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* = High risk condition

** = 24 hour referral needed

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Infant Section

0-3 months Breastfed Infant

- Follow standard visit guidelines
- Refer to RD/RN if high risk

Assessment

- Weigh and measure infant and assess growth.
- Assess breastfeeding status, problems and concerns.
- Assess use of pacifier and supplemental feeds (formula, water, tea, rice water, cereal, etc.).

Suggested counseling points

1. At the beginning, feed every 1½–3 hours, or feed on demand as long as there are no more than 3 hours between feedings (measured as beginning of one feed to the beginning of the next). One 5-hour stretch per 24 hours is OK.
2. Baby should have approximately four stools per day and 6–8 wet diapers by the 4th day of life.
3. Baby may nurse more during growth spurts, which occur at 2–3 weeks, 6 weeks, 12 weeks, and 6 months. Feed more frequently during a growth spurt to build milk supply.
4. Wait until baby is at least 1 month of age, if possible, before giving a bottle or pacifier, in order to establish breastfeeding and breast milk supply.
5. Only put breast milk, formula or water (for older infants) in bottle; no sugary liquids (e.g. juice, Kool-Aid, soda, Karo syrup).
6. Supplemental formula interferes with breast milk production:
 - Use only if medically necessary in the first month until milk supply is well established.
 - Offer breast pump to collect supplemental breast milk.
7. Discourage taking a bottle to bed.
8. Baby doesn't need supplemental water for the first 6 months.
9. Provide anticipatory guidance on introducing solid foods:
 - Start solid foods at around 6 months and no later than 8 months.
 - Feed solids by spoon; do not put cereal in the bottle.
10. Developmental signs of readiness for solid foods:
 - Sits up alone or with support
 - Holds head steady and straight
 - Opens mouth when sees food coming
 - Keeps tongue low and flat to receive spoon
 - Keeps food in the mouth and swallows it rather than pushing it back out on to chin
 - Closes lips over spoon and scrapes food off as spoon is removed from mouth
11. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
12. Avoid giving fresh cow's milk until 1 year of age.
13. Wash hands after changing baby's diapers.
14. Protect baby from secondhand smoke and harmful substances.

Suggested referrals:

- Lactation Management Specialist (LMS)
- Hospital lactation staff
- La Leche League or other breastfeeding support
- Certified Lactation Consultant
- Lactation Support program
- Breastfeeding Peer Counselor

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Infant Section

0–3 months Formula-Fed Infant

- Follow standard visit guidelines
- Refer to RD/RN if high risk

Assessment

- Weigh and measure infant and assess growth.
- Assess formula intake.

Suggested counseling points

1. For 0–2-month-old:
 - Feed every 1½–3 hours or on demand so long as no longer than 3–4 hours between feedings
 - 2-4 ounces per feeding (8 feedings/24 hrs).
2. For 3-12 month-old:
 - Feed 4–6 ounces per feeding (4–6 feedings/24 hrs).
3. Use iron-fortified formula for the first year.
4. Discuss formula preparation and sanitation.
5. Hold baby while feeding; don't prop bottles or put baby to bed with a bottle.
6. Only put breast milk, formula or water (for older infants) in bottle; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
7. Growth spurts occur at 2–3 weeks, 6 weeks, 12 weeks, and 6 months. Baby may eat more at those times.
8. Baby doesn't need supplemental water for the first 6 months.
9. Provide anticipatory guidance on introducing solid foods:
 - a. Start solid foods at around 6 months and no later than 8 months.
 - b. Introduce solids by spoon; do not put cereal in bottle.
10. Developmental signs of readiness for solid foods:
 - Sits up alone or with support
 - Holds head steady and straight
 - Opens mouth when sees food coming
 - Keeps tongue low and flat to receive spoon
 - Keeps food in the mouth and swallows it rather than pushing it back out on to chin
 - Closes lips over spoon and scrapes food off as spoon is removed from mouth
11. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
12. Avoid giving fresh cow's milk until 1 year of age.
13. Wash hands after changing baby's diapers.
14. Protect baby from secondhand smoke and harmful substances.

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Infant Section

4-6 months Breastfed Infant

- Follow standard visit guidelines
- Refer to RD/RN if high risk

Assessment

- Weigh and measure infant and assess growth.
- Assess breastfeeding status, problems and concerns.
- Assess use of supplemental feeds (i.e., formula, water, solid foods).

Suggested counseling points

1. Breastfeed every 2–4 hours or on demand so long as no more than 4 hours between feedings with a longer period at night.
2. Growth spurt occurs at approximately 6 months. Baby may feed more frequently for 3-4 days.
3. Developmental signs of readiness for solid foods:
 - Sits up alone or with support
 - Holds head steady and straight
 - Opens mouth when sees food coming
 - Keeps tongue low and flat to receive spoon
 - Keeps food in the mouth and swallows it rather than pushing it back out on to chin
 - Closes lips over spoon and scrapes food off as spoon is removed from mouth
4. Introduce solid foods around 6 months and no later than 8 months.
 - Baby may reject solid foods if they're not offered when he/she is developmentally ready.
 - The jaw and muscle development that occurs from infant eating solid foods at the appropriate age contributes to later speech development.
5. Introduce solids by spoon; do not put cereal in the bottle.
6. First food should be infant cereal mixed with breast milk or formula. Start with thin cereal and gradually thicken as baby gets better at eating from the spoon.
7. Offer vegetables next, waiting 3- 5 days before trying a different vegetable. Offer fruits after vegetables.
8. As baby grows, give a variety of vegetables and fruits with a lumpier texture.
9. Offer protein foods last (after cereal, vegetables and fruits). Use plain meats rather than mixed dinners.
10. An iron source (iron fortified cereal, mashed beans, meat, etc.) is needed by 6 months of age.
11. Provide anticipatory guidance on juice:
 - There's no nutritional need for juice. If given offer no more than 2 oz/day from a cup, starting around 7 months of age.
12. Only put breast milk, formula or water (for older infants) in bottle; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
13. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
14. Avoid giving fresh cow's milk until 1 year of age.
15. Wash hands after changing baby's diapers.
16. Protect baby from secondhand smoke and harmful substances.

