Colorado WIC News

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Got Milk?

How do you distinguish between regular and rare breastfeeding?

See Page 4

Use Clues

Being a Success Detective is a good way to connect and motivate your participants, and it's fun!

See Page 6

Pot Policies

K now what to do when you hear from your participant that she is smoking marijuana. Do you report it?

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Talking to parents about

by Kathy Baker, CO WIC Nutrition Consultant

One of the changes with Amendment 7 and revision of some of the risk factors was the removal of "juice" from the definition of 425b – Routinely feeding a child any sugar-containing fluids. Now that excessive juice consumption is no longer being risked as part of 425b, staff have been wondering if – and how their counseling regarding juice should change.

Just because risking has changed, the message that staff provide to parents and caregivers doesn't need to change. Routinely feeding a child sugar-sweetened beverages (beverages with added sugars) in any amount is a red flag. The 2010 Dietary Guidelines defines sugar-sweetened beverages as liquids that are sweetened with various forms of sugars that add calories. These beverages include soda, fruit ades and fruit drinks, and sports and energy drinks and sweetened bottled water.

100% fruit juice, like milk, contains sugars, but not added sugars. For most children and adolescents, an appropriate amount of milk or 100% fruit juice is not associated with increased body weight. However, limited evidence suggests that increased intake of 100% juice has been associated with higher body weight in children and adolescents who are overweight or obese.

Parents often think since juice is "natural" and from fruit, it is good for children. Consuming a small amount of juice is OK, but not necessary. Children (and adults,

Continued on Page 2





dministrative Update

Congratulations

The following staff completed Level I, Level II and /or Level III Modules in the last few months.

BACA

Amber Ingle, Level I

BOULDER

Aubrey Bailey Ballesteros - Level I, II

BROOMFIELD

Jennifer Nicklas, Level I

COLORADO WIC

Erin Johnson, Level I

DENVER

Elysa Polovin, Level I Jessica Previch, Level I, II

LAS ANIMAS/HUERFANO

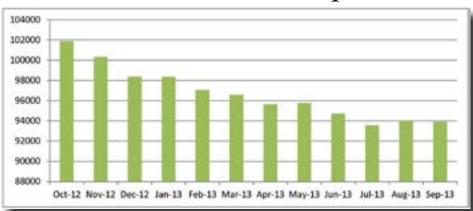
Stacey Shew, Level II

Modules get update, design

The New Employee Training Modules have been updated and are available on the www. ColoradoWIC.com website under the New Employee Training tab.

They include new design elements such as hyperlinks from the table of contents.

Colorado WIC Participation



Communities Connect for Nutrition

Produce for Pantries encourages home, school and community gardeners to grow and donate healthy and fresh produce to communities in need by connecting them with their local food pantries and hunger relief organizations.

There still is a need for gardeners to grow and donate food freshly grown produce! For more information go to: http://www.ext.colostate.edu/mg/gardennotes/723.html.

For information about local food pantries, call the Hunger Free Hotline at 855-855-4626. For more information about Produce for Pantries, please visit www.produceforpantries.com or email produceforpantries@gmail.com.

Online Info

The following are available to print from the www.ColoradoWIC. com website:

- Modules
- Program Manual
- Mini Manual
- Rights and Responsibilities
- Formula Guide
- Nutrition Ed Counseling

Juice: Continued from Page 1

too!) can get all the nutrients provided by juice from fruit or vegetables. Too much juice (more than ½ a cup a day for children) is not recommended. It can fill up a child and cause a poor appetite for other nutritious foods. Too much juice can cause tooth decay or diarrhea. Some studies show that too much juice is associated with overweight and obesity.

Again, WIC's over-all message about juice is still the same; only the risking has changed.



2013 Participant Satisfaction Survey

WIC participants are overwhelmingly pleased with the WIC services they receive and almost all of them definitely would recommend WIC to a friend, according to the 2013 WIC Participant Satisfaction Survey. The survey was completed late last summer and data was analyzed from the 2,154 WIC participants who provided their opinions in English and Spanish.

