Section: Nutrition Services

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SECTION: Nutrition Services

SUBJECT: Nutrition Services Overview

Federal Regulations: §246.4 (a)(9) & 246.11(c)(4)

Nutrition Services Standards: 1E and 1F

POLICY

It is the expectation that the Program Nutritionist is responsible for the nutrition component and overall delivery of quality nutrition services for the entire WIC local agency. This role encompasses the oversight of the following aspects necessary for the provision of quality nutrition services by WIC local agency nutrition staff:

- The nutritional assessment that establishes the applicants and client's needs and nutrition risk factors.
- Assignment of the food package prescription that provides the most appropriate WIC foods.
- When appropriate breastfeeding promotion, education and support.
- Targeted, client-centered nutrition education/counseling.
- Referrals to best assist the client in making positive changes in nutrition and health practices.
- The documentation of these components in a complete and concise manner.

For large or merged programs, it is expected that the Program Coordinator, Program Nutritionist and Site Nutritionist(s) work together to ensure an effective and cohesive operation of the nutrition component of the program.

SECTION: Nutrition Services

SUBJECT: Food Package Prescription

Federal Regulation: §246.10 (6) **Nutrition Services Standard:** 18

POLICY

A competent professional authority (CPA) on the staff of the local agency shall prescribe a food package for each WIC participant upon completion of the certification process.

The food package shall be based on the participant's age, nutrition assessment, health status, living accommodations and personal preferences.

The amount and types of foods prescribed for a participant shall not exceed maximum allowable quantities.

Selecting the Appropriate Food Package

Determine the types and amounts of food to be issued using the *Food Package Tailoring Guidelines.*

Special Formula

Medical documentation is required for special formulas. (See WIC 400-10 through WIC 400-15)

Food Package Changes

If a participant's nutritional needs warrant a food package change or if the participant requests a change, a CPA shall prescribe a new food package.

Determine the types and quantities of foods desired, using the *Food Package Tailoring Guidelines*.

Food packages shall not be tailored for cost reasons.

Policy Guidance:

Q: If gestational adjusted age (GAA) is entered for prematurity are we still required to get a prescription for where the actual calendar birthday of one year of age arrives and the child/baby still requires infant formula based on the baby' s corrected age?

STATE AGENCY RESPONSE:

All formula provided to a child based on chronological age (regardless if the corrected age places them as an infant) requires a "prescription" or will require a medical documentation form. Federal WIC Regulations allows child participants with qualifying conditions to receive both formula AND all appropriate WIC supplemental foods that are not contraindicated by their medical condition. Therefore, a medical documentation form would be required.

Also, the infant by developmental age/child by chronological age will need to be recertified at one year of chronological age. This requires an updated certification and medical documentation form from the health care provider (HCP).

Q: What kind of documentation regarding developmental delay do I need to give the increased formula and no infant foods package for a 6 month + infant?

STATE AGENCY RESPONSE:

You would need a medical diagnosis of developmental delay from the HCP with a completed medical documentation form. Additional formula amounts (4-5 month package) cannot be provided without the HCP checking ALL foods contraindicated box on the form. If a CPA is concerned about adequate calories and/or developmental ability of the infant the nutritionists should contact the HCP/pediatrician. Also, if the reason solid foods cannot be consumed and additional formula is needed is something other than developmental delay, the HCP must provide the appropriate diagnosis for justification. For example, malabsorption requiring semi-elemental formula, esophageal obstruction requiring liquids only, etc.

Q: Is a medical documentation form required to provide a child with Lactose Reduced or Lactose Free milk in place of regular cows' milk?

STATE AGENCY RESPONSE:

No, a medical documentation form is not needed in order to provide Lactose Reduced or Lactose Free milk in place of regular cows' milk. However, it is appropriate and advisable to communicate with the child's healthcare provider to ensure ongoing health care and accurate implementation of healthcare provider's recommendations. Medical Documentation form can be used for this purpose. Also, since cow's milk allergy is much more common than lactose intolerance in infancy and childhood, it is important to verify that the intolerance is due to lactose intolerance and not milk allergy, as treatment for milk allergy is different than for lactose intolerance.

Q: What ICD-9 code is needed to issue a soy toddler formula versus Soy Milk (8th Continent)?

STATE AGENCY RESPONSE:

The medical diagnosis determines the ICD-9 code. Under the present "Interim Rule", soy milk would not be allowed for children without medical documentation. The qualifying conditions may include milk allergy, severe lactose mal-digestion and vegan diets.

Mead Johnson (Enfagrow Soy Toddler 24 oz powder) and Ross (Similac Go & Grow Soy 22 oz powder) soy toddler products are now approved in addition to Gerber Good Start 2 Soy. As you know, these types of products are approved for 1-2 year olds as an alternative to milk with documented cow's milk allergy or lactose intolerance. Please refer to Local agency numbered memo 11-035 for more information.

Q: Will a prescription be required to issue soymilk if it's preferred by mom even without an allergy present?

STATE AGENCY RESPONSE:

For children, the medical documentation form with ICD-9 code must be completed and signed by a healthcare provider in order to give soymilk as a replacement for cow's milk. For women, soymilk may be issued without medical documentation.

Q: Do we need a Medical Documentation form to issue WCM [Whole Cow's Milk] to a child over 2 years of age?

STATE AGENCY RESPONSE:

Yes. Further, in order to issue Food Package III, a special formula must also be prescribed in order to authorize whole milk for a child over 2 years of age. It is rare that only whole milk would be indicated for a child over 2 years of age for medical issues such as failure-to-thrive. In these circumstances, the nutritionist should contact the HCP to clarify the need for whole milk issuance. It should be explained to the provider the negligible difference between the fat content of 2% milk and whole milk to see if a compromise can be worked out. The revisions to the WIC food packages included mandated issuance of reduced-fat, low-fat or skim milk to all eligible participants over 2 years of age to comply with the recommendations of the American Academy of Pediatrics and Dietary Guidelines for Americans.

Q: What categories of participants are eligible for regular soymilk?

STATE AGENCY RESPONSE:

Regular soymilk (assuming this to be equivalent to whole milk) is for 1 year old children up until age two. Women and children 2 years old and over would receive fat free soymilk.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
WIC PROGRAM

FOOD PACKAGE TAILORING GUIDELINES

A competent professional authority shall prescribe a food package for each WIC participant upon completion of the certification process.

The food package shall be based on the participant's age, nutritional status, personal preferences and access to food storage/cooking facilities.

The amount and types of foods prescribed for a participant shall not exceed maximum allowable quantities.

Food packages shall not be tailored for cost reasons.

A. GENERAL GUIDELINES

1. Start from the standard food packages and adjust the amounts of individual foods as necessary.

2. Address the specific needs and problems of homeless participants in tailoring food packages.

3. Reassess the food package assignment at **each** certification**, or more often,** as participants' needs change. Review the benefit of the food package and reiterate that the food package is intended for use by only the participant. Violation of this agreement can result in disqualification from the program. Ensure that client knows that there is an option to select/omit food items when a need is identified.

   Food package tailoring should actively account for use of the food benefits by the participant. Food items should be tailored down or eliminated if the items cannot or will not be utilized appropriately by the participant, even if there is not an allowable substitution. **Documentation should reflect justification for this decision.** Elimination of a food should occur after appropriate education and collaboration with the participant to determine if a creative incorporation of the food item in the individual's diet has been exhausted.

4. Consider the current U.S. Dietary Guidelines when prescribing food packages, unless contraindicated by special nutritional needs.

5. For Exceptions see Item C, SPECIAL NEEDS

B. SPECIFIC GUIDELINES BY PARTICIPANT CATEGORY

1. Food Package I, Infants 0 to 3 Months and 4 to 5 months

For partially breastfed infants, provide the appropriate amount of supplemental formula based on the nutrition assessment

2. Food Package II, Infants 6 to 11 Months

For partially breastfed infants, provide the appropriate amount of supplemental formula based on the nutrition assessment

3. Food Package III, Children/Women with Qualifying Conditions

Tailor quantities of formula and conventional foods according to nutritional needs by age and category. Consider the medical and nutritional problems warranting the prescription of this food package.

4. Food Package IV, Children 1 to 5

Tailor quantities of milk, cereal, whole grain bread, juice and eggs according to the nutritional needs of the child and other identified circumstances

Provide a food package with reduced fat to children over 2 years of age to achieve appropriate growth .

Provide an energy rich food package to children who are underweight and encourage inclusion of frequent nutritious snacks.

Offer cheese when appropriate but limit the amount of cheese substituted for milk to 1 pound per month unless medical documentation is provided to justify increased amounts.

5. Food Package V, Pregnant and Breastfeeding Women

Tailor quantities of milk, cereal, whole grain bread, juice, and eggs according to the nutritional needs of the woman and other identified circumstances.

Provide a food package with reduced fat to pregnant and breastfeeding women in order to meet appropriate weight gain goals.

Provide an energy rich food package to underweight women and encourage consumption of frequent nutritious snacks.

6. Food Package VI, Non-Breastfeeding Postpartum Women

Tailor quantities of milk, cereal, whole grain bread, juice and eggs according to the nutritional needs of the woman and other identified circumstances.

Provide a food package with reduced fat to postpartum women in order to encourage return to healthy weight.

Provide an energy rich food package to underweight women encourage consumption of frequent nutritious snacks.

7. Food Package VII, Breastfeeding Women - Enhanced

Tailor quantities of milk, cheese, cereal whole grain bread, juice and eggs according to the nutritional needs of the woman other identified circumstances.

Provide a food package with reduced fat to breastfeeding women in order to encourage return to a healthy weight.

Provide an energy rich package to underweight women encourage consumption of frequent nutritious snacks.

C. SPECIAL NEEDS

1. Ready-to-Feed Formula for Infants

Prescribe ready-to-feed formula when:

- The infant's family lives in an area where the water supply is unsafe, as confirmed by the infant's primary health care provider or local health authorities, OR

- A CPA determines that the parent or caretaker will have difficulty correctly mixing the concentrated or powdered formula.

2. Special Formulas

When a medical need requires the use of a Special Formula (formulas other than those provided in the Standard Food Packages) obtain a medical documentation form. (Refer to WIC Policies # 400-10 through 400-15). Contact the State agency for guidance if needed.

Family or Participant ID#_____

State of Connecticut WIC Program-Department of Public Health

MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS

INFANTS AND CHILDREN

1. Patient's Name: _____ **Date of Birth (DOB):** ___/____/____

2. Parent/Guardian: _____

Prescription is subject to WIC approval and provision is based on Program policy and procedure.

3. Please check qualifying medical condition(s)/ICD code(s)

- ☐ 693.1 Allergy, Food
- ☐ 281.9 Anemia
- ☐ 279.4 Autoimmune Disorder
- ☐ 770.7 Chronic Respiratory Disease, perinatal
- ☐ 746.9 Congenital Heart Disease
- ☐ 748.9 Congenital Anomaly, Respiratory
- ☐ 751.9 Congenital Anomaly, GI
- ☐ 749.0 Cleft Palate
- ☐ 749.1 Cleft Lip
- ☐ 343.9 Cerebral Palsy
- ☐ 277.0 Cystic Fibrosis
- ☐ 783.4 Developmental Delay
- ☐ 250.01Diabetes Mellitus Type I
- ☐ 783.4 Failure to Thrive/Inadequate Growth
- ☐ 271.1 Galactosemia
- ☐ 530.81 Gastroesophageal Reflux
- ☐ 279.3 Immunodeficiency
- ☐ 271.3 Lactose Intolerance
- ☐ 579.9 Malabsorption
- ☐ 358.9 Neuromuscular Disorder
- ☐ 779.5 Neonatal Abstinence Syndrome
- ☐ 765.1 Prematurity
- ☐ 270.1 Phenylketonuria (PKU)
- ☐ _____ Other diagnosis with ICD-9 code
  Specify _____

Patient must have a diagnosis and not symptoms.