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Infant Section

4–6 months Formula-Fed Infant

- Follow standard visit guidelines
- Refer to RD/RN if high risk

Assessment

- Weigh and measure infant and assess growth.
- Assess dietary intake.

Suggested counseling points

1. Feed every 2–4 hours or on demand so long as no more than 4 hours between feedings with a longer period at night.
2. Growth spurt occurs at approximately at 6 months. Baby may feed more frequently for 3-4 days.
3. Developmental signs of readiness for solid foods:
 - Sits up alone or with support
 - Holds head steady and straight
 - Opens mouth when sees food coming
 - Keeps tongue low and flat to receive spoon
 - Keeps food in the mouth and swallows it rather than pushing it back out on to chin
 - Closes lips over spoon and scrapes food off as spoon is removed from mouth
4. Introduce solid foods around 6 months and no later than 8 months.
 - Baby may reject solid foods if they're not offered when he/she is developmentally ready.
 - The jaw and muscle development that occurs from infant eating solid foods at the appropriate age contributes to later speech development.
5. Introduce solids by spoon; do not put cereal in bottle.
6. First food should be infant cereal mixed with breast milk or formula. Start with thin cereal and gradually thicken as baby gets better at eating from the spoon.
7. Offer vegetables next, waiting 5-7 days before trying a different vegetable. Offer fruits after vegetables.
8. As baby grows, give a variety of vegetables and fruits with a lumpier texture.
9. Offer protein foods last (after cereal, vegetables and fruits). Use plain meats rather than mixed dinners.
10. An iron source (iron-fortified formula, cereal, mashed beans, meat etc.) is needed by 6 months.
11. Provide anticipatory guidance on juice:
 - There's no nutritional need for juice. If given, offer no more than 2 oz/day from a cup, starting around 7 months of age.
12. Only put breast milk, formula or water (for older infants) in bottle; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
13. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
14. Avoid giving fresh cow's milk until 1 year of age.
15. Wash hands after changing baby's diapers.
16. Protect baby from secondhand smoke and harmful substances.

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Infant Section

7–11 months Breastfed Infant

- Follow standard visit guidelines
- Refer to RD/RN if high risk

Assessment

- Weigh and measure infant and assess growth.
- Assess breastfeeding status, problems and concerns.
- Assess use of supplemental feeds (i.e., formula, water, solids).
- Assess mom's plans for continued breastfeeding.

Suggested counseling points

1. Discuss introducing table foods.
2. Choking hazards and foods to avoid: Popcorn, nuts, chips, dried fruits, jelly beans, hard candy, suckers, beef jerky, hot dogs, toddler meat sticks, Vienna sausage, and raw vegetables.
3. Allergies and possible foods to avoid:
 - Egg whites, fish, nuts and nut butter: increased risk for allergic reaction.
 - Cow's milk: high protein and minerals stress infant's kidneys; milk is low in iron and associated with GI blood loss. Replacing breast milk or iron-fortified formula with cow's milk increases risk for iron-deficiency anemia.
 - Citrus fruits and citrus juices: the high acidity may cause a rash around the mouth due to irritation from the acid in the fruit or juice.
4. Regular family meal times.
 - Baby should sit in a high chair and join the family at regular meal times.
 - Baby needs to learn to eat by watching other family members eat, by being messy, trying new foods, eating with his/her fingers.
 - Baby decides when he/she is full; don't force foods.
5. As baby eats more solid foods, the number of breast feedings will decrease.
6. Cup introduction: offer no more than 2 oz water or juice per day in a cup
7. Bottles are for breast milk, formula, and water only; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
8. Plans for continued breastfeeding. Recommend continued breastfeeding for at least one year for mom and baby to gain the most benefits.
9. Reasons and plans for weaning.
10. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
11. Avoid fresh cow's milk until 1 year of age.
12. Transition to whole milk at 1 year of age.
13. Wash hands after changing diapers.
14. Protect baby from secondhand smoke and harmful substances.
15. Have first dental check up by one year of age.

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Infant Section

7–11 months Formula-Fed Infant

- Follow standard visit guidelines
- Refer to RD/RN if high risk

Assessment

- Weigh and measure infant and assess growth.
- Assess dietary intake.

Suggested counseling points

1. Introducing table foods.
2. Choking hazards and foods to avoid: Popcorn, nuts, chips, dried fruits, jelly beans, hard candy, suckers, beef jerky, hot dogs, toddler meat sticks, Vienna sausage, and raw vegetables.
3. Allergies and possible foods to avoid:
 - Egg whites, fish, nuts and nut butter: increased risk for allergic reaction.
 - Cow's milk: high protein and minerals stress infant's kidneys; milk is low in iron and associated with GI blood loss. Replacing breast milk or iron-fortified formula with cow's milk increases risk for iron-deficiency anemia.
 - Citrus fruits and citrus juices: the high acidity may cause a rash around the mouth due to irritation from the acid in the fruit or juice.
4. Regular family meal times.
 - Baby should sit in a high chair and join the family at regular meal times.
 - Baby needs to learn to eat by watching other family members eat, by being messy, trying new foods, eating with his/her fingers.
 - Baby decides when he/she is full; don't force foods.
5. As baby eats more solid foods, the number of formula feedings will decrease.
6. Cup introduction: offer no more than 2 oz water or juice per day in a cup.
7. Bottles are for breast milk, formula, and water only; no sugary liquids (i.e. juice, Kool-Aid, soda, Karo syrup).
8. Wean from the bottle and to a cup by 1 year of age.
9. Avoid honey for the first year. Honey can be contaminated with spores that can cause botulism, a serious food borne illness.
10. Avoid fresh cow's milk until 1 year of age.
11. Transition to whole milk at 1 year of age.
12. Wash hands after changing diapers.
13. Protect baby from secondhand smoke and harmful substances.
14. Have first dental check up by one year of age.