The survey queried participants about how they feel about WIC services, how their behaviors have changed as a result of WIC, where they get their information on health care and how messages from WIC may have influenced their habits.

Overall, WIC participants are very happy with WIC and more than 97 percent regard WIC staff as helpful and reliable sources of information, with most saying staff is friendly, helpful and treat clients with respect. Participants say WIC appointments are generally available at convenient times (97%), but were slightly less satisfied about those appointments starting on time (92%). Satsifaction about getting return phone calls was less with only 89 percent of respondents satisfied.

Appointment reminders and information sent to participants' cell phones received a great deal of interest and acceptance from the survey, although those options were still overshadowed by participants' desire to have their information in print.

Behavior changes have remained relatively steady as a result of participation in WIC with English and Spanish speaking participants equally indicating that they eat more fruits and vegetables (76%), get more physical activity (47%), watch less TV (27%), eat more dairy foods (51%) and reduce fat in their meals (30%) as a result of information they have learned at WIC. Healthy eating (34%) also is among the top topics for information desired and has grown in popularity over the years.

When it comes to breastfeeding, however, slightly fewer participants believe breastfeeding is being promoted at WIC than previously (45% in 2013, down 22% from 2009) and there is a drop in what they feel they have learned about breastfeeding (38%, down 24%). This is likely a result of an intensive information campaign five years ago.

To see all the results, <u>visit the website</u> or go to <u>https://drive.google.com/file/d/0BwAcO4mULUbba1FFQVYtLWJTVkU/edit?usp=sharing</u>

Rrom the Director

The 16 days in October when everyone at WIC waited for the end of the federal government shutdown were unsettling for all of us. Managing the temporary lapse in funding required us to have difficult conversations and make hard decisions.



But everyone at WIC was professional, compassionate and supportive. We pulled together and helped each other with creative ideas of how to best serve our participants during a very unusual time. I am grateful for having weathered this storm with all of you and experiencing the camaraderie and caring for each other and for those who depend on WIC.

You are all true professionals and I want to thank you for everything you did during this stressful period.

Please do not fear for the future of WIC. Though Congress has still not agreed on the amount of funding to provide this year for programs such as ours, there has been no indication that the program itself is in jeopardy. WIC remains a highly respected public health nutrition program with a proven track record of creating results and saving the taxpayer money by improving health outcomes for those we serve.

State office staff will continue to closely monitor our funding as we approach the January 15 deadline that Congress set to establish the FY2014 Federal budget and share news relevant to our program as it becomes available.

Best,

Patricia Me Davilak.

Patricia M. Daniluk, MS, RD Director, Nutrition Services Branch and WIC Program



Preastfeeding Update

Something other than Breastmilk: Rare or Regular?

Staff members are adjusting to the new nutrition interview questions for previously and currently breastfeeding infants and children regarding when something other than breast milk was first fed.

While guidance cannot cover an unlimited number of situations, we can offer some general recommendations for when to select *rare* versus *regular* for fed "something else."

Select "regular" when...

- ...a mother uses words to describe when formula is given to her baby as weekly, some, a little every day, and/ or fortifying my breast milk daily. Following are some situations that identify regular feeding of something else
- 1. Mom gives formula when she is away from baby or out in public. Mom is not out or away from baby everyday but maybe 1 -2 times a week.
- 2. Mom gives formula sometimes at night so she can sleep... not every night but some nights.
- 3. Mom gives 2 ounces of formula every day because she doesn't feel like she has milk in the late afternoon.
- 4. Mom gives 2 ounces of formula after one feed a day because baby has jaundice.
- 5. Infant receives one feed of formula a day.



- 6. Infant receives one feed of formula a week.
- 7. Infant received formula in hospital and is getting any amount of formula from WIC.

These infants can be described as Partially Breastfeeding on the nutrition interview screen.

These are not situations of a mother whose intent is to exclusively breastfeed (except #4 where the mom is supplementing her milk may be intending to eventually exclusively breastfeed). A mom whose intent is to exclusively breastfeed would likely be pumping and/or expressing her milk by hand instead of using formula in the situations listed above.

Select "rarely" when...