4. Formula requested: _____

Prescribed ounces per day* (unless ad lib): _____ ☐ Powder ☐ Concentrate ☐ Other _____

***WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.**

Instructions for preparation: _____

Caloric density (e.g. 20cal/oz; 24 cal/oz; 30 cal/oz) _____ Length of use: ☐1 mo ☐ 2 mos ☐ 3 mos ☐ 4 mos ☐ 5 mos ☐ 6 mos

5. WIC Supplemental Foods Available Check foods that are **contraindicated** based on medical diagnosis

Note: The patient will receive supplemental foods, appropriate to their age and participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on age and medical condition. **No prescription is valid for more than six months.**

INFANTS: (6-11 months of age)

CONTRAINDICATED FOODS

- ☐ Infant cereal
- ☐ Infant food vegetables/ fruits
- ☐ All foods contraindicated
- ☐ Restrictions in amounts- Explain:

CHILDREN: (12 months of age or older)

CONTRAINDICATED FOODS

- ☐ Milk or milk substitutes Specify type: _____
- ☐ Breakfast cereal
- ☐ Whole wheat bread or other allowed whole grains
- ☐ Vegetables and fruits ☐ Juice
- ☐ Peanut butter ☐ Eggs ☐ Legumes
- ☐ All foods contraindicated
- ☐ Restrictions in amounts- Explain:

Length of use: ☐ 1 mo ☐ 3 mos ☐ 6 mos

6. Milk substitutes: For children with qualifying conditions, soy-based beverage (soymilk), calcium-set tofu or cheese can be substituted for milk.

☐ Soy-based beverage (soymilk) ☐ Tofu ☐ Cheese

Prescribed amount per day (unless ad lib): _____ ☐ Restriction(s), explain_____

Length of use: ☐ 1 mo ☐ 3 mos ☐ 6 mos

7. HEALTH CARE PROVIDER SIGNATURE: **Date:**
(MD, APRN or PA)

Printed Name (Health Care Provider):

Medical Office/Clinic/Hospital: Phone:

Address: Fax:

Instructions for Physicians or Physician Assistants or Nurse Practitioners

(Only Healthcare Providers licensed to write a prescription in Connecticut can complete this form)

Item #1: Write patient's complete name and date of birth (DOB). **Item #2:** Write patient's parent/guardian name.

Item #3: From the list of most common nutrition related ICD medical diagnoses determine and document one or more of the patient's serious qualifying medical condition(s) for which WIC prescriptions may be written. Other medical diagnosis that may require special/exempt infant formulas and approved WIC foods must have an ICD code and will be considered on a case by case basis. **Non-specific symptoms such as intolerance, fussiness, gas, spitting up, constipation and colic are not considered qualifying conditions.**

Item #4: The Connecticut WIC Program endorses breastfeeding as the optimal method to feed infants. If infants do consume infant formula, WIC supports the American Academy of Pediatrics recommendation that all formula fed infants receive iron-fortified formula for the first year. Connecticut WIC has a sole source contract with Mead Johnson® to provide standard iron-fortified milk- and soy-based formulas ***Enfamil PREMIUM Infant***® and ***Enfamil Prosobee***®, for healthy infants from birth to twelve months of age whose mothers choose not to breastfeed or who partially breastfeed. Effective October 1, 2013, ***Enfamil Gentlease*** is approved in Connecticut as a standard contract formula not requiring a prescription. However, like all other cow's milk based formulas, this product should not be provided to anyone with a known or suspected milk allergy. Also, like other products containing lactose, this product is contraindicated when a totally lactose free diet is indicated. **We will no longer provide milk- or soy-based standard infant formulas that are not part of our contract.** Special/exempt infant formulas such as: protein hydrolysate (hypoallergenic), hypercaloric, elemental and metabolic infant formulas with an appropriate nutrition related ICD code will continue to be provided. Note: WIC is a supplemental program and may not provide the total amount of formula or food prescribed. If an infant or child needs additional amounts of formula, contact Medicaid to see if the additional amounts can be covered based on medical diagnosis.
For infants: Indicate the special/exempt formula, physical form, instructions for preparation, and intended length of use. Powder or concentrate are the physical forms routinely provided by WIC. Ready-to-Feed (RTF) formula or medical foods may be authorized when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, the person caring for the infant may have difficulty in correctly diluting the concentrated liquid or powdered formula or the product is only available in ready-to-feed.
For children 12 months and older: Indicate the special/exempt formula, instructions for preparation and intended length of use. It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis.

If a supplemental (vs. complete) soy formula is prescribed for children ages 12-24 months, any approved WIC toddler soy formula can be issued as the State no longer has a rebate for that type of product.

Item #5 The patient will receive supplemental foods from the WIC Program, appropriate to their age and participant category in addition to the formula indicated. For infants 6 months of age or older and children, please check the supplemental foods that are contraindicated by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to a medical diagnosis, check and explain in the space provided. For children over 2 years of age with inadequate growth or other specific medical diagnosis, whole milk can be provided on an individual basis. Please specify % milk fat in section indicated.

Item #6 **For children 12 months of age or older with qualifying conditions** such as milk allergy, severe lactose maldigestion or vegan diet, soy-based beverage (soymilk), calcium-set (calcium fortified) tofu or cheese can be substituted for milk. If a milk substitute is required, check one or more appropriate food item(s), indicate the amount prescribed per day and check the length of use. If there are only restrictions to amounts of supplemental foods provided due to a medical diagnosis, check and explain in the space provided. Provision of cheese in amounts **over 1 pound** requires a qualifying condition such as lactose intolerance or other medical diagnosis. Cheese can be substituted up to the maximum allowance of fluid milk. Medical documentation is <u>not needed</u> for cheese substitutions of 1 pound or less.

Item #7 A Health Care Provider's **original signature** is required. Print or stamp your name, medical office, phone number and address. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining, he/she has a serious medical condition. Give the completed form to the parent/guardian to take to their local WIC program or fax to the clinic serving the patient.

For more information or additional copies of this form please visit our website: www.ct.gov/dph/wic, then click on "For Medical Providers" tab in the left navigation bar.

WIC Office Use: **CPA Signature:** _____ **Date:** _____
WIC Staff instructions: Review form for completeness. If there are questions, before approving the prescription, contact the participant's health care provider to resolve. Sign and date form. If formula is not available retail, complete formula request form as outlined in the State Plan/policies and fax to the State WIC Office.

USDA is an equal opportunity provider and employer

Family or Participant ID# _____

State of Connecticut WIC Program-Department of Public Health

MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS

WOMEN

1. **Patient's First & Last Name:** _____
   Date of Birth (DOB): __/___ /____

Prescription is subject to WIC approval and provision is based on Program policy and procedure.

2. Please check qualifying medical condition(s)/ICD-9 code(s)

- ☐ 693.1 Allergy, Food
- ☐ 343.9 Cerebral Palsy
- ☐ 250.01Diabetes Mellitus Type I
- ☐ 271.1 Galactosemia
- ☐ 279.3 Immunodeficiency
- ☐ 646.8 Low Maternal Weight Gain
- ☐ 271.3 Lactose Intolerance
- ☐ 783.2 Maternal Weight Loss During Pregnancy
- ☐ 651 Multifetal Gestation
- ☐ 358.9 Neuromuscular Disorder
- ☐ 270.1 Phenylketonuria (PKU)
- ☐ _____ Other diagnosis with ICD-9 code
  Specify _____

3. Formula requested:_____

Prescribed ounces per day* (unless ad lib): _____ ☐ Powder ☐ Concentrate ☐ Other _____

***WIC is a supplemental nutrition program and may not provide the total amount of formula or food prescribed.**

Instructions for preparation: _____

Caloric density (e.g. 20cal/oz; 24 cal/oz; 30 cal/oz) _____

Length of use: ☐ 1 mo ☐ 3 mos ☐ 6 mos

Note: The patient will receive supplemental foods, appropriate to their age and participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on medical condition. **No prescription is valid for more than six months.**

4. WIC Supplemental Foods Available Check foods that are **contraindicated** based on medical diagnosis

- ☐ Breakfast cereal
- ☐ Eggs
- ☐ Juice
- ☐ Legumes or peanut butter
- ☐ Milk; Specify: _____ or Milk substitutes; Specify: _____
- ☐ Vegetables and Fruits
- ☐ Whole wheat bread or other allowed whole grains

☐ All food contraindicated

☐ Restriction(s) in amounts?
Explain:

Length of use: ☐ 1 mo ☐ 3 mos ☐ 6 mos

5. Milk substitute(s) requested: Tofu and cheese above the WIC maximum substitution amounts requires a qualifying condition.

☐ Tofu ☐ Cheese Amount per day: _____

Length of use: ☐ 1 mo ☐ 3 mos ☐ 6 mos

6. HEALTH CARE PROVIDER SIGNATURE: **Date:**
(MD, APRN or PA)

Printed Name (Health Care Provider):

Medical Office/Clinic/Hospital: Phone:

Address: Fax:

Instructions for Physicians or Physician Assistants or Nurse Practitioners

(Only Healthcare Providers licensed to write a prescription in Connecticut can complete this form)

Item #1: Write patient's complete name and date of birth (DOB).

Item #2: From the list of most common nutrition related ICD-9 medical diagnoses determine and document one or more of the patient's serious qualifying medical condition(s) for which WIC prescriptions may be written. Other medical diagnosis that may require special/exempt infant formulas must have an ICD-9 code and will be considered on a case by case basis.

Item #3: Indicate the special/exempt formula requested instructions for preparation and intended length of use. It is WIC's policy to re-evaluate the participant's continued need for the formula on a periodic basis. No prescription is valid for more than six months.
For cost containment purposes, physical forms routinely provided by WIC are powder or concentrate forms. Ready-to-Feed (RTF) formula or medical foods may be authorized when the product is only available in ready-to-feed, when WIC nutrition staff determines and documents that there is an unsanitary or restricted water supply or poor refrigeration, or the participant may have difficulty in correctly diluting the concentrated liquid or powdered formula.

Item #4 The patient will receive supplemental foods from the WIC Program, appropriate to their participant category in addition to the formula indicated. Please check any supplemental foods **contraindicated** by the patient's medical diagnosis. If there are only restrictions to amounts of supplemental foods provided due to medical diagnosis, check box and explain in the space provided. Prescription renewal is required periodically, based on medical condition.

Item #5 Provision of calcium-set (fortified) tofu in amounts **over 4 pounds** (for all women) or provision of cheese in amounts **over 1 pound** (for pregnant, partially breastfeeding or formula feeding women) or **amounts over 2 pounds** (for fully breastfeeding women) requires a qualifying condition such as lactose intolerance or other medical diagnosis. Medical documentation is not needed for cheese substitutions of 1 pound or less. If either of these foods are needed, indicate the amount prescribed per day and the intended length of use.

Item #6 A Health Care Provider's **original signature** is required. Print or stamp your name, medical office, phone number and address. By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining, he/she has a serious medical condition. Give the completed form to the parent/guardian to take to their local WIC program or fax to the clinic serving the patient.