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Infant Section

Breastfeeding Challenges and Solutions

Assessment

- Weigh and measure infant and assess growth.
- Assess breastfeeding status, problems and concerns.
- Check feeding schedule.
 - ✓ 0-3 months: Breastfeed every 1½–3 hours with up to a 5-hour period at night; 8–12 feedings per day. Baby should have 6–8 wet diapers and at least 4 stools per day by the 4th day of life.
 - ✓ 4-5 months: Breastfeed about every 3 hours.
 - ✓ 6-11: Breastfeed 3–5 times per day plus solid foods 3 times per day.
- Check for recent illness of mom or baby.

Suggested counseling points (Refer to Level II Colorado WIC Program *Breastfeeding Module and Resource Manual*.)

Counsel on:

1. What to do when baby is not gaining well.
2. Baby fussy after first 5 minutes of nursing.
3. Baby fussy from choking.
4. Baby fussy from colic.
5. Hungry baby.
6. Ineffective suckling.
7. Baby not sleeping through the night.
8. Baby refuses one breast.
9. Baby refuses to nurse.
10. What to do when baby is sick.
11. What to do when baby is spitting up.
12. What to do with sleepy baby.
13. Referral to provider for identification and treatment of thrush.

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Infant Section

Breastfeeding Complications**

NRF 603 Definition High Risk:

A breastfed infant with any of the following:

- Jaundice
- Weak or ineffective suck
- Difficulty latching onto mother's breast
- Inadequate stooling for age (as determined by physician or other health care professional), and/or less than 6 wet diapers per day.

→ Refer to LMS or RD/RN for counseling within 24 hours

→ If LMS or RD/RN unavailable to counsel participant within 24 hours, refer to physician

→ If LMS is an educator, refer to RD/RN within 30 days.

Assessment

- Weigh and measure infant and assess growth.
- Assess breastfeeding status, problems and concerns.
- Check feeding schedule:
 - ✓ 0-3 months: Breastfeed every 1½–3 hours with up to a 5-hour period at night; 8–12 feedings per day. Baby should have 6–8 wet diapers and at least 4 stools per day by the 4th day of life.
 - ✓ 4-5 months: Breastfeed about every 3 hours.
 - ✓ 6-11: Breastfeed 3–5 times per day plus solid foods 3 times per day.
- Check for recent illness of mom or baby.

Suggested counseling points

1. Emphasize potential seriousness of breastfeeding complication.
2. Refer to LMS or RD/RN for high risk counseling within 24-hours.
3. Refer to public health nurse, lactation consultant or physician.

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Infant Section

Constipation

Definition: – not an NRF

Hard, small, marble-like stool that is hard to pass.

Assessment

- Assess whether symptoms are truly constipation.
- Assess breastfeeding status, number and length of feedings, problems and/or concerns.
- Check adequacy of formula intake (number of feedings and amount).
- Check dilution of formula.
- Assess any changes in feeding, such as introduction of new foods.

Suggested counseling points

Encourage caregiver to contact healthcare provider if:

1. Constipation occurs in an infant < 6 months and there are no apparent dietary causes;
2. There is blood in the stool;
3. Anal fissures are present; or
4. The symptoms are severe.

For mild constipation:

1. Encourage appropriate foods for age.
2. Encourage increased intake of fluids. For infants < 6 mo., increase breast milk or formula intake. For infants > 6 mo., offer up to 4 ounces of full strength sorbitol containing fruit juice (e.g., prune, pear or apple).
3. If baby is eating solid foods, offer strained fruits and vegetables 2-3 times per day.
4. Encourage mobility (i.e., allow baby to lie on a blanket and kick legs in the air, or roll around).
5. If this fails to help within 2–3 days, instruct to call physician.

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Infant Section

Dental Health/Dental Problems

Dental Health – not an NRF

NRF 381 Definition *Low Risk*:

Medical Condition: Oral Health Conditions

Oral health conditions include, but are not limited to:

- Dental caries, often referred to as “cavities” or “tooth decay”
- Periodontal diseases (stages include gingivitis and periodontitis)
- Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality

Presence of oral health conditions diagnosed, documented or reported by a physician, dentist, or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.

Note: Evidence of the condition may be documented by the WIC staff.

Assessment

- Assess severity of dental problems.
- Assess for inappropriate bottle use.
- Check for spread of *Streptococcus mutans* bacteria by sharing of eating utensils or pre-chewing baby’s food.
- Check if caregiver is performing recommended dental hygiene care (wiping baby’s teeth and gums).
- Check intake of sweet sticky foods or sweetened liquids.
- Check if baby is being followed by a dentist. Refer as needed.

Suggested counseling points

1. Baby teeth are important for later formation of permanent teeth and their placement.
2. Never allow infant to fall asleep with a bottle containing formula, milk, fruit juice or any sweetened liquid or while breastfeeding. The sugar in the liquids (including breast milk) pools around lower teeth and can cause decay.
3. Bottles are for formula/breast milk or water only.
4. Do not put juice or sweetened liquids (i.e. juice, Kool-Aid, soda, Karo syrup) in bottle.
5. After feeding, wipe baby’s teeth and gums with a clean damp washcloth or gauze pad.
6. Do not share eating utensils and toothbrushes.
7. Discourage pre-chewing food for baby.
8. Discuss weaning from bottle starting at 9 months and completing by 12 months of age.
9. Do not allow walking toddlers to carry around a bottle of milk or juice throughout the day.
10. Never dip pacifiers in honey, sugar or syrup.
11. Refer for dental care by one year of age.