- ...a mother describes very occasional, one time occurrence, or accidental use or related to a very brief time.
- 1. Infant receives one feed of formula a month.
- 2. Infant only received formula in hospital and no longer has consumed

since discharge.

3. Mom is taking a contraindicated drug and is pumping around the clock to maintain her milk supply and dumping the milk for less than two weeks. During this time she is feeding baby formula. This is a brief, one time period of occurrence. For this reason moms are encouraged to have some milk stock-piled whenever possible.

These infants can be described as Primarily Exclusive Breastfeeding on the nutrition interview screen.

Test your understanding

Question 1: If an infant received formula in the hospital and mom continued to give it to baby occasionally, e.g. three times a week, how would you describe this infant's use of formula and his breastfeeding description?

Answer: This infant received formula on a regular basis because it happened several times a week. This infant is partially breastfeeding.

Continued on Page 5





Reastfeeding Update

Breastfeeding Update: Continued from Page 4

Question 2: If a mother is instructed to fortify her breast milk every feeding or several feedings a day with formula because her baby needs additional calories, how would you describe the infant's use of formula and her breastfeeding description?

Answer: This infant receives formula on a regular basis and is partially breastfeeding. The infant is not receiving mother's milk as her sole nutrition.

If this continues for 10 days and the mother has been breastfeeding and pumping her milk to maintain her milk supply, she may at some point be able to change to a primarily exclusive breastfeeding description. It would require the use of the *Change BF Info* on the infant and the mother to be recertified. This feature should be used carefully as it is likely a rare occurrence.

Question 3: An infant received formula in the hospital, then parents gave formula 2-3 times a week for a few weeks. Now in the infant's second month of life, with WIC Program support, mother is exclusively breastfeeding and doesn't feed her infant formula. Do you record formula given? If so, then the mother cannot be issued the exclusive breastfeeding food package.

Answer: Yes, you must mark formula was given since baby received formula in and out of the hospital. Given mother now reports no formula use, you may be able to use primarily exclusive for which the mother could receive the exclusive breastfeeding

food package. If the baby is in week 5 of life and comes into WIC now exclusively breastfeeding for the past week or two, that means baby received formula maybe six times in three weeks and hasn't in the past week or two. If mom says she has adequate milk supply and isn't supplementing at all, and her intent is to not use formula (but hand express/pump when an occasional bottle is needed), describe the infant as primarily exclusively breastfeeding.

World Breastfeeding* celebrated

Eagle County Focuses on Breastfeeding Awareness

Eagle county's Avon, Eagle and El Jebel WIC offices all participated in breastfeeding awareness month. Their activities included a bulletin board displaying information about Colorado and Federal breastfeeding supportive laws and this year' theme, recognizing prenatal women and mothers who were breastfeeding their babies by giving them a water bottle with the words, "Celebrate World Breastfeeding Month" on it and "high five little guy" displays outside of each office to enable mothers to put a "guy" under the duration category (e.g., 1-6 months, more than 6 months, 12 months, more than 12 months) of breastfeeding they had attained for each of their children.

For more information, please contact Vanesa Doty 970-328-9818.

Mesa County Focuses on Workplace Support

Mesa County WIC Program planned a "Yes you can work and breastfeed" event at the downtown Farmer's Market and were located with a retailer, Colorado Baby. The event included a holding a drawing for a breast pump and other breastfeeding items while the store had their breastfeeding support supplies on sale; providing balloons with the breastfeeding month theme; and giving community members information on where to get breastfeeding support.

A physician was interviewed during a nightly news program about how supporting breastfeeding mothers is especially important when mothers return to work and finally during a nightly news program. An article based on an interview with two task force members titled, *Effort underway to promote idea that breastfeeding is normal*, was published in health and wellness section of The Daily Sentinel local newspaper.

Finally the agency highlighted the month by making information about supporting nursing mothers available at the health department marquee and providing backpack bags to nursing mothers in the WIC clinic and community.

For more information, please contact Karla Klemm 970-248-6915.