For more information or additional copies of this form please visit our website: www.ct.gov/dph/wic, then click on "For Medical Providers" tab in the left navigation bar.

WIC Office Use: **CPA Signature:** _____ **Date:** _____
WIC Staff instructions: Review form for completeness. If there are questions, before approving the prescription, contact the participant's health care provider to resolve. Sign and date form. If formula is not available retail, complete formula request form as outlined in the State Plan/policies and fax to the State WIC Office.

WIC is an equal opportunity provider.

SECTION: Nutrition Services

SUBJECT: Nutrition Education

Federal Regulations: §246.11(c)(6)

Nutrition Services Standards: 8A, 8B and 8C

POLICY

Nutrition education shall be made available to each participant, parent, guardian, or caretaker at a rate of at least once per quarter, but not necessarily taking place within each quarter.

Contacts shall be made available through individual or group sessions which are appropriate to the individual participant's nutritional needs, interests, household situation, cultural preferences, language spoken, literacy level and religious values.

Nutrition education shall also be based upon the current U.S. Dietary Guidelines for Americans http://www.health.gov/dietaryguidelines/ , the nutrition assessment and connected to positive health outcomes established for participant categories. All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons.

Guidance

Offer newly enrolled participants an explanation of one or more of the following referrals:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)
- Healthcare for Uninsured Kids & Youth (HUSKY)
- Child Support Enforcement Program
- Expanded Food & Nutrition Education Program (EFNEP)

These key points should be conveyed to applicants/clients at the time of first enrollment. These items alone do not satisfy the nutrition education requirement for the certification period.

Subsequent certifications

Subsequent certifications should re-affirm these key points covered in orientation/initial certification, however nutrition education should focus on the client's identified nutritional risk condition, specific area of concern (i.e. nutrition, diet, health, and/or referral) and ways to achieve the identified, category-appropriate positive health outcome.

Plan and offer subsequent nutrition education contacts which ensure continuity of care and follow-up on initial assessment to include a discussion of one of more of the following:

- Participant's concerns or questions related to health, nutrition practices, referrals, etc.
- Participant's particular nutritional needs according to the category of eligibility and desired health outcomes, i.e. needs of pregnant, breastfeeding, postpartum women, infants, and children.

- Relationship of diet to health.
- The benefits of consuming a variety of foods including those not provided by the WIC program.
- CPA or client determined nutrient of special interest or need.
- Additional nutrition related topics.

Reminder: Nutrition education expenditures must account for at least 25% of each local agency's total expenditures.

Project ReNEW: State Developed Participant Nutrition Education Materials

As part of a WIC Special Projects Grant, a series of eight nutrition education handouts were developed for use with participants. Each handout details a difference age range, highlighting developmental and nutritional milestones. The handouts were recently updated in 2010 along with a revised guidance tool. Please see *WIC 300-03 Project ReNEW Guidelines for Use* for additional details.

Daily Food Guide

Food Group	Servings each day	How much is one serving?
Milk, yogurt and cheese	3 servings	1 cup milk or yogurt 1 1/2 ounces cheddar, Swiss or other hard cheese 2 ounces American cheese
Vegetables	5 servings or more	1 cup raw leafy vegetables 1/2 cup of other vegetables, raw or cooked 1/2 cup 100% vegetable juice
Fruit	3 servings or more	1 medium piece of fruit (apple, banana, orange) 1/2 cup cut up fruit or berries 1/2 cup 100% fruit juice
Grains	6 servings or more	1 slice whole grain bread, 1 tortilla, 1/2 bagel 1/2 cup cooked rice or pasta 1/2 cup cooked cereal (oatmeal, farina) 1 cup whole grain ready-to-eat cereal
Protein foods (Meat, poultry, fish, dry beans, eggs and nuts)	5–6 servings	1 ounce cooked lean meat, poultry or fish* OR meat substitute (1/4 cup cooked dried beans or 1 egg or 1/4 cup tofu or 1/2 ounce nuts or 1 tablespoon peanut butter counts as 1 ounce of lean meat)

*Eat no more than 12 ounces of fish a week.

Eating Fish Safely

Fish is a good source of protein and good for you. Some fish may contain mercury or other chemicals. If you eat too much fish, it could be unhealthy for you and your baby.

Breastfeeding women should **not** eat swordfish, shark and some fish caught locally. Eat no more than 12 ounces total of other kinds of fish a week, such as pollock, salmon, cod, catfish, shrimp, and canned light tuna. Ask your nutritionist about eating fish.

Nutrition for breastfeeding women

Eating healthy and getting enough rest will give you strength to care for your baby. Eat a variety of food from the Daily Food Guide.

Drink when you are thirsty, but have at least 8 to 10 cups of liquid each day. Drink something each time you nurse. Water is best. Other good choices are 100% fruit juice and low fat milk. Drink no more than 12 ounces of juice a day. It can add up in calories if you drink too much.

The American Academy of Pediatrics recommends that breastfed babies get Vitamin D supplements. Sometimes iron supplements are also prescribed. Talk to your baby's doctor about this.

Breastfeeding

Congratulations on choosing to breastfeed your baby! Your breastmilk is the best food for your baby. It is better than formula. It is the only food your baby needs for the first 6 months.

Before you have your baby…

- Learn as much as you can about breastfeeding. Ask your nutritionist about breastfeeding and resources in your area.
- Tell your doctor and the doctors and nurses in the hospital that you want to breastfeed your baby.
- If you plan to work or go to school after your baby is born, you can still breastfeed.

When your baby is born…

- Breastfeed within one hour after delivery, if possible. Frequent skin-to-skin contact with your baby will help to build your milk supply.
- Feed your baby as often as possible in the hospital. This will help you and your baby get used to breastfeeding.
- If you are new to breastfeeding, it can be clumsy at first. Ask the nurse or lactation consultant for help.
- Before you leave the hospital, ask the nurse or doctor for phone numbers to call if you have breastfeeding questions.
- Once you are home, you can also call the WIC office for help or information.

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1-800-741-2142

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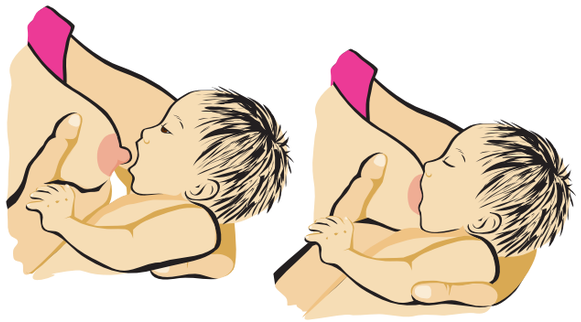
How do I breastfeed?

- Wash your hands before you breastfeed.
- Get comfortable. Use pillows to support you and your baby. Hold your baby so that you are tummy to tummy. His ear, shoulder and hips should be in a straight line.
- Support your breast by gently putting four fingers under your breast and your thumb on top. Do not cover your areola (the dark part around your nipple).



- Gently stroke your baby's lips with your nipple. BE PATIENT.
- When your baby opens WIDE, bring his mouth onto your nipple and areola. This is called latch.
- In a comfortable latch, your nipple will be way back in your baby's mouth, his lips curled out and his mouth wide open. His nose will be away from your breast and his chin against your breast.
- Your baby will stop nursing when he gets full. If you need to interrupt breastfeeding for some reason before he is finished, slip your finger between your baby's gums until he lets go.

Breastfeeding after delivery

The first milk to come from your breast after delivery is called colostrum. It will be yellowish and you will not make much. This is normal. Colostrum is high in antibodies and protects your baby from illness.

Your milk will come in 2 to 4 days after delivery. You will make more milk and it will look whiter.

The amount your baby drinks will depend on his or her needs. Every baby is different. Learning your baby's eating habits takes time and patience.

Your baby will usually nurse for 15 minutes or longer on each breast. Begin the next feeding with the breast the baby last fed from.

Breastfeed as often as your baby wants to, but at least every 3 hours. Sometimes your baby will want to breastfeed as often as every hour. Nursing when your baby is hungry will help you make the amount of milk your baby needs.

SIGNS OF HUNGER

- Moving his head back and forth, looking for food
- Hand to mouth motion, sucking on her hands or fingers
- Makes mouth and tongue motions or small, fussy sounds
- Seems uneasy or uncomfortable

Crying is a late sign of hunger. Do not wait until your baby is so hungry that she cries. Crying can mean many things besides hunger. A hungry baby will be ready to feed, and will eagerly go for the breast when offered.

Is my baby getting enough breastmilk?

You can tell if your baby is getting enough breastmilk if she:

- Breastfeeds every 1 to 3 hours (8 to 12 times in 24 hours).
- Swallows during nursing (you can hear your baby swallow).
- Seems full and happy after nursing.
- Has at least 4 wet diapers a day by day 4.
- After 1 week, has at least 6 to 8 wet diapers a day and at least 4 stools a day.
- Is healthy and gaining weight.

Growth spurts

Growth spurts may happen around 2 to 4 weeks, 6 weeks and 3 months of age. During this time, your baby may want to breastfeed more often. This is normal. Your body will make more breastmilk to meet your baby's needs.

Common breastfeeding concerns

Even if your diet is not perfect, you will still make healthy breastmilk. However, you do need extra fluid to make breastmilk. Make sure you drink plenty of liquids.

When your breasts are full, you might feel uncomfortable and your breasts might feel hard or warm. Breastfeed your baby often to avoid this.

Soreness, cracking, or pain usually means your baby is not latched on right, but it may mean you have an infection. If you feel discomfort after the first few sucks, break the baby's suction. Re-latch your baby to your breast. If these problems do not go away, ask for help.

Other breastfeeding issues

Most women can breastfeed while taking medicine, but check with the doctor first.

Most women with medical conditions can safely breastfeed. However, women with AIDS, HIV or active TB (tuberculosis) should not breastfeed. If you have any questions, talk to your doctor.

Caffeine that you take in passes into your breastmilk. It can affect your baby's heart rate and breathing. Caffeine can be found in coffee, tea, soda, chocolate drinks and chocolate candy. Limit how much of these foods you eat or drink.

Do not drink alcohol or use street drugs. They can affect your health and your ability to take care of your baby. Alcohol and drugs can also pass into breastmilk and harm your baby.

It is healthier for you and your baby if you do not smoke cigarettes. If you smoke, try to quit. If you cannot quit, it is still better to breastfeed than give formula. If you smoke, do so after you breastfeed and away from your baby.

SIGNS OF FULLNESS

- Loses interest in feeding
- Stops sucking
- Refuses the nipple
- Turns away, pushes away
- Falls asleep

Babies are the best judges of how much they need.

Feeding Tips

- Add one new food at a time.
- Wait 4 days before adding another new food.
- Offer small amounts of food at a time.
- Never force your baby to eat.

Keep your baby safe

Do not feed honey to your baby.

Do not heat your baby's

- Breastmilk
- Formula
- Food

in the microwave

Keep food safe

Wash your hands.

Refrigerate unused food.

These foods cause choking. Do not feed them to your baby.

- Hot dogs
- Raisins
- Corn
- Nuts
- Dry flaked cereal
- Hard or large pieces of meat, fish or chicken
- Bones of any kind
- Raw, hard vegetables and fruit
- Potato chips and other snack chips
- Peanut butter
- Popcorn
- Hard candy
- Lollipops
- Meat sticks
- Whole grapes

Wait until your child is 1 year old before giving whole milk.