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Infant Section

Diarrhea

Definition: - not an NRF

Multiple unformed, watery stools per day

Assessment

- Check for recent illness or fever and refer to physician as needed.
- Check juice intake.
- Determine if family practices regular hand washing.
- Check for safe bottle handling and formula preparation and storage.

Suggested counseling points

1. Encourage water or other fluid as directed by RD/RN or physician.
2. Discourage more than 2 oz juice per day. Excessive amounts of juice can cause diarrhea.
3. Discourage use of sports drinks such as Gatorade.
4. Encourage mom to wash hands after diaper changes. Encourage mom to check hand washing at day care if applicable.
5. Discuss safe bottle handling and formula preparation and handling.
6. Discuss food sanitation in the home.
7. Refer to MD for treatment of severe diarrhea

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Infant Section

Dietary Supplements

NRF 411 Definition Low Risk:

411J: Feeding dietary supplements with potentially harmful consequences.

Examples of dietary supplements, which when fed in excess of recommended dosage, may be toxic or have harmful consequences:

- Single or multi-vitamins;
- Mineral supplements;
- Herbal or botanical supplements/remedies/teas.

411K: Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements:

- Infant who is 6 months of age or older who is ingesting less than 0.25 mg fluoride daily when water supply contains less than 0.3 ppm fluoride.
- Infant who is exclusively breastfed or is ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula and is not taking a supplement of 400 IU of vitamin D.

Assessment

- Assess vitamin/minerals supplementation and amount.
- Assess herbal supplements/remedies/teas and amounts.
- Assess if infant's water supply or water used to prepare formula is fluoridated or naturally containing fluoride.
- Assess infant's fluoride intake.
- Assess if baby is at high-risk for rickets (African-American and those who are covered up).

Suggested counseling points

1. Follow physician recommendation regarding vitamin/mineral supplements.
2. Avoid teas, remedies and supplements that are potentially harmful.
3. If community water is not fluoridated, refer to MD regarding fluoride supplement.
4. Refer to MD regarding need for vitamin D supplement.
5. Use fluoridated water to mix formula.

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Elevated Blood Lead Levels*

NRF 211 Definition High Risk:

Blood lead level of greater than or equal to 10 micrograms/deciliter (≥ 10 ug/deciliter) within the past 12 months.

- Refer to RD/RN
- RD/RN refer to physician (if testing was done at another location)

Assessment

- Assess for pica (eating non-edible substances such as clay, dirt, ashes, paint chips, paper, dirt, laundry starch, cornstarch or lots of ice or baking soda).
- Assess breastfeeding or use of iron fortified formula until 12 months of age.
- Ask if house could have lead pipes or lead-based paint.
- Check for medical conditions and refer to MD if needed.

Suggested counseling points

1. Discourage non-food items that the baby should not be eating.
2. Encourage high iron, calcium and vitamin C-rich foods:
 - Having normal levels of iron protects the body from the harmful effects of lead.
 - Calcium reduced lead absorption.
 - Vitamin C- and iron-rich foods work together to reduce lead absorption.
3. Encourage appropriate number of feedings per day.
 - Less lead is absorbed when babies have food in their systems.
4. Avoid fried and fatty foods.
 - Fatty foods allow the body to absorb lead faster.
 - Babies can fill up on high fat foods and not get enough foods with iron, calcium and vitamins.
5. Encourage normal nutrition for age.
 - Infants and children who eat healthy foods are less likely to get lead poisoning.
6. Don't store food or liquid in lead crystal glassware or imported or old pottery.
7. Refer to RD/RN for high-risk counseling.

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Infant Section

Exempt Infant Formula

Policy:

Exempt infant formula and WIC-eligible medical food is reserved for issuance to women, infant and child participants who have a documented qualifying condition that requires the use of a WIC formula because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must be provided by a health care provider licensed to write prescriptions under Colorado law. The WIC high risk counselor is responsible for evaluating and approving the prescription, and for prescribing supplemental foods, unless the medical provider has indicated otherwise. If a participant is high risk, he/she will be referred to the WIC RD/RN for high risk counseling and follow up.

Note: If the RD/RN is not available when a participant presents a prescription or a *Physician's Authorization Form* for an exempt infant formula or WIC-eligible medical food, the paraprofessional can obtain approval from the RD/RN by telephone.

- If unable to contact the WIC professional, the educator can call a State nutrition consultant for approval.
- The paraprofessional must scan the approved and signed *Physician's Authorization Form* or prescription into Compass.
- The Medical Documentation screen must be completed in Compass before prescription–required foods and formula can be assigned.

Reference: *Colorado WIC Program Manual*; Clinic Procedures: *WIC Food Packages: Prescription-Required Formula (With/Without Complementary Foods)*

Assessment

- Identify other formulas baby has tried.
- Assess symptoms on other formulas.
- Check diagnosis from MD.
- Check for completeness of *Physician's Authorization Form* (PAF) with timeline indicated by physician.
- Check if MD approves additional supplemental foods.

Suggested Counseling Points

1. Pending approval of *Physician's Authorization Form* (PAF) by RD/RN, instruct to mix and use formula as directed by MD.
2. Refer to RD/RN for counseling (if high risk).

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Food Allergies*

NRF 353 Definition High Risk:

Medical Condition: Food Allergies: Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food.

Presence of condition diagnosed, documented or reported by a physician or someone working under physician's orders, or as self-reported by applicant/participant/caregiver.

→ Refer to RD/RN

Assessment

- Find out what foods are bothering the baby and assess if it comprises an entire food group.
- Find out what reaction the baby has to the foods.
- Assess how long baby has been allergic to the specific foods.
- Determine if allergy has been diagnosed by a physician or allergist and if baby is currently receiving care/treatment for the food allergies.
- Weigh and measure baby and assess growth.