*If your agency submitted information about how you celebrated World Breastfeeding Month's theme "Breastfeeding Support: Close to Mothers" and it wasn't covered in this issue, please contact Jennifer. Dellaport@state.co.us.





Developing Your Inner Success Detective

Moving Forward with Regional Training Techniques

by Brigitte Boyd, CO WIC Nutrition Consultant

Starting a new counseling technique can be both exciting and overwhelming. There are many practical things to consider-- "Where do I start?" "What tools/resources are available to me?" "Why would this be helpful to me?"

Start by having confidence! The next couple of issues of the WIC News will focus on ways to practice the counseling techniques Nora Lynch presented during the August Regional Training. Nora provided a magnificent training about appreciative inquiry (AI), motivational interviewing and turbo goal setting with many practical tools and tips.

Success Talk

AI technique focuses on questions we ask framed around positive feelings with past, present or future successes. Instead of framing questions around "What needs to be fixed?", AI assumes everyone has a success! AI is one technique that can be used to increase WIC engagement and boost participant's confidence so that they can

be successful at change and more receptive to health messages.

I Think I Can, I Think I Can...

To begin your journey of becoming a Success Detective reacquaint yourself with Nora's presentation, the easel cards and the recording of Nora's presentations on the web site (under the Agency Staff, Regional Training).



Have you tried any techniques from Nora's presentation?

Share one high point you had while trying appreciative inquiry or another topic she presented. What made you especially glad you tried it? Send all success talk to Brigitte.boyd@state.co.us. It may be featured in an upcoming WIC News.

Pormula Updates

The Colorado WIC Formula Guide, Ward Road Ordering Guide, Maximum monthly amount of formula authorized by Colorado WIC, and the Infant Formula Ranges Cheat Sheet have been updated as of 10.28.13 and are posted to the Colorado WIC website.

Enfagrow Soy Toddler 24-oz powder has been replaced by Enfagrow Toddler Transitions Soy, 21-oz powder. The new 21-oz can reconstitutes to 141 oz and the maximum issuance has increased from 5 to 6 cans per month. The model food packages in Compass have been updated to reflect this change.

The reconstitution of Enfamil Prosobee 12.9 oz powder changed from 92 to 93 ounces. There is no change to the formulation or number of cans issued.

Mead Johnson recently launched a new formula, Enfamil for Supplementing, designed for breastfeeding infants whose mothers are supplementing with formula. This formula is available in a 21.5 oz powder tub. This product is NOT Colorado WIC approved.

Walmart has informed us they made the decision to replace the Mead Johnson 32 oz. ready to use formulas with a Walmart-exclusive 4 pack of ready to use 8 oz. bottles (total of 32 fl. oz.) in most of their stores. Walmart will not carry the 6 pack of 8 oz. ready to use bottles. Please note that the 8-oz bottles are NOT Colorado WIC approved, so participants receiving ready-to feed Enfamil Premium Infant, Enfamil ProSobee, Enfamil Gentlease, or Enfamil AR will need to obtain the formula at a store other than Walmart.

Report or Not Report?

by Erin Johnson, CO WIC Nutrition Consultant

With the legalization of medical marijuana and the recent passage of Amendment 64 in Colorado, more mothers may be disclosing marijuana use during the WIC appointment. Marijuana remains illegal at the federal level and is classified as a Schedule I drug. Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse.

Marijuana use is contraindicated while pregnant and breastfeeding. Some studies found that infants exposed to marijuana through human milk showed signs of sedation, low muscle tone, poor sucking, less frequent feeding and shorter feeding times. "Nursing mothers should be counseled that The American Academy of Pediatrics strongly believes that nursing mothers should not ingest drugs of abuse, because they are hazardous to the nursing infant and to the health of the mother. Additionally, the use of drugs of abuse while parenting and/ or breastfeeding may be considered child endangerment and should be reported to human services for further investigation."-Kathryn Wells, MD – Medical Director, Denver Family Crisis Center; Attending, Denver Health and Children's Hospital Colorado.