Your child should be drinking from a cup.

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Feeding Your Baby

Birth to one year

Your Baby's First Year

Birth to 6 Months

Breastmilk

Birth to 2 months

Feed on demand

- Usually every 1 to 3 hours

2 to 6 Months

Feed on demand

- Usually every 2 to 4 hours

Sometimes Vitamin D or iron supplements are also prescribed. Talk to your baby's doctor about this.

OR

Iron-fortified

Infant Formula

Birth to 2 Months

Feed on demand

- Usually 2 to 4 ounces every 2 to 3 hours

2 to 6 Months

Feed on demand

- Usually 4 to 6 ounces every 2 to 4 hours

6 to 8 Months

Breastmilk

On demand

- Usually every 3 to 4 hours

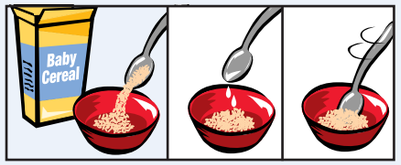
OR

Infant Formula

On demand

- Usually 4 to 8 ounces every 3 to 4 hours

Start Infant Cereals



Start with rice cereal

Next Add:

- Pureed, cooked vegetables and fruit
- Buy prepared baby food.

OR

Make your own baby food

Feed cereal with a spoon, not in a bottle.

Do not feed from the baby food jar.

Offer a cup.

8 to 12 Months

Breastmilk

On demand

- Usually every 4 to 5 hours

OR

Infant Formula

On demand

- Usually 4 to 8 ounces every 4 to 5 hours

Start mashed or soft, cut up foods.

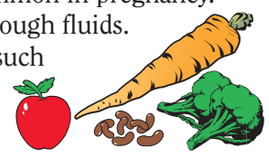
- Fruits
- Vegetables
- Cooked meat, chicken or turkey
- Cottage cheese and yogurt
- Beans
- Infant cereals, unsalted crackers
- Bread
- Macaroni and pasta

Offer finger foods and a cup.

Common Complaints During Pregnancy

Many pregnant women have morning sickness, nausea, vomiting or heartburn. While these problems may be unpleasant, they usually are not serious. Talk to your nutritionist about what you could do to feel better. If your symptoms become severe, talk to your doctor.

Constipation is also common in pregnancy. Make sure you drink enough fluids. Eat foods high in fiber such as whole grains, fresh fruit, vegetables and dried beans.



Be careful what you put into your body during pregnancy.

Alcohol, cigarettes and drugs. Do not drink alcohol, smoke or use street drugs during pregnancy. They can harm your baby and may lead to low birth weight, premature birth, birth defects and sometimes death.

Medicine and Herbs. Do not take prescription or over-the-counter medicine unless your doctor tells you to.

Herbal remedies may cause some problems. Just because they are "natural" does not mean they are safe, especially for pregnant women. Talk to your doctor before you use herbal remedies.

Caffeine can affect your baby's heart rate and breathing. Caffeine can be found in coffee, tea, soda, chocolate drinks and chocolate candy. Limit how much you eat or drink of these foods.

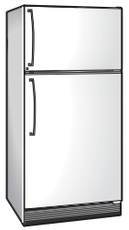
Food Safety

Your body changes during pregnancy. It is easier for you to get sick from the germs in food. Food poisoning can also be dangerous for your baby.

Wash your hands when you handle food. Keep food at the right temperature.

Keep hot food hot (greater than 140°F) and cold food cold (less than 40° F.)

- Refrigerate food right away after shopping and after finishing a meal.
- Reheat ready-to-eat food before eating, including deli meat.
- Thaw frozen food in the refrigerator, not at room temperature.



Do not eat uncooked meat, fish, poultry, eggs, or raw sprouts. Do not drink unpasteurized milk or juice. Avoid soft cheese such as brie, feta, blue cheese and queso blanco fresco.

Eating Fish Safely

Fish is a good source of protein and good for you. Some fish may contain mercury or other chemicals. If you eat too much fish, it could be unhealthy for you and your baby.

Pregnant women should not eat swordfish, shark and some fish caught locally. Eat no more than 12 ounces total of other kinds of fish a week, such as pollock, salmon, cod, catfish, shrimp, and canned light tuna. Ask your nutritionist about eating fish.

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Healthy Eating During Pregnancy

Pregnancy is a special time. Nutrition is important for you and your baby!

PROJECT ReNEW CT WIC PROGRAM

Daily Food Guide

Food Group	Servings each day	How much is one serving?
Milk, yogurt and cheese	3 servings	1 cup milk or yogurt 1 1/2 ounces cheddar, Swiss or other hard cheese 2 ounces American cheese
Vegetables	5 servings or more	1 cup raw leafy vegetables 1/2 cup of other vegetables, raw or cooked 1/2 cup 100% vegetable juice
Fruit	3 servings or more	1 medium piece of fruit (apple, banana, orange) 1/2 cup cut up fruit or berries 1/2 cup 100% fruit juice
Grains	6 servings or more	1 slice whole grain bread, 1 tortilla, 1/2 bagel 1/2 cup cooked rice or pasta 1/2 cup cooked cereal (oatmeal, farina) 1 cup whole grain ready-to-eat cereal
Protein foods (Meat, poultry, fish, dry beans, eggs and nuts)	5–6 servings	1 ounce cooked lean meat, poultry or fish* OR meat substitute (1/4 cup cooked dried beans or 1 egg or 1/4 cup tofu or 1/2 ounce nuts or 1 tablespoon peanut butter counts as 1 ounce of lean meat)

*Eat no more than 12 ounces of fish a week.
See back page to learn more about eating fish.

Eating for you and your baby

What you eat and drink affects you and your baby. You need good nutrition to stay healthy during pregnancy. Your baby needs good nutrition to grow and develop.

Calcium is needed to keep your bones and teeth strong. Your baby needs calcium to grow strong bones and a healthy nervous system.

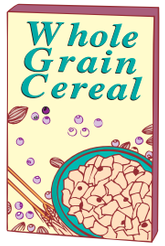
Calcium comes from milk, yogurt and cheese. If you are not able to eat or drink these foods, talk to your nutritionist.

Iron is needed to make red blood cells and carry oxygen in your body. Iron also helps fight infections. Your baby needs iron for his red blood cells and to grow.

Good sources of iron include meat, poultry, fish, dried fruit, iron-fortified cereal, dried beans, eggs and peanut butter. Prenatal vitamins also contain iron.

Vitamin C helps your body absorb iron. Good sources of vitamin C include orange juice, grapefruit, baked potatoes, tomatoes, peppers and broccoli.

Folic acid helps prevent birth defects. It is also needed for growth and healthy red blood cells. You need extra folic acid during pregnancy. Your baby needs folic acid to grow well. Foods high in folic acid include orange juice, green leafy vegetables, dried beans, whole grain breads and fortified cereals. Prenatal vitamins also contain folic acid.



Think about breastfeeding your baby!

Supplements

Most doctors prescribe prenatal vitamins for pregnant women. Choose what is easy for you to take – pills, capsules, chewable tablets or liquid.

If you do not get enough iron, you may become anemic. You may feel tired, have trouble concentrating and may have more infections. If you are anemic, your doctor may prescribe iron supplements. Make sure you take them.

Fluids

You need 8–10 cups of fluids each day during pregnancy. Drink plenty of water. Drink no more than 12 ounces of juice a day. It can add up in calories if you drink too much.

Calories

Calories give your body the energy it needs to work. You need energy for your lungs to breathe, your heart to beat, your brain to think and your body to move. Your baby needs calories to grow. You need 300 extra calories each day during the last 6 months of pregnancy.

Physical Activity

Many women can continue to be physically active during pregnancy. However, check with your doctor first to make sure that it is safe for you.

Healthy weight gain during pregnancy

Pregnancy is a time when it is normal and healthy to gain weight. Eating the right amount of calories is important. If you do not get enough calories, you will lose weight or not gain enough weight. If you get too many calories, you will gain too much weight. Your health and your baby's growth could be affected.

Follow the Daily Food Guide to eat healthy and get the right amount of calories.

Calories from foods that are high in fat or sugar but low in vitamins or minerals are called "empty calories." Limit or avoid these foods:

- pie, cake, cookies
- doughnuts, pastries
- candy, sweets
- snack chips, french fries
- soda, fruit drinks, special coffees
- fried food
- bacon, sausage

How much weight should I gain?

Each woman is different. The amount of weight you should gain depends on how much you weighed before you were pregnant. If you were underweight, you should gain more. If you were overweight, you should gain less but you still need to gain some weight for the health of your baby.

Your age and health also affect how much weight you should gain. The timing of your weight gain during pregnancy is also important. Ask your nutritionist or health care provider about how much weight you should gain during pregnancy.

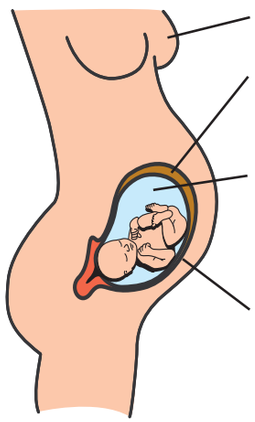
Choose your 300 extra calories wisely.

How many calories?

8 ounces skim milk	85
8 ounces 1% milk	100
8 ounces 2% milk	125
8 ounces whole milk	145
1/2 cup raw carrots	25
1 medium apple	60
8 ounces 100% orange juice	120
1 slice bread	80
1 tablespoon peanut butter	100
1 large egg, hard boiled	75
1 teaspoon margarine or butter	45
1 tablespoon margarine or butter	135

Where Does the Weight I Gain Go?

See the graph below to find out where weight is gained during pregnancy.



Where the weight goes

Breasts	1.0 lb.
Placenta	1.4 lbs.
Fluids & blood volume	8.3 lbs.
Baby	7.5 lbs.
Uterus	2.1 lbs.
Other body changes	7.2 lbs.
	27.5 lbs.

How can I lose the weight I gained from pregnancy?

Give yourself some time. This is not a time to go on a diet for quick weight loss. The best way to lose weight is slowly, about 1 to 2 pounds a week.

With good nutrition and some physical activity, you should be back to a healthy weight soon. Ask your doctor when you can start exercising and what you can do. Breastfeeding your baby may help you lose weight too.

Calories from foods that are high in fat or sugar but low in vitamins or minerals are called "empty calories." Limit or avoid these foods:

- pie, cake, cookies
- doughnuts, pastries
- candy, sweets
- snack chips, french fries
- soda, fruit drinks, special coffees
- fried food
- bacon, sausage

Many fast foods, processed foods and ready-to-eat foods are high in salt, sugar, fat and calories. Limit or avoid these foods.

If you are breastfeeding, GREAT!
If you are not, think about breastfeeding next time. Ask your nutritionist for more information.

Eating fish safely

Fish is a good source of protein and good for you. Some fish may contain mercury or other chemicals. If you eat too much fish, it could be unhealthy for you and your baby.

Women of childbearing age should not eat swordfish, shark and some fish caught locally. Eat no more than 12 ounces total of other kinds of fish a week, such as pollock, salmon, cod, catfish, shrimp, and canned light tuna. Ask your nutritionist about eating fish.

Be careful what you put into your body

Alcohol, cigarettes and street drugs will harm your health. Alcohol and drugs can affect your ability to take care of your baby.

It is healthier for you and your baby if you do not smoke cigarettes. If you smoke, try to quit. If you cannot quit, smoke away from your baby.