Suggested counseling points

1. Encourage breastfeeding.
2. Wait to introduce solid foods until around 6 months of age.
3. Introduce solid foods one at a time, wait 5-7 days before adding the next food.
4. Delay introducing foods that commonly cause allergies in infants and children: milk, eggs, peanuts, wheat and soy if there is a strong family history of a specific food allergy.
5. Follow health care provider's recommendation regarding avoidance of food(s) that cause allergic reaction.
6. If the parent suspects' allergies are present, refer to the RD/RN for high risk counseling, evaluation and referral.
7. Refer to physician for medical care.

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Food Safety

NRF 411 Definition Low Risk:

411E: Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins -

Examples of potentially harmful foods:

- Unpasteurized fruit or vegetable juice;
- Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;
- Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.);
- Raw or undercooked meat, fish, poultry or eggs;
- Raw vegetable sprouts (alfalfa, clover, bean and radish);
- Deli meats, hot dogs, and processed meats (unless heated until steaming hot).

Assessment

- Assess if infant is eating any of the above foods.
- Assess formula preparation.
- Assess process of feeding infant baby foods.

Suggested counseling points

1. Do not offer unpasteurized fruit or vegetable juice.
2. Don't offer cheese made from unpasteurized or raw milk such as feta, Brie, Camembert, blue-veined, and Mexican-style cheeses.
3. Avoid honey and foods containing honey (including honey graham crackers) for the first year.
4. Thoroughly cook meats, fish, poultry and egg yolks.
5. Don't feed raw alfalfa, clover, bean and radish sprouts.
6. Avoid deli meats, hot dogs and processed meats unless heated until steaming hot and cooled before feeding.
7. Keep hot foods hot and cold foods cold
8. Wash hands well with soap and water before and after handling food.
9. Wash cutting boards and utensils in hot soapy water.
10. Wash fresh fruits and vegetables thoroughly before cooking and eating.
11. Do not feed baby food from the jar; serve in a separate bowl. Discard leftovers.
12. Refrigerate opened jarred baby food and use within 48 hours (24 hours for meats and egg yolks).
13. Keep bottles and formula preparation equipment clean.
14. Wash bottles in dishwasher or in warm soapy water, rinse and boil 5 minutes.
15. Mix formula per directions on can.
16. Store prepared formula bottles in refrigerator; use within 24 hours.
17. Discard leftover, partially consumed formula.
18. Store opened cans of concentrate or RTF formula in refrigerator and use within 48 hours.
19. Store opened cans of powdered formula in cool dry place and use within one month.

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Highly Restrictive Diets

NRF 411 Definition *Low Risk*:

411H: Routinely feeding a diet very low in calories and/or essential nutrients -

Examples are:

- Vegan diet
- Macrobiotic diet
- Other diets very low in calories and/or essential nutrients

Assessment

- Assess breastfeeding or use of WIC approved iron fortified formula until 12 months.
- Assess adequacy of food intake and find out what foods are restricted.
- Assess reason for the food restriction (i.e., medical condition, food allergy, weight loss/gain, religious beliefs, animal rights, etc.).
- Assess how long baby has been on the highly restricted diet.
- Determine if the medical provider is aware of the restrictive dietary practice and recommend that caregiver inform MD if not already aware.
- Weigh and measure baby and assess growth.

Suggested counseling points

1. Encourage solid foods appropriate for age.
2. Emphasize need for the nutrients that are eliminated or reduced by the restriction, and find alternative foods if possible.
3. Discuss that diets are not recommended for infants.
4. If restriction is for non-medical reason, discuss possibility of easing up on restriction so baby's growth will not be impaired.
5. Recommend that caregiver discuss baby's dietary practices with MD.

Nutrition Education Counseling Guide

Infant Section

Inadequate Growth **/***

NRF 135 Definition High Risk: requiring 24 hour referral

Infants from birth up to 1 month of age:

- Excessive weight loss after birth (current weight is less than or equal to 92% of birth weight) **-OR-**
 - Not back to birth weight by 2 weeks of age.
- Refer to RD/RN
→ RD/RN must see or call within 24 hours of visit

NRF 135 Definition High Risk:

Infants from 1 month up to 12 months of age:

Any weight gain that is less than the expected weight gain as calculated from the “Minimum Expected Weight Gain Table” (found in the Mini Manual) using current weight and the most recent previous weight as permitted by the tables.

- Refer to RD/RN

Assessment

- Weigh and measure infant and assess growth.
- Assess breastfeeding status, problems and concerns.
- Check feeding schedule:
 - ✓ 0-3 months: Breastfeed every 1½–3 hours with up to a 5-hour period at night; 8–12 feedings per day. Baby should have 6–8 wet diapers and at least 4 stools per day by the 4th day of life.
 - ✓ 4-5 months: Breastfeed about every 3 hours.
 - ✓ 6-11: Breastfeed 3–5 times per day plus solid foods 3 times per day.
- Check for appropriate foods for age.
- Check fluid intake for excess. Recommend no more than 2 ounces juice per day after 7 months, no Kool-Aid, pop, sugary drinks.
- Check to be sure baby is receiving regular medical care.

Suggested counseling points

1. Discuss age-appropriate foods.
2. Review eating behaviors that can lead to inadequate weight gain.
3. Discuss correct formula preparation.
4. Only put breast milk, formula or water (for older infants) in bottle.
5. Limit juice to 2 oz/day after 7 months of age.
6. Don't feed Kool-Aid, soda pop or other sweetened liquids.
7. Refer to RD/RN for high-risk counseling.

Nutrition Education Counseling Guide

Infant Section

Lactose Intolerance

NRF 355 Definition *Low Risk*:

Medical Condition: Lactose Intolerance

The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion.

The presence of lactose intolerance must be diagnosed, documented or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

Note: Evidence of the condition may be documented by the WIC staff.