A report will be made to Colorado Department of Human Services (CDHS) at the hospital if a woman uses marijuana while pregnant and the baby tests positive upon delivery. If a woman is not pregnant, is using marijuana and has children at home, this is considered reportable too as marijuana use affects judgment, causes impairment and may be considered child endangerment.

CDHS will evaluate the report and determine whether the case is assigned. This determination is based on various factors including: the family's history with CDHS involvement, how it impacts the baby/children, presence of a sober caregiver present, and others. People who are found to have abused and neglected a child are generally offered support and treatment services. Depending on the incident, other services or investigations may be required.

How does this apply to WIC?

As a mandatory reporter, it's normal to feel overwhelmed and confused in this type of situation. Just remember, you are a voice for children.

When WIC staff know a WIC participant is routinely ingesting marijuana, WIC staff should:

Advise:

- A pregnant woman to stop and refer her to counseling services:
- A breastfeeding woman who cannot stop to discontinue breastfeeding.

Assign:

- NRF 372A-Alcohol and Illegal Drug Use to a pregnant woman
- NRF 372B-Alcohol and Illegal Drug Use to a breastfeeding or non-breastfeeding woman
- When appropriate, assign NRF 901-Recipient of Abuse
- When appropriate, assign NRF 902-Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food

WIC Must report to CDHS:

- A pregnant woman with children at home, who uses marijuana
- A non-breastfeeding woman with children at home, who uses marijuana
- A breastfeeding woman who is using marijuana
- *Note: When reporting, inform CDHS that the woman was advised of the risks and offered support and treatment services. If the woman was unaware of the consequences of using marijuana while pregnant (with children at home), breastfeeding, or child rearing, inform CDHS that this was the case.

Do Not Report to CDHS:

• A pregnant woman without children at home, who uses marijuana: WIC does not need to report this. If she continues to use throughout her pregnancy and the baby tests positive upon delivery, then the hospital will report this to CDHS.

Resources:

- Information Service Hotline Hotline provides information and referrals for drug abuse rehabilitation programs, open 24 hours a day. For more information please call 1-800-662-HELP (4357).
- For reporting information Colorado Department of Human Services Division of Child Welfare

303-866-5932 or www.colorado.gov/CDHS

To find out more about how to recognize and prevent child abuse and neglect, visit: www.childwelfare.gov

Have questions? Please contact – <u>Erin.Johnson@state.co.us</u>





etailer News

Monitoring Visits – Congratulations!

Thank you to all the LARC and others who helped complete 100% of the monitoring visits for the 2011-2013 agreement period. We understand it was a lot of work for many agencies to get them done. In the future, it will make it easier if you split up the number of stores you have by three and do that amount each year so you are not scrambling to get them done at the end of the next agreement period. Thanks again, we appreciate your hard work ensuring compliance with our WIC Retailers.

New Policies for WIC Retailers 2014 – 2016 Agreement period

There have been some policy changes made for the next three year agreement period for WIC Retailers. The main change that impacts local agencies is that Retailers will no longer pass requests from the store to the agency to have the WIC client return to the store and sign WIC checks. Retailers are not allowed to contact clients directly about missing signatures. Checks rejected for missing the customer

signature cannot be negotiated and/ or re-deposited. They may call the agency to inform them of the name of the client so they can be counseled in the future to sign their checks. When the new Retailer Handbooks are being sent out to stores, we will again send a list of the changes made.

Resource for Information: ColoradoWIC.com Website

Please continue to check the WIC Alerts page on the www. ColoradoWIC.com website and encourage local agencies, retailers and participants to watch this site for the most current information on WIC operations.

LARC Quarterly Calls: Schedule for 2014

Starting in January 2014, LARC quarterly calls are going to only be held on one day. If you cannot make the call, we'll be sending out minutes for you to be able to review. The quarterly calls will be on the second Thursday in January, April,



July and October from 2pm – 4pm.

Call-in Number: 1-877-820-7831; Participant Code: 381274

January 9th, 2:00 p.m. − 4:00 p.m.

April 10th, 2:00 p.m. – 4:00 p.m.

July 10th, 2:00 p.m. - 4:00 p.m.

October 9th, 2:00 p.m. - 4:00 p.m.



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