Second hand smoke is harmful to your baby. People who smoke should do so outside or away from your baby.

Post-partum medical visit

It is very important that you get a medical check up 4 to 6 weeks after your baby is born.

Immunizations

Immunizations (shots) are important for your baby's health. Make sure your baby's shots are up-to-date.

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Healthy Eating After You Deliver

Congratulations on the birth of your baby! Remember to take time to care for yourself and eat healthy.

PROJECT ReNEW CT WIC PROGRAM

Daily Food Guide

Food Group	Servings each day	How much is one serving?
Milk, yogurt and cheese	3 servings	1 cup milk or yogurt 1 1/2 ounces cheddar, Swiss or other hard cheese 2 ounces American cheese
Vegetables	5 servings or more	1 cup raw leafy vegetables 1/2 cup of other vegetables, raw or cooked 1/2 cup 100% vegetable juice
Fruit	3 servings or more	1 medium piece of fruit (apple, banana, orange) 1/2 cup cut up fruit or berries 1/2 cup 100% fruit juice
Grains	6 servings or more	1 slice whole grain bread, 1 tortilla, 1/2 bagel 1/2 cup cooked rice or pasta 1/2 cup cooked cereal (oatmeal, farina) 1 cup whole grain ready-to-eat cereal
Protein foods (Meat, poultry, fish, dry beans, eggs and nuts)	5–6 servings	1 ounce cooked lean meat, poultry or fish* OR meat substitute (1/4 cup cooked dried beans or 1 egg or 1/4 cup tofu or 1/2 ounce nuts or 1 tablespoon peanut butter counts as 1 ounce of lean meat)

*Eat no more than 12 ounces of fish a week.
See back page to learn more about eating fish.

Now that my baby is born, does it still matter what I eat?

Yes. Eating healthy food helps you to:

- Get back in shape
- Have more energy
- Feel better
- Be healthier
- Set a good example for your baby when she grows older

Your baby depends on you to have the strength and energy you need to take care of her.

How can I eat healthy?

Follow the Daily Food Guide to eat healthy and get the right amount of calories.

Eat a variety of food

The food guide lists 5 food groups to eat from every day for good nutrition. Each food group gives you some – but not all – of the nutrients you need. Food in one group cannot take the place of food in another group. To get all the nutrients you need, eat from all the food groups.

Watch portion sizes

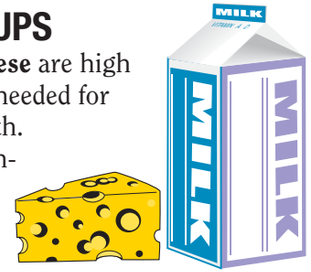
Look at the numbers of servings and serving sizes recommended for each of the food groups in the daily food guide. Eat the number of recommended servings from each food group daily.

Fluids

Drink plenty of liquids – 6 to 10 glasses of liquid each day. Water is best. Drink no more than 12 ounces of juice a day. It can add up in calories if you drink too much.

THE FOOD GROUPS

Milk, yogurt and cheese are high in calcium, which is needed for strong bones and teeth. Choose low-fat or non-fat milk products more often.



Fruits and vegetables are great sources of vitamins, minerals, and fiber. Nutrients in fruits and vegetables may also lower your risk for cancer. Include at least 3 fruits and 5 vegetables a day in your meals.

Grains give you carbohydrate for energy, vitamins, minerals, and fiber. The number of servings you need from the grain group depends on how active you are.

Choose at least 3 servings of **whole** grains a day. Examples include whole wheat bread, whole grain and bran cereals, oatmeal, corn tortillas, brown rice and whole grain crackers. Whole grains contain more fiber and nutrients than refined food as white bread and food ma white flour.

Protein foods give you protein, energy, some fat, vitamins and minerals. Protein is needed to build muscles and antibodies. Eat 5–6 servings a day from the protein group.

Sample Meal Plan

Morning: 1/2 cup (4 ounces) orange juice
1 cup whole grain cereal
1 cup 1% milk
1 small banana
tea

Noon: peanut butter sandwich on whole wheat bread
1 cup garden salad
1 tablespoon low-fat dressing
1 apple
1 cup 1% milk

Snack: 1 cup low fat yogurt
2 graham cracker squares
water

Evening: 4 ounces baked chicken
1 cup cooked broccoli
1 cup cooked rice & beans
1 teaspoon margarine
water

Snack: 1/2 cup raw carrots
1 tablespoon low-fat dip
water

Iron

Iron is needed to make red blood cells and carry oxygen in your body. Iron also helps fight infections. Good sources of iron include meat, poultry, fish, dried fruit, iron-fortified cereal, dried beans, eggs and peanut butter. Prenatal vitamins also contain iron.

Cut down on coffee and tea because they can lower how much iron your body absorbs.

Vitamin C

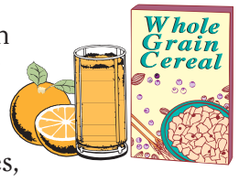
Vitamin C helps your body absorb iron and helps fight infections. If you eat iron-rich foods with Vitamin C rich foods, you will absorb iron better. Good sources of Vitamin C include orange juice, grapefruit, baked potatoes, tomatoes, peppers and broccoli. Have a good source of Vitamin C daily.

Vitamin A

Vitamin A is needed for good vision, healthy skin and to fight infections. Good sources of Vitamin A include carrots, spinach, green and red peppers, sweet potato, pumpkin, winter squash, tomatoes and cantaloupe. Have a good source of Vitamin A at least every other day.

Folic Acid

Folic acid helps prevent birth defects. It is also needed for healthy red blood cells. Foods high in folic acid include dark green vegetables, orange juice, and fortified grain foods (cereal, pasta, and bread). Supplements may contain folic acid.



Supplements

Your doctor may ask you to keep taking your prenatal vitamins for a few months after your baby is born. This can help you build your strength and stay healthy after delivery.

If you do not get enough iron, you may become anemic. You may feel tired, have trouble concentrating and may have more infections. If you are anemic, your doctor may prescribe iron supplements. Make sure you take them.

It is important to get enough folic acid before you are pregnant to help prevent birth defects. Your doctor may recommend a folic acid supplement for you to take if you are not getting enough folic acid.

Mixing formula

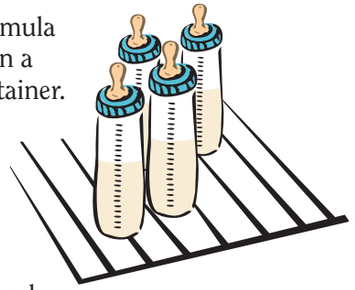
Follow directions when you mix formula. Make sure you use the right amount of water. Too much or too little water can be harmful to your baby's health.

Wash your hands before preparing formula to keep germs from spreading.

Clean and rinse bottles and nipples before you use them. Wash off the top of the can before you open it.

Mix no more than the amount of formula your baby will need for the next 24 hours.

Store the mixed formula in the refrigerator in a tightly covered container. Use within 24 hours.



Canned powdered formula should be covered, stored at room temperature and used within one month after opening.

Safety

Always wash your hands before you feed your baby, whether you breastfeed or bottle-feed.

Do not use the microwave oven to heat a baby's bottle. The milk can get too hot in spots and can burn the baby's mouth or throat.

Never leave mixed formula or opened cans of liquid formula at room temperature for more than one hour.

Throw away any formula that is left in the bottle after a feeding. Do not keep it for the next feeding as it may make your baby sick.

Always hold your baby when bottle-feeding. This helps keep the baby from choking and also helps your baby feel safe and close to you.

Supplements

Sometimes a baby is given iron supplements. The American Academy of Pediatrics recommends that breastfed babies get Vitamin D supplements. Infants who drink less than 32 ounces a day of formula may also be prescribed a Vitamin D supplement. Talk to your baby's doctor about this.

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Feeding Your Baby

Birth to 4 Months

Congratulations!

Feeding your baby is one of the most important things you do as a parent. Whether you breastfeed or use infant formula, it is important to know how to feed your baby for a healthy start.

PROJECT ReNEW CT WIC PROGRAM

Daily Infant Feeding Guide

	Birth to 2 months	2 to 4 months
Breast milk	On demand, usually every 1 to 3 hours	On demand, usually every 2 to 4 hours
Iron-fortified infant formula	On demand, usually 2 to 4 ounces every 2 to 3 hours Most babies drink 18 to 32 ounces in 24 hours	On demand, usually 4 to 6 ounces every 3 to 4 hours Most babies drink 24 to 40 ounces in 24 hours

What should I feed my baby?

Breast milk or iron-fortified infant formula is the only food your baby needs for the first six months.

Breast milk is the best food for babies. It has everything your baby needs to be healthy and to grow. It protects your baby from allergies and illness.

Breastfeed your baby for as many months as possible during your baby's first year. If you have questions about breastfeeding, talk to your nutritionist, doctor or breastfeeding counselor.

Should I give my baby water, cereal, juice or other food?

Breast milk and formula contain enough water for your baby. You do not need to give you baby extra water unless your doctor tells you to.

Breast milk or formula is all your baby needs before 6 months of age. Giving your baby food too soon can cause health problems such as allergies, constipation, diarrhea or overweight.

Feeding juice, cereal or baby food to your baby at this age does not help her to grow better or sleep longer. DO NOT GIVE YOUR BABY CEREAL IN THE BOTTLE. It can cause choking and ear infections.

SIGNS OF HUNGER

- **Moving his head back and forth, looking for food**
- **Hand to mouth motion, sucking on her hands or fingers**
- **Makes mouth and tongue motions or small, fussy sounds**
- **Seems uneasy or uncomfortable**
- **Crying is a late sign of hunger. Don't wait until your baby is so hungry that she cries.**

Crying can mean many things besides hunger. A hungry baby will be ready to feed, and will eagerly go for the breast or bottle when offered.

How often should I feed my baby?

Every baby is different, so a set schedule doesn't always work. Generally, between birth and 4 months, babies need to be fed about every 2 to 4 hours, or about 8 to 12 times during a 24 hour period.

Young babies have small tummies and can hold only a few ounces of breast milk or formula at a time. They get full faster and hungry sooner than older babies.

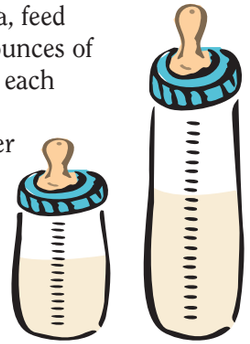
Breast milk is easy to digest, so breastfed babies may need to be fed more often than formula-fed babies. Breastfeeding more often helps you make more milk.

How much should I feed my baby?

The amount your baby drinks will depend on his or her needs. Learning your baby's eating habits takes time and patience.

A breastfeeding baby usually will feed about 15 minutes or longer on each breast. Begin the next feeding with the breast the baby last fed from.

If you use infant formula, feed your baby about 2 to 6 ounces of iron-fortified formula at each feeding. Use a small (4 ounce) bottle for younger babies and start with 2 ounces. If you don't have small bottles, just fill large bottles with only the amount needed for one feeding.



SIGNS OF FULLNESS

- **Loses interest in feeding**
- **Stops sucking**
- **Refuses the nipple or bottle**
- **Turns away, pushes away**
- **Falls asleep**

Do not force your baby to finish a bottle. Babies are the best judges of how much they need.

Remember to burp your baby. Some spitting up is normal.

You can tell if your baby is getting enough breast milk or formula if he or she has at least 6 to 8 wet diapers and at least 3 bowel movements in 24 hours (after 5 days old).

