Let them find their own success.

At the website [www.ellynsatterinstitute.org](http://www.ellynsatterinstitute.org) you will find tons of information and educational handouts for feeding children of all ages. There is also a link to a Facebook page where more education and interaction are available.

## Thought from Certified Breastfeeding Educator Training

Jennifer Funk, RN, Russell County

It was 3 o'clock in the morning and I sat with eyes red rimmed holding a 4 day old little baby piercing the air with cries. Frustrated and at my wits end with breastfeeding because my supply was not in yet, I looked down at my child and knew she was hungry. I felt like a horrible failure as a mother because I couldn't provide this one basic need for my child. I'm crying as hard as my little one and my husband looked at us and said that he knew I wanted to just breastfeed but he couldn't stand to see us upset anymore. He grabbed the can of formula that was sent home with us from the hospital and mixed up 2 ounces of formula. Our little girl sucked down the formula and then went into a peaceful sleep for 4 hours. This is my breastfeeding story and no one told me breastfeeding was going to be this hard.



### Thoughts from CBE training ( Jennifer Funk Continued)

In the hospital after my little one was born, I was told that I had inverted nipples I could have difficulty with latch on. I was given a nipple shield and given limited instruction. When I was younger I had a bilateral breast reduction but my milk ducts were kept intact. I was assured by my doctor that I would be able to breastfeed but the production may be decreased. My baby was born at 9 lb 10 ounces and they were concerned with glucose levels so they pushed formula in the hospital. Next I was using a SNS system with the nipple shield. I had handouts and education thrown at me and to tell you the truth, it was all a big blur! When our little family arrived home we continued breastfeeding with the nipple shield. She would feed for 15 minutes then fall asleep and then wake up a half hour later wanting to eat again. She would cry and get frustrated with the nipple shield. I started pumping on day 4 and I barely pumped enough to cover the bottom. After 2 weeks of feeding my child the milk I pumped and rotating formula, I was up to 0.5 ounce each pumping. I was ready to give up and hated every minute of it because I was a failure and everyone in my support system was telling me to give it up because I was getting too stressed. I knew what I wanted for my baby. I wanted to breastfeed.

If I only knew then what I know now! Through the Breastfeeding Educator Program I gained knowledge and tools to help women with lactation and breastfeeding issues such as the ones I endured. With proper guidance I could have been more successful with breastfeeding and it could have been a more pleasant experience. A majority of my problems revolved around my emotions. I was stressed and anxious because I felt that I was starving my baby. A Breastfeeding Educator would have been a wonderful resource. I would have known approximately the intake per feeding my child would require. Newborns have small stomachs. I could have focused more on how many wet and dirty diapers and weight gain rather than how much she was crying in between feedings. How much of that crying was even because she was hungry? I could have focused more on calming techniques.

Some women are blessed with wonderful breastfeeding experiences; however, I was not one of them. I had a lot of complications but if I could have had someone who could have encouraged and supported me rather than tell me that it wasn't worth the stress, I feel it would have been different. I hated the fact that I had to supplement. The truth is, in my case the baby needed to be supplemented. Feed the baby! The most I was ever able to pump in one day was 4 ounces and that was after 4 weeks. Instead of focusing on only producing those 4 ounces, I should have focused on the fact that I was providing breast milk for my baby and giving her that wonderful gift. Four ounces is better than none at all.

With a combination of my experiences and the education provided in the Breastfeeding Education Program I plan to help women make their experiences with breastfeeding positive and successful. I want to help mothers feel confident and secure with their ability to provide for their child no matter what complications they may have to endure.





## Kansas La Leche League Conference Notes

Cary Allen, Breastfeeding Peer Counselor, Lawrence-Douglas County Health Department

I talk with many WIC moms who want to use formula temporarily so Cathy Carothers' session on *Returning to Breastfeeding* was particularly helpful for me. Carothers stated that the critical times for formula supplementation is days 2-5, 2 weeks and 4-6 weeks. One of the most common reasons mothers use formula is because of perceived insufficient milk supply. For this reason, Carothers advises breastfeeding counselors to teach mothers about how the breast makes milk in order to give her more confidence. If a mother wants to get back to exclusive breastfeeding after starting formula, it is important to ask the mom questions about her breasts and her labor and also to assess the infant. Since returning to exclusive breastfeeding will take some time, it is crucial that she has a supportive team. Breastfeeding counselors should help the mother come up with a plan to gradually decrease the supplement while building milk production. We should discuss the idea that the "supplement" can be the mother's own expressed milk. We can offer strategies like breast compression and massage to help fully drain the breasts, skin to skin contact to help release milk making hormones, and avoiding pacifiers so all the suckling can be at the breast. Mothers tend to be emotional during this transition time so counselors should continue to offer support through affirmation and praise.

### Points of Interest

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute have released the [2015 County Health Rankings Health Gaps Reports](#). The reports identify significant gaps in opportunities for good health among counties within each state, in an interactive format.

CDC sends out the monthly *Beverage Bulletin*, an electronic resource for practitioners interested in public health efforts to support healthier beverage intake. To subscribe to this listserv, email [spark3@cdc.gov](mailto:spark3@cdc.gov) at CDC.

Have you checked out the recent webinar from ASPHN? If not, listen to the webinar and review the resources and slides on this interesting topic. The Association of State Public Health Nutritionists (ASPHN) Maternal and Child Health Nutrition Council webinar, **Adverse Childhood Experiences and Risk for Obesity** is now available on ASPHN's webpage at :

[http://www.asphn.org/resource\\_read.php?resource\\_id=727&sid=&order=&move=&start=&realm\\_to\\_search=2&search\\_results\\_flag=1&origin=](http://www.asphn.org/resource_read.php?resource_id=727&sid=&order=&move=&start=&realm_to_search=2&search_results_flag=1&origin=)

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