→ Refer to RD/RN

Assessment

- What symptoms does infant have when consuming dairy products, including cow's milk-based formula?
- What dairy products (if any) are tolerated?
- Check if baby is receiving iron-fortified formula or breast milk until 12 months.
- Check height and weight and assess growth.
- Check for illness and refer to physician as needed.

Suggested counseling points

1. Discuss that lactose intolerance is not an allergy, but an inability to digest lactose, the sugar in milk.
2. Symptoms of lactose intolerance are stomach ache, cramping, diarrhea, gas, bloating.
3. Soy formula is lactose free and may be offered.
4. Encourage plain solid foods appropriate for age (no milk products).

Nutrition Education Counseling Guide Infant Section

Low Birth Weight* /Very Low Birth Weight*

NRF 141A Definition High Risk:

Low Birth Weight

Birth weight defined as less than or equal to 5 pounds 8 ounces (≤ 2500 grams).

→ Refer to RD/RN

NRF 141B Definition High Risk:

Very Low Birth Weight

Birth weight defined as less than or equal to 3 pounds 5 ounces (≤ 1500 grams).

→ Refer to RD/RN

Assessment

- Weigh and measure infant and assess growth.
- If bottle-fed, check bottle and formula preparation and sanitation.
- Check feeding schedule:
 - ✓ If breastfed: feed every 1½–3 hours or about 10 times per day, 6–8 wet diapers and at least 4 stools per day
 - ✓ If formula fed: offer formula every 1½–3 hours or 10 times per day, 2–4 ounces per feeding.
- Assess how caregiver can tell when the infant is hungry and when he/she is full.
- Check fluid intake for excess. Recommend no more than 2 ounces juice per day after 7 months, no Kool-Aid, pop, sugary drinks.
- Check for appropriate foods for age.
- Check to be sure baby is getting regular medical care.

Suggested counseling points

1. Follow MD's advice on feeding and vitamin/mineral supplementation.
2. Encourage frequent feedings; most preterm or small babies need to eat at least 10 times every 24 hours.
3. May need to wake up a sleepy baby for feedings.
4. Feedings may make small babies tired and may take longer.
 - Baby may eat for a few minutes then take a short rest and continue feeding.
 - It may take time for baby to learn to suck and swallow.
5. Breastfeeding moms may need to pump breasts after each feeding to build up milk supply.
6. Delay starting solids until baby is at least 5 months old.
7. Review developmental signs of readiness for solid foods:
 - Sits up alone or with support
 - Holds head steady and straight
 - Opens mouth when sees food coming
 - Keeps tongue low and flat to receive spoon
 - Keeps food in the mouth and swallows it rather than pushing it back out on to chin
 - Closes lips over spoon and scrapes food off as spoon is removed from mouth
8. Refer to RD/RN for high-risk counseling.

Nutrition Education Counseling Guide

Infant Section

Low Hemoglobin/Severely Low Hemoglobin**

NRF 201 Definition Low Risk:

Low Hemoglobin

A hemoglobin value below those listed in *Hemoglobin Levels Indicating NRF #201* table (found in the Mini Manual).

→ If no medical care, RD/RN may recommend rechecking hemoglobin/hematocrit in 1-3 months.

NRF 201B Definition High Risk:

Severely Low Hemoglobin

A hemoglobin value low enough to necessitate a medical referral as listed in the *Standards for Severely Low Hemoglobin* table (found in the Mini Manual).

→ Refer to RD/RN.

→ If permission granted to contact medical provider, MD must be sent printout of hemoglobin values with RD/RN contact information within 24 hours. Then schedule appointment with RD/RN within the next 30 days.

→ If no medical care or no permission to contact medical provider, RD/RN must be notified within 24 hours and contact the participant within 7 days to schedule a high risk counseling appointment within the next 30 days.

→ If no medical care, RD/RN may recommend rechecking hemoglobin/hematocrit in 1-2 months.

Assessment

- Assess accuracy of value; WIC staff may choose to retake hemoglobin/hematocrit if accuracy is in question.
- Assess breastfeeding or use of iron-fortified formula until 12 months of age.
- Check intake of other liquids (Kool-Aid, tea, etc.) besides breast milk or formula.
- Check for medical condition and refer to physician as needed.

Suggested counseling points

1. Discuss risks of low hemoglobin/hematocrit.
2. Counsel on iron-fortified cereals, meats and other iron-rich foods.
3. Discuss including a high vitamin C source along with high-iron foods to increase iron absorption.
4. No fresh cow's milk until baby is one year old.
5. Encourage following MD's advice on taking vitamin and iron supplements.
6. Encourage scheduling an appointment with MD to follow up on severely low hemoglobin.
7. Refer to RD/RN for high-risk counseling on severely low hemoglobin.

Nutrition Education Counseling Guide

Infant Section

Medical Conditions*

NRF 300 series Definition *High Risk or Low Risk*:

Medical Conditions: Refer to Medical Conditions listed in the General Section. Only the medical conditions listed can be used as nutrition risk factors. All medical conditions are high risk unless indicated as low risk. Medical conditions must be diagnosed, documented, or reported by a physician or someone working under a physician's order, or as self-reported by applicant/participant/caregiver unless otherwise noted. Two medical conditions, Lactose Intolerance and Oral Health Conditions can be documented by the WIC educator; one medical condition, Eating Disorders can be documented by the WIC RD/RN.

→ Refer to RD/RN, if high risk

Assessment

- Weigh and measure infant and assess growth.
- Determine how medical condition impacts participant's health and eating habits.

Suggested counseling points

1. Encourage keeping medical appointments and following advice of MD.
2. Refer to RD/RN for counseling on high-risk medical conditions.

Nutrition Education Counseling Guide

Infant Section

Non-Contract to Contract Formula

Assessment

- Check formula preparation

Suggested counseling points

1. Assure mother that the formulas are basically the same. They are just made by different companies. Both formulas have almost identical nutrients.
2. All baby formulas are closely monitored and regulated by the Food and Drug Administration (FDA) to ensure that they have adequate nutrients for babies and they are safe.
3. Healthy babies can easily switch from one standard milk or soy-based formula to another.
4. For very sensitive babies, provide transitional mixing instructions from non-contract to contract formula.