A baby who is drinking enough breast milk or formula grows well. Growth spurts may happen around 2 to 4 weeks, 6 weeks and 3 months of age. During this time, your baby may want more breast milk or formula than usual.

Food safety

Always wash your hands before you feed your baby or handle your baby's food or formula. Wash cans, jars and lids before opening them. Follow directions when you mix formula. Make sure you use the right amount of water. Too much or too little water can be harmful to your baby's health.

Check the expiration date on baby food before buying or using it to make sure it is not out of date.

You do not need to heat baby food before feeding your baby. If you do heat baby food, it should be warm (not hot). Do not heat food in the microwave oven because some parts of the food can get very hot and burn your baby's mouth.

Refrigerate opened baby food jars right away. Use within 2 days.

Do not leave baby food at room temperature for more than 1 hour.

Foods that cause choking:

- Hot dogs
- Raisins
- Meat sticks
- Corn
- Popcorn
- Dry cereal
- Nuts
- Hard candy
- Whole grapes
- Peanut butter
- Lollipops
- Pieces of meat, fish or poultry
- Meat, fish or poultry bones
- Raw, hard vegetables and fruit
- Potato chips and other snack chips

Do not feed these foods to your baby. She is too young for them and can choke on them.

Choose food carefully

Most food allergic reactions are caused by:

- Eggs
- Wheat
- Cow's milk
- Peanuts and nuts
- Fish and shellfish
- Soy

These foods should not be eaten at this age. (However, you can give your baby infant cereal made with wheat after 6 months of age.) Sometimes these foods may be added to recipes or mixed food products. Read food labels.

Do not use mixed foods (mixed grain cereals, cereal with fruit, mixed vegetables, or mixed fruit) until your baby has tried each food in the mix, and has not shown any signs of food allergy.

Honey can cause food poisoning in babies. Never give your baby honey or food made with honey.

Supplements

Sometimes a baby is given iron supplements. The American Academy of Pediatrics recommends that breastfed babies get Vitamin D supplements. Formula fed infants who drink less than 32 ounces a day of formula may also be prescribed a Vitamin D supplement. Talk to your baby's doctor about this. Some babies may need fluoride supplements at around 6 months of age. Talk to your baby's doctor or dentist to find out if your baby needs a fluoride supplement.

Healthy teeth

Clean your baby's teeth and gums with a baby toothbrush or a clean damp cloth after each feeding.

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Feeding Your Baby

4 to 8 Months

What should I feed my baby?

Breast milk or iron-fortified infant formula is still the most important food for your baby. Older babies will drink more at each feeding and will need fewer feedings.

When your baby is ready, you can start to feed him some solid food.

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Daily Infant Feeding Guide

	4 to 5 months	6 to 8 month
Breast milk	On demand, usually every 2 to 4 hours	On demand, usually every 3 to 4 hours
Iron-fortified infant formula	Usually 4 to 6 ounces every 2 to 4 hours Most babies drink 24 to 45 ounces in 24 hours	Usually 4 to 8 ounces every 3 to 4 hours Most babies drink 24 to 37 ounces in 24 hours
Iron-fortified infant cereal	None. Begin to watch for signs for when your baby may be ready to start cereal	6 to 8 tablespoons prepared cereal (start with 1 to 4 tablespoons if you are just starting to feed him cereal)
Vegetables	None	1 to 4 tablespoons
Fruit	None	1 to 4 tablespoons
100% Fruit Juice	None	None is needed. If given, offer only in a cup, no more than 4 oz. a day
Baby Meat	None	2 to 4 tablespoons if he is ready

When will my baby be ready to start eating food?

You will know that she is ready to try solid food when she:

- Can sit, with support
- Can lift and control her head
- Opens her mouth when you offer food
- Does not push the food out with her tongue
- Reaches out to grab food
- Takes food from the spoon with her lips and tongue

What food should I feed my baby first?

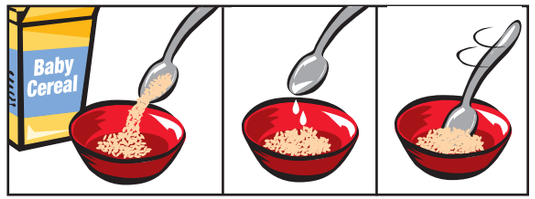
Start with iron-fortified infant rice cereal. It is easy to digest and usually does not cause allergic reactions. Feed rice cereal for at least 4 days before you try another kind of cereal.

Oatmeal and barley infant cereals are good foods to try next.

Only feed your baby infant cereal that is iron-fortified. Do not use mixed infant cereals until your baby has tried each food in the mix and has not shown any sign of food allergy.

How do I mix infant cereal?

Start with a thin mixture – about 1 tablespoon of cereal with about 4 to 5 tablespoons of breast milk, water or formula. As your baby gets used to the texture of the cereal, you can gradually make it thicker by using less liquid until you reach about 1 to 2 tablespoons for each tablespoon of dry cereal.



Use a clean baby spoon to feed your baby the cereal. Throw away any cereal that is left in the bowl after your baby is done eating.

DO NOT FEED CEREAL IN A BOTTLE. It can cause choking, ear infections and may affect your baby's growth.

Vegetables and fruits

When your baby is at least 6 months old, start with plain, pureed or strained vegetables or fruits. Remember to wait 4 days before you give your baby another new food. Avoid baby food with added salt, sugar, butter, margarine or other seasonings. Let her taste the natural flavor of food.

Feeding fruits and vegetables

Do not feed your baby right out of a baby food jar. Germs from the baby's mouth will get on the spoon. If the spoon is put back into the jar, the germs will get in the food. The germs will grow in the leftover food and it could make your baby sick.

Use a clean spoon to take the baby food from the jar and put it in a bowl. Cover the jar of unused baby food and put it in the refrigerator.

Feed your baby with a clean baby spoon. Do not feed your baby with a spoon that has been put in anyone else's mouth.

Start with a total of 1 to 2 tablespoons at a feeding. Throw away any food that is left in the bowl after your baby is done eating.

One new food at a time…

Most babies do not develop food allergies. Those who do usually have a family history of allergies. It is easier to tell which food caused a food allergy if you add only one new food at a time. So, wait at least 4 days before you add another new food to your baby's diet.

If your baby shows any signs of a food allergy, call your doctor immediately or take your baby to the emergency room. Food allergy symptoms include:

- Trouble breathing
- Vomiting
- Diarrhea
- Swelling
- Runny nose or cough
- Skin rash or hives

Introducing a cup

When your baby is at least 6 months old, can sit without support, and can close his lower lip on a cup, you can begin offering small amounts of expressed breastmilk or formula in a cup. Babies do not need fruit juice. Giving fruit is a better choice. If juice is given, wait until your baby is at least 6 months old. Do not feed your baby juice in a bottle. This may cause tooth decay and may affect your baby's growth.

Start with 1 to 2 ounces of breastmilk or formula in a cup. Hold the cup for your baby and tilt it slowly so that a very small amount (a little sip) of liquid leaves the cup and enters his mouth. Then wait for him to swallow the liquid. When he is ready for more, repeat this process.

At first your baby will be a little messy, but as he learns, he will become better at drinking from a cup.

While fruit juice can also be given, none is needed. If it is given, choose 100% fruit juice that is pasteurized. Unpasteurized juice or cider may contain bacteria that can make your baby sick. Give your baby a total of no more than 4 ounces of juice in a day.

Do not give your baby fruit drinks, fruit punch, soda pop, diet soda, cow's milk, goat's milk, soy milk, rice milk, sugar-free drinks, malta, tea or coffee.

Strained meat

Strained meat may be started sometime between 6 to 10 months of age. Check with your doctor about what age to start strained meat. Avoid baby dinners.

What about water?

There is enough water in breast milk or formula to meet most babies' water needs. Give your baby extra water only if your baby's doctor tells you to do so.

Food Safety

Follow directions when you mix formula. Make sure you use the right amount of water. Too much or too little water can be harmful to your baby's health. Your baby may get sick from food if it has not been safely prepared and stored.

Wash your hands with hot water and soap before you handle food or feed the baby. Also, wash your baby's hands and face with warm water before (and after!) feeding.

Clean the sink, counters, cutting board, bowls, and spoons (anything that will touch the food) when you prepare food for your baby. Clean the high chair tray before and after each feeding, especially when feeding "finger foods."

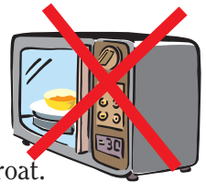
Throw out leftover food from the baby's dish. Do not put it back in the refrigerator (or freezer). It may have germs and may not be safe for your baby to eat later.

Do not use home canned food, rusted or leaking cans or jars, cans or jars without labels or outdated baby food.

Time and Temperature

Do not feed your baby any food or formula that has been at room temperature for more than 1 hour.

Store unused baby food in a clean covered container in the refrigerator. Use within 2 days. (Use meat, poultry, fish or cooked egg yolks within 24 hours.)



Do not use the microwave oven to heat your baby's food. The food can have hot spots that could burn your baby's mouth and throat.

Choose food carefully

Honey can cause food poisoning in babies who are under one year old. Never give your baby honey or foods made with honey.

Certain types of fish should be limited or not eaten. Ask your nutritionist about the amount and kinds of fish "that are safe to eat.

Some food has a lot of calories but few vitamins or minerals. These foods are sometimes called "empty calories" and should not be eaten or eaten only once in awhile. These include:

- Fried food like french fries and fried chicken
- Candy, cookies, doughnuts, cakes and desserts.

Supplements

Sometimes a baby is given iron supplements. The American Academy of Pediatrics recommends that breastfed babies get Vitamin D supplements. Infants who drink less than 32 ounces a day of formula may also be prescribed a Vitamin D supplement. Talk to your baby's doctor about this.

Feeding Your Baby

8 to 12 Months

What should I feed my baby?

Breast milk or iron-fortified infant formula is still important for your baby.

At this age your baby may be ready for foods that she can pick up and eat without any help – small pieces of soft, cooked vegetables, peeled soft fruits, some cereals, breads, crackers and pasta.

Daily Infant Feeding Guide

	8 to 10 months	10 to 12 months
Breast milk	On demand, usually every 4 to 5 hours	On demand, usually every 4 to 5 hours
Iron-fortified infant formula	Usually 4 to 8 ounces every 4 to 5 hours Most babies drink 24 to 32 ounces in 24 hours	Usually 4 to 8 ounces every 4 to 5 hours Most babies drink 24 to 32 ounces in 24 hours
Iron-fortified infant cereal	6 to 8 tablespoons prepared cereal	8 to 12 tablespoons prepared cereal
Vegetables	3 to 4 tablespoons	3 to 6 tablespoons
Fruit	3 to 4 tablespoons	3 to 6 tablespoons
100% Fruit Juice	None is needed. If given, offer only in a cup, no more than 4 oz. a day	None is needed. If given, offer only in a cup, no more than 4 oz. a day
(cooked) Meat, poultry, fish, egg yolk, mashed beans	2 to 4 tablespoons	4 to 6 tablespoons
Yogurt, cheese, cottage cheese	1/4 cup yogurt or 1/2 ounce cheese	1/4 cup yogurt or 1/2 ounce cheese

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How will I know if my baby is ready for the next stage of food?

Your baby is ready to try new types of food when he can:

- Move his tongue from side to side.
- Move food in his mouth from side to side.
- Begin to chew.
- Drink from a cup, with some help.

Food to feed your baby

- Infant cereal
- Mashed or diced soft fruit
- Mashed or soft cooked vegetables
- Mashed cooked egg yolk
- Strained cooked meat, chicken, turkey or fish
- Cottage cheese, yogurt
- Mashed cooked beans

Remember to wait at least 4 days before adding a new food.

Feed your baby with a baby spoon. Do not feed your baby with a fork, as this could hurt your baby.

Always watch your baby while he is eating or drinking to make sure that he is safe and does not choke.

What kind of baby food should I feed my baby?

Your baby needs to eat food that is soft cooked and mashed, pureed or strained - and other soft foods that are easy to eat. You can buy prepared baby food or make your own.

If you use prepared baby food, feed your baby plain vegetables, fruits and meats. Mixed baby dinners and desserts can have fillers, giving your baby less nutrition and more calories than needed.

Read labels and buy baby food that does not have added sugar, corn syrup, salt or starches. If you make your own baby food, do not add salt, butter, margarine, oil, sugar, honey, corn syrup, or other sweeteners.

When your baby has more teeth and is starting to eat finger foods and table foods, you can give him tiny pieces of well-cooked, soft, boneless chicken, turkey, beef, veal, lamb, pork or fish.

Finger foods and table foods

Between 8 to 11 months of age, your baby should be ready for small pieces of soft food. These types of food are sometimes called "finger food" because your baby can pick them up with her fingers to feed herself. "Table food" is food served at a meal with the rest of the family. It is also soft, easy to chew and in small pieces so that your baby can eat it safely.

Signs of readiness for table food

Your baby is ready for table food when she can:

- Chew and has some teeth.
- Drink from a cup with some help.
- Move objects from her hand to her mouth.
- Hold food and use her fingers to feed herself.
- Around 11 months… hold a cup and put a spoon in her mouth.

When your baby is learning to eat finger and table food, she is learning more than just how to eat. She uses muscles in her jaw, face, hands and fingers. She learns to chew properly and also develops hand to mouth coordination.

Favorite finger foods

- Small pieces of soft cooked, cut-up green beans, peas, potatoes, sweet potato
- Small pieces of soft, cut-up ripe peeled pears, bananas, peaches, nectarines. If you use canned fruit, choose fruit canned in juice or water, not in syrup.
- Plain, unsalted crackers, plain bread, soft tortillas, pita bread
- Soft cooked macaroni, ziti, or other cooked pasta
- Small thin pieces of cheese such as cheddar, swiss, muenster or colby.

What should my baby drink?

Breast milk or infant formula gives most babies the water they need, depending on how much breast milk or formula they drink.

At 10-12 months of age, most babies begin to eat more solid food and drink less formula or breast milk. Talk to your baby's doctor about your baby's water needs. If the doctor tells you to give your baby a little water, give it to him in a cup.

Do not feed your baby cow's milk, goat's milk, soy milk or rice milk until she is at least 1 year old. Breast milk or infant formula is the only kind of "milk" babies should drink.

Do not give your baby sweetened drinks, tea, coffee, soda, fruit drinks, or malta.

Babies do not need fruit juice. Giving fruit is a better choice. If juice is given, give a total of no more than 4 ounces of juice in a day.

Foods that cause choking

- Hot dogs
- Raisins
- Nuts
- Lollipops
- Peanut butter
- Popcorn
- Corn
- Dry flaked cereal
- Whole grapes
- Meat sticks
- Hard candy

- Hard or large pieces of meat, fish or chicken
- Bones of any kind
- Raw hard vegetables and fruit
- Potato chips and other snack chips

Do not feed these foods to your baby. She is too young for these foods and can choke on them.

Feeding Tips for Parents

Use unbreakable cups and glasses that are small enough for your child's hands to wrap around. Use small, unbreakable bowls or dishes. Give child-sized spoons and forks with no sharp edges.

It is normal for toddlers to be fussy eaters or go on "food jags," where they eat only one kind of food for several days. Or they may like a food one day and not another day. Be patient.

Children are naturally hesitant to try new food. It can take up to 10 times of trying a food before your child will eat it.

Children like to explore and play with food. They will be messy. They may spill drinks as they learn to control their muscles.

Your child will be able to chew better as more teeth come in. For one-year-olds or children who do not have back teeth, serve moist, tender soft foods. Examples include soft cooked vegetables, tender moist meat cubes, soft, peeled fruit, pasta, rice, cheese, or yogurt.

Eating Fish Safely

Fish is a good source of protein and good for you. Some fish may contain mercury or other chemicals. If you eat too much fish, it could be unhealthy.

Young children up to age of 6 should not eat swordfish, shark and some fish caught locally. Give your child no more than 1–2 servings total of other kinds of fish a week, such as pollock, salmon, cod, catfish, shrimp, and canned light tuna. Ask your nutritionist about eating fish.

Foods that cause choking:

- Hot dogs*
- Popcorn
- Raisins
- Lollipops
- Corn
- Nuts
- Hard Candy
- Meat Sticks
- Whole Grapes
- Peanut butter**
- Hard or large pieces of meat, fish or chicken
- Bones of any kind
- Raw, hard vegetables and fruit
- Potato chips and other snack chips

*Cut hot dogs into very small pieces, not round slices.

**Spread peanut butter thinly on bread or crackers. Do not give spoonfuls of peanut butter

Do not give your child food that can cause choking. Always watch your child when he eats.

Food Safety

Wash your hands when you handle food. Keep hot food hot (> 140° F) and cold food cold (< 40° F). Refrigerate food promptly. Thaw food in the refrigerator.

Keep your food preparation area, dishes, cups, spoons and forks clean. Use a clean cloth or sponge with hot water and detergent. Rinse with hot water.

Wash your child's hands before and after she eats. Wash the table top or high chair tray where your child eats before and after meals or snacks.

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Feeding Your Toddler and Young Child

Tips to help your child eat healthy

- Provide healthy meals and snacks for your child
- Let your child decide what and how much to eat from the food you provide
- Offer a variety of foods each day
- Eat meals together as a family
- Serve meals and snacks around the same time every day
- Encourage your child to try new food, but don't force him
- Do not use food to reward, punish, or bribe your child
- Start with small portion sizes. Your child will ask for more if he is still hungry

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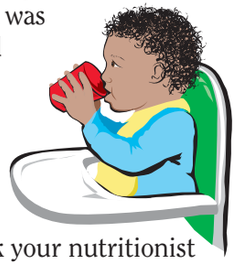
Your toddler's needs are changing

When your toddler was a young infant, breastmilk or infant formula was all that he needed. Now solid food is his major source of nutrition.



He should be able to drink from a cup. If you have not weaned him from a bottle, now is the time. Ask your nutritionist how to do this.

Your toddler will probably still want to feed himself with his fingers. This is normal. He may be ready to start feeding himself with a spoon first, and later a fork.

Your toddler is ready to use a spoon or fork if:

- She shows interest in eating with a spoon or fork.
- She grasps a spoon or fork firmly in her hand.
- She finds her mouth with the spoon or fork.

What should I feed my child?

- Refer to the Daily Food Guide.
- Each food group gives your child some - but not all - of the nutrients he needs for good health.
- Foods in one group cannot take the place of those in another group. Choose food from all the food groups every day.
- Offer small bite-size pieces of food.
- Offer a variety of foods fixed different ways.

Calcium is needed for strong bones and teeth. Milk, yogurt and cheese are good sources of calcium. Milk is also a good source of Vitamin D, which helps the body absorb calcium. Your child's doctor may prescribe a Vitamin D supplement if she is not getting enough Vitamin D from milk or other sources. Talk to your doctor about this.

Give only whole milk products to children under 2 years of age. They need the fat in milk to grow properly. After 2 years of age, your child can be fed low-fat milk products.

If your child is not able to eat or drink milk products, talk to your nutritionist.

Besides milk, what should my child drink?

When your toddler is thirsty, give her water to drink. Limit juice to no more than 6 ounces a day. Too much juice may lead to tooth decay and weight problems. Do not give your child soda, coffee, tea, malta, fruit drinks, powdered fruit drinks or sports drinks.

Limit fluids before mealtime. They can fill your child up and take away his appetite.

Fruits and vegetables

Fruit and vegetables are great sources of vitamins and minerals. If you offer vegetables to your child often, she will learn to like them over time.

Vitamin C

Vitamin C helps absorb iron and fight infections. Good sources of vitamin C include orange juice, grapefruit, baked potatoes, tomatoes, peppers and broccoli. Give your child a good source of Vitamin C daily.

Vitamin A

Vitamin A is needed for good vision, healthy skin and to fight infections. Good sources of Vitamin A include carrots, spinach, green and red peppers, sweet potato, pumpkin, winter squash, tomatoes and cantaloupe. Give your child a good source of Vitamin A at least every other day.

Iron

Iron is needed for healthy blood and to fight infections. Your child also needs iron to learn, grow and be active. Good sources of iron include iron-fortified cereal, meat, poultry, fish, eggs, cooked dried beans and peanut butter. Give your child a good source of iron daily.

If your child does not get enough iron, he may become anemic. If so, your doctor may prescribe iron supplements. Make sure your child takes them as directed.

How much should I feed my child?

See the Daily Food Guide for serving sizes. Toddlers (ages 1–3) need smaller portions than young children (ages 4–6).

Children know how much they need to eat. But they do not know what kinds of food to eat. Offer your child a healthy meal or snack. Then let your child decide how much she eats. Do not force her to eat.

Children's appetites vary greatly from day to day. Some days they eat a lot. Other days they may not eat much at all. This is normal. What your child eats over a week's time is more important than what she eats in any single day. As long as your child is growing well and is healthy, she is probably getting enough food to eat.

Children need snacks

Your child needs to eat 5 to 6 times a day. Children have small tummies. They eat small amounts of food at one time and get full fast. They will get hungry between meals. Make sure to give your child a healthy snack between meals.

Healthy Snack Ideas

- Small, soft pieces of fresh or canned fruit
- Soft cooked vegetables
- Unsweetened applesauce
- Yogurt
- Small pieces of thinly sliced cheese
- Small pieces of bread, muffins or bagels
- Cooked macaroni
- Small, thin pieces of cooked meat or chicken
- Milk
- Graham crackers

How can I keep my child at a healthy weight?

- Refer to the Daily Food Guide.
- Limit or avoid empty calorie foods:
  - Fried foods like french fries, fried chicken and fried nuggets.
  - Sweets like candy, cake, pastries, doughnuts or soda.
- Encourage active play.
- Limit TV, computer or video game time.
- Be a role model for your child. Eat healthy and be physically active.

Daily Food Guide

Toddler (Ages 1–3 years)

Food Group	Serving Size (1–2 year olds may eat smaller serving sizes)	Servings a Day	Notes
Milk, yogurt and cheese	1/2 cup milk* 1 ounce cheese* 1/2 cup yogurt*	4 servings	
Vegetables	1/4 cup	4 servings or more	
Fruit	1/4 cup canned, cut up, or berries 1 medium fresh fruit 1/4 cup 100% juice	4 servings or more	
Grains	1/2 slice bread 1/4 cup hot cereal 1/2 cup cold cereal 1/4 cup cooked pasta or rice	6 servings or more	
Protein foods (Meat, poultry, fish, dry beans, eggs)	1 ounces lean meat, poultry, fish**, OR meat substitute (1/4 cup cooked dry beans, 1 tablespoon peanut butter, 1/4 cup tofu or 1 egg counts as 1 ounce of meat)	2–4 servings	

*Give your child whole milk products until he is at least 2 years old. Once your child turns 2, you can begin feeding her low fat milk products.