Transitional mixing instructions:

Powdered formula:

1. During the first 2–3 days mix 3 scoops of the old brand of formula with 1 scoop of the new brand of formula and 8 ounces of water.
2. During the next 2–3 days, mix 2 scoops of the old brand of formula and 2 scoops of the new brand of formula and 8 ounces water.
3. During the next 2–3 days, mix 1 scoop of the old brand of formula and 3 scoops of the new brand of formula and 8 ounces water.
4. Give all new brand of formula.

Liquid concentrate formula:

1. During the first 2–3 days, mix 3 ounces of the old brand of formula with 1 ounce of the new brand of formula and 4 ounces water.
2. During the next 2–3 days, mix 2 ounces of the old brand of formula and 2 ounces of the new brand of formula and 4 ounces of water.
3. During the next 2–3 days, mix 1 ounce of the old brand of formula and 3 ounces of the new brand of formula and 4 ounces of water.
4. Give all new brand of formula.

Nutrition Education Counseling Guide

Infant Section

Prematurity

NRF 142 Definition *Low Risk*:

Infant born \leq 37 weeks/0 days gestation

Assessment

- Weigh and measure infant and assess growth.
- If bottle-fed, check bottle and formula preparation and sanitation.
- Check feeding schedule:
 - ✓ If breastfed: feed every 1½–3 hours or about 10 times per day, 6–8 wet diapers and at least 4 stools per day
 - ✓ If formula fed: feed every 1½–3 hours or 10 times per day, 2–4 ounces per feeding for formula.
- Assess how caregiver can tell when infant is hungry and when he/she is full.
- Check fluid intake for excess. Recommend juice no more than 2 ounces per day after 7 months, no Kool-Aid, pop, sugary drinks.
- Check for appropriate foods for age.
- Check to be sure baby is getting regular medical care.

Suggested counseling points

1. Follow MD's advice on feeding and vitamin/mineral supplementation.
2. Encourage frequent feedings; most preterm or small babies need to eat at least 10 times every 24 hours.
3. May need to wake up a sleepy baby for feedings.
4. Feedings may make small babies tired and may take longer.
 - Baby may eat for a few minutes then take a short rest and continue feeding.
 - It may take time for baby to learn to suck and swallow.
5. Breastfeeding moms may need to pump breasts after each feeding to build up milk supply.
6. Delay starting solids until baby is at least 5 months old.
7. Discuss pump loan program, if appropriate.
8. Review developmental signs of readiness for solid foods:
 - Sits up alone or with support
 - Holds head steady and straight
 - Opens mouth when sees food coming
 - Keeps tongue low and flat to receive spoon
 - Keeps food in the mouth and swallows it rather than pushing it back out on to chin
 - Closes lips over spoon and scrapes food off as spoon is removed from mouth

Nutrition Education Counseling Guide

Infant Section

Spitting Up

Assessment

- Weigh and measure infant and assess growth.
 - ✓ If growth is normal, reassure parent/caregiver.
 - ✓ If inadequate growth, refer to RD/RN.
- For a breastfed baby, check feeding schedule and mom's milk supply.
- For a bottle-fed baby:
 - ✓ Check proper sanitation and mixing of formula.
 - ✓ Check feeding times and amount of formula baby is getting per day.
 - ✓ Ask about size of hole in nipple. A hole that allows milk to drip out quickly can force infant to gulp and swallow excess air.

Suggested counseling points

1. Review and explain growth.
2. Spitting up small amounts of formula or breast milk is normal.
3. Do not reuse partially consumed formula. Leftover formula may be spoiled.
4. Burp baby frequently (after every 2 ounces).
5. Check nipple flow to be sure it is not too slow or too fast.
6. Try feeding a little less formula at each feeding and feed more often.
7. Keep baby in an upright position for 30 minutes after feeding.
8. Find a calm, quiet place to feed baby.
9. Advise to check with MD if parent/caregiver has further concerns about spitting up.

Nutrition Education Counseling Guide Infant Section

At Risk of Underweight/Underweight*

NRF 103A Definition *Low Risk*:

At Risk of Underweight

Weight-for-length greater than the 2nd percentile and less than or equal to 5th percentile

NRF 103B Definition *High Risk*:

Underweight

Weight-for-length less than or equal to the 2nd percentile

→ Refer to RD/RN

Assessment

- Weigh and measure infant & assess growth.
- Check for recent illness and refer to physician as needed.
- Assess parent's perception of baby's weight.
- If bottle-fed, check bottle and formula preparation and sanitation.
- Check feeding schedule
 - ✓ 0-3 months: Breastfeed every 1½–3 hours with up to a 5-hour period at night; 8–12 feedings per day. Baby should have 6–8 wet diapers and at least 4 stools per day by the 4th day of life.
 - ✓ 4-5 months: Breastfeed about every 3 hours.
 - ✓ 6-11: Breastfeed 3–5 times per day plus solid foods 3 times per day.
- Check for appropriate foods for age.
- Check fluid intake for excess. Recommend no more than 2 ounces juice per day after 7 months, no Kool-Aid, pop, sugary drinks.
- Check to be sure baby is receiving regular medical care.

Suggested counseling points

1. Discuss age appropriate foods.
2. Review eating behaviors that can lead to underweight.
3. Discuss correct formula preparation.
4. Only put breast milk, formula, or water (for older babies) in bottle.
5. Limit juice to 2 oz/day after 7 months of age.
6. Don't feed Kool-Aid, soda pop or other sweetened liquids.
7. Schedule for weight check next month (if appropriate).
8. Refer to RD/RN for high-risk counseling for NRF 103A.