**Certain types of fish should be limited or not eaten. Talk to your nutritionist about this.

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This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture, Food and Nutrition Service, under a Fiscal Year 2001 WIC Special Project Grant. The contents of this publication do not necessarily reflect the view of policies of the USDA, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. The USDA is an equal opportunity provider and employer.

Daily Food Guide

Young Child (Ages 4–6 years)

Food Group	Serving Size	Servings a Day	Notes
Milk, yogurt and cheese	1/2 cup milk 1 ounce cheese 1/2 cup yogurt	4 servings	
Vegetables	1/2 cup	3–5 servings	
Fruit	1/2 cup canned, cut up, or berries 1 medium fresh fruit 1/2 cup 100% juice	2–3 servings	
Grains	1 slice bread 1/2 cup hot cereal 1 cup cold cereal 1/2 cup cooked pasta or rice	4 servings or more	
Protein foods (Meat, poultry, fish, dry beans, eggs)	1 ounces lean meat, poultry, fish*, OR meat substitute (1/4 cup cooked dry beans, 1 tablespoon peanut butter, 1/4 cup tofu or 1 egg counts as 1 ounce of meat)	3–5 servings	

*Certain types of fish should be limited or not eaten. Talk to your nutritionist about this.

PROJECT ReNEW CT WIC PROGRAM

Keeping Connecticut Healthy DPH

University of Connecticut
COOPERATIVE EXTENSION SYSTEM
College of Agriculture and Natural Resources
Expanded Food and Nutrition Education Program

Nutrition is just the beginning WIC CONNECTICUT

Connecticut WIC Program
1-800-741-2142

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Nutrition Education Pamphlets: Guidelines for Use

Revised December 2010

Project ReNEW
CT WIC Program

Feeding Your Baby: Birth to 4 Months – Guidelines For Use

The Project ReNEW *Feeding Your Baby: Birth to 4 Months* nutrition education pamphlet is designed for healthy infants. The purpose is to cover nutrition issues pertinent to infants birth to 4 months of age, and specific nutrition issues that are common among the low-income population in Connecticut. The pamphlet is not intended to replace specific recommendations that may be appropriate based on an individual's needs, health, culture and preferences.

Main issues to review with the parent/caregiver:

- What to feed/not feed your baby
  - Breast milk/formula should be sole source of nutrition at this age
  - General issues regarding breast milk/formula
  - Usual amounts/timing to feed baby
  - How to tell if your baby is getting enough breast milk/formula
  - Possible Vitamin D supplementation

- Signs of hunger/ fullness

- Common times/age range for growth spurts during birth to four months of age

- Formula preparation/storage issues
  - Mixing
  - Washing hands/utensils/cans
  - Room temperature exposure
  - Refrigeration
  - Storage

- General food safety issues
  - Washing hands before feeding
  - Not heating in microwave
  - Throwing out any leftover formula in the bottle after feeding
  - Holding baby in proper position during feeding

This pamphlet is not meant to replace breastfeeding education for caregivers of breastfed infants, or to replace instructions on formula feeding or mixing for caregivers of infants being fed formula, but rather cover/reinforce general issues related to these topics.

Please note that the exception to not putting infant cereal in the bottle is in the case of Gastro-Esophageal Reflux (GER), and only on the advice of the physicians. The typical amount of infant rice cereal added is 1 to 2 teaspoons per ounce of formula. Even is this is prescribed by a physician, WIC cannot, by federal regulations, provide infant cereal to an infant before they are six months of age.

Feeding Your Baby: 4 to 8 Months – Guidelines For Use

The Project ReNEW *Feeding Your Baby: 4 to 8 Months* nutrition education pamphlet is designed for healthy infants. The purpose is to cover nutrition issues pertinent to infants 4 to 8 months of age, and specific nutrition issues that are common among the low-income population in Connecticut. The pamphlet is not intended to replace specific recommendations that may be appropriate based on an individual's needs, health, culture and preferences.

Main issues to review with the parent/ caregiver:

- Breast milk/ formula is still the main source of nutrition at this age
- Possible Vitamin D supplementation
- Signs of developmental readiness for solid foods
- Infant cereal introduction around 6 months of age (some HCP may introduce between 4-6m, should be dev ready)
- Fruits/Veg introduction ≥ 6 months of age
- Not feeding from baby food jar
- Baby meat intro (discuss if provided via full breastfeeding package and/or if HCP says he is ready)
- Juice/cup introduction-no juice before 6m-none needed after 6m, (promote fruit over juice), but if given, limit to 4 oz/day
- Other sources of liquid
  - Fruit drinks, etc
  - Water
- Introducing only one new food at a time
- Food Safety
  - Proper mixing of formula
  - Washing hands before food/formula prep
  - Not heating in microwave
  - Food exposure at room temperature
  - Refrigeration of food
- Foods that cause choking
- Avoiding highly allergenic food at this age
- Not feeding Honey
- Healthy teeth

Recommendations for food introduction should be based on the usual age of introduction, along with signs of developmental readiness. Infants with developmental delay may not be ready for solid food introduction yet, depending on their status. Introduction of solid foods should be based on corrected age for premature infants, and signs of developmental readiness.

Guidelines for specific food introduction are not intended for those at high risk of food allergies, or those with food allergies. The recommendations of the physician who is treating the infant's food allergies take precedence over standard recommendations.

Fluoride content of well water can differ from region to region, and bottled water products, even within the same company, can differ in their fluoride content. Therefore, refer inquires regarding fluoride supplementation to the dentist or health care provider.

Feeding Your Baby: 8 to 12 Months – Guidelines For Use

The Project ReNEW *Feeding Your Baby: 8 to 2 Months* nutrition education pamphlet is designed for healthy infants. The purpose is to cover nutrition issues pertinent to infants 8 to 12 months of age, and specific nutrition issues that are common among the low-income population in Connecticut. The pamphlet is not intended to replace specific recommendations that may be appropriate based on an individual's needs, health, culture and preferences.

Main issues to review with the parent/caregiver:

- Breast milk/formula is still an important source of nutrition at this age
- Possible Vitamin D supplementation
- Signs of developmental readiness for the next stage of food
- Introducing only one new food at a time
- Meat, fish, poultry, egg yolk, mashed beans introduction
- Yogurt, cheese, cottage cheese introduction
- Nutritional value of prepared baby foods – Avoid mixed dinners and desserts
- Avoid added sugars, fats and salt if preparing own baby food
- Feed with a spoon, not a fork
- Always watch your baby while he/she is eating
- Definitions of finger foods and table foods
- Signs of readiness for table foods
- Other sources of liquid and use of a cup
    - No juice needed after 6m, (promote fruit over juice), but if given, limit to 4 oz/day
    - Avoid cow's milk, goat's milk, soy milk, rice milk until one year old
    - Avoid fruit drinks, etc
    - Water - in a cup, on advice of Health Care Provider (HCP)
- Foods that cause chocking
- Food safety
    - Proper mixing of formula
    - Washing hands (caregiver and infant) before feeding
    - Cleaning food contact surfaces
    - Throwing out leftover food from baby's dish
    - Do not use home canned foods, rusted or leaking cans, outdated baby food
    - Food exposure at room temperature
    - Refrigeration of food
    - Not heating in microwave
- Not feeding honey
- Safe consumption of fish
- Limit empty calorie foods

Recommendations for food introduction and texture should be based on the usual age of introduction, along with signs of developmental readiness. Infants with developmental delay may not be ready for solid foods or

certain food textures yet, depending on their status. Introduction of solid foods and different food textures should be based on corrected age for premature infants, and signs of developmental readiness.

Guidelines for specific food introduction are not intended for those at high risk of food allergies, or those with food allergies. The recommendations of the physician who is treating the infant's food allergies take precedence over standard recommendations.

Fluoride content of well water can differ from region to region, and bottled water products, even within the same company, can differ in their fluoride content. Therefore, refer inquires regarding fluoride supplementation to the dentist or HCP.

Healthy Eating During Pregnancy – Guidelines For Use

The Project ReNEW *Healthy Eating During Pregnancy* nutrition education pamphlet is designed for healthy, pregnant women. The purpose is to cover nutrition issues pertinent to pregnant women, and specific nutrition issues that are commons among the low-income population in Connecticut. The pamphlet is not intended to replace specific recommendations that may be appropriate based on an individual's needs, health, culture and preferences.

Main issues to review with the pregnant women:

- Increased need for specific nutrients during pregnancy
  - Calcium, iron, vitamin c, folic acid
  - Food sources of these nutrients
- Importance of taking prenatal vitamins and/or supplements as prescribed by the health care provider
  - Though not mentioned in pamphlet, Inquire on iodine content-refer to rev NRC #10
- Increased fluid needs during pregnancy
- Increased caloric needs during the last six months of pregnancy and examples of ways to meet increased caloric needs
- Healthy weight gain during pregnancy
  - Weight gain goals based on pre-pregnancy weight
  - Weight gain pattern during pregnancy
  - Distribution of weight gain
  - Empty calories
- Encouraging the pregnant woman to consider breastfeeding
- Common complaints/discomforts during pregnancy
  - Nausea, vomiting, heartburn, constipation
  - Tips to prevent or alleviate these discomforts
- Potential risks for the baby/mother during pregnancy regarding exposure to/use of:
  - Alcohol, cigarettes and drugs
  - Medications and herbs
  - Caffeine
- General food safety issues
  - Increased risk of food poisoning during pregnancy and foods to be careful of
  - Washing hands prior to and after handling food
  - Appropriate temperatures for hot and cold foods
  - Safe consumption of fish
- Daily food guide overview

Pregnant teenagers have unique issues and challenges not addressed in this pamphlet.

Women with multi-fetal pregnancies (twins, triplets, etc.) have specific nutritional needs not addressed in this pamphlet.

Healthy Eating After You- Guidelines For Use

The Project ReNEW *Healthy Eating After You Deliver* nutrition education pamphlet is designed for healthy, post partum women. The purpose is to cover nutrition issues pertinent to post-partum women, and specific nutrition issues that are common among the low-income population in Connecticut. The pamphlet is not intended to replace specific recommendations that may be appropriate based on an individual's needs, health, culture and preferences.

Main issues to review with the post-partum women:

- Reasons to continue eating healthy after delivery
- Ways to eat healthy
  - Eat a variety of food from the Daily Food Guide
  - Eat from all five food groups
  - Watch portion sizes
  - Eat the number of recommended servings from each food group
- Drink plenty of fluids
  - Drink 6 to 10 glasses of liquids
  - Water is the best liquid to drink
  - Limit juice to 12 ounces per day
- Food groups
  - Milk, yogurt and cheese
  - Fruit and vegetables
  - Grains
  - Protein foods
- Sample meal plan
- Key nutrients
  - Iron
  - Vitamin C
  - Vitamin A
  - Folic Acid
- Supplements
  - Prenatal vitamins
  - Iron
  - Folic Acid
- Weight loss after delivery
  - Slow weight loss is the best
  - Ask the health care provider about when it is ok to exercise
  - Breastfeeding helps lose some of the weight
  - Empty calories
  - Limit fast-food and processed foods
- Fish safety
- Drugs, alcohol, and cigarettes

- Post-Partum medical check up
- Immunization for infants

Post-Partum teenagers have unique issues and challenges not addressed in this pamphlet.

Post-Partum women with multi-fetal births (