Nutrition Education Counseling Guide

Infant Section

Weaning from Bottle to Cup

Assessment

- Assess readiness to wean.

Suggested counseling points

1. Encourage parent/caregiver to begin weaning from the bottle around 9 months of age and wean completely to a cup by 12 months.
 - Waiting too long to wean makes it harder for baby and family.
 - Staying on the bottle too long can cause dental problems.
2. Replace one bottle-feeding at a time, starting with baby's least favorite feeding (usually mid-morning or mid-afternoon).
3. Offer small amounts of formula, juice, or water in a cup.
4. Hold the cup for baby at first and slowly tilt the cup so baby can get a small mouthful.
5. Some spills and mess normally occur as baby learns to use a cup, be patient.
6. Continue to replace an additional feeding every 3–5 days until all are replaced with cup feedings.
7. Establish a new bedtime routine for baby, replacing bottle feeding time with story time or music, rocking, hugging special toy or blanket, bath, etc.
8. Offer only water in bedtime bottles.
9. If baby balks at the changes and wants a bottle during illness, emotional upset or teething, provide lots of extra love and attention instead of going back to the bottle.
10. Get all bottles out of sight. Encourage baby to throw the bottle away or give it to another baby.
11. Discourage use of "sippy" cups and those that still require baby to suck to get the liquid.
 - They can promote tooth decay in the same manner as bottles do and don't teach the baby to learn to form his/her lips to the rim of a cup.
 - Use of a cup with a lid (such as a Tupperware cup) is OK as long as the lid lets the baby drink normally instead of sucking.

Nutrition Education Counseling Guide

Infant Section

Weaning from the Breast

Assessment

- Assess readiness to wean. (Refer to *Weaning from the Breast* in the Reference Section as weaning may not solve the underlying issue.)
- Assess reasons for weaning, and provide support and encouragement to breastfeed longer if appropriate.

Suggested counseling points

1. Let baby lead (if applicable).
2. Replace one breastfeeding at a time; starting with baby's least favorite feeding (usually mid-morning or mid-afternoon).
 - Gradual weaning is easier on both mother and baby;
 - Allows mother's milk supply to decrease slowly without fullness and discomfort; and
 - Gives mother time to make sure her baby is adjusting well to the change and to give the extra loving attention he/she needs as a substitute for the closeness they shared while nursing.
3. Continue to replace an additional feeding every 5-7 days until all are replaced.
4. Wean to a bottle if less than 9 months old.
5. Wean to a cup if 9 months or older.
6. Discourage use of 'sippy' cups and those that still require baby to suck to get the liquid.
 - They can promote tooth decay in the same manner as bottles do and don't teach the baby to learn to form his/her lips to the rim of a cup.
 - Use of a cup with a lid (such as a Tupperware cup) is OK as long as the lid lets the baby drink normally instead of sucking.
7. Replace breastfeeding's with iron-fortified formula for babies under 1 year of age.
8. Replace breastfeeding's with whole milk or solid foods for babies 1 year or older.
9. Baby may balk at changes and want to breastfeed during illness, emotional upset or teething. Provide lots of extra love and attention at those times.

Nutrition Education Counseling Guide

Infant Section

Reference Section:

Weaning from the Breast

(From The La Leche League International Breastfeeding Answer Book)

Before discussing the “how to” of weaning, make sure the mom is comfortable with her decision to wean. When a mom mentions weaning, it may not mean she is ready to wean, only that she is curious about weaning and wants some more information. Give her the information she wants and then ask about her circumstances and her feelings. **Help the mother clarify her own feelings by discussing with her:**

Her feelings about weaning

Why does she want to wean? How do others around her feel about it? Is she feeling pressured by someone? The mother’s feelings about weaning will be a factor in how weaning proceeds. If she is feeling guilty and worried, for example, this may make the child anxious and result in him wanting to nurse more often. On the other hand, if she is feeling confident about her decision and is able to give of herself lovingly to her child in other ways, then her child may have fewer difficulties with weaning.

What changes or improvements does she feel weaning will bring about, and are these realistic?

Some mothers believe that weaning will make their child less dependent on them or will make him stop waking at night. Such a mother needs to know in advance that her expectations are unrealistic. In fact, she should know that a baby’s fussiness or demands for attention will usually increase, at least temporarily, when a major change such as weaning takes place.

Her child’s need for nursing

Talk with her about possible replacements for nursing and how she feels about these. It is important to emphasize that for the older baby and toddler breastfeeding is more than milk, it is also a source of comfort as well as physical and emotional closeness. A child who has been nursing often may have a strong sucking need and may be happier if another outlet for sucking is provided after weaning.

What weaning will involve

Discuss the practical details of a planned weaning at her child’s age and stage of development. **Mothers are sometimes told to wean when it may not be necessary.**

Examples are:

The mother is feeling overwhelmed by caring for her baby

An overwhelmed breastfeeding mother may be told by others that weaning will make life easier for her. Assure her that life with a small baby is a challenge no matter how he is fed and that formula feeding is not likely to be an answer to her problem. Listen to and acknowledge her feelings before offering formula.

The baby’s teeth begin to erupt

It is a common misconception that when a baby’s teeth come in it is time for him to wean. In most human cultures, however, babies nurse not for months, but for years - long after the baby’s teeth have erupted. (If baby tries to bite, suggest that mom say firmly, “No,” put baby down for a minute, and then pick him or her up and nurse again. Babies will soon learn to not bite.)

The mother develops mastitis.

In nearly all cases, a mother who has mastitis should continue nursing rather than wean. In fact, weaning is usually the worst thing a mother in this situation can do, because if her affected breast becomes overly full, her mastitis can worsen into an abscess.

The mother is planning to return to work.

Despite what many women are told, it is possible to breastfeed when mother and baby are regularly separated, and it may even be easier than bottle feeding, especially during the time they are to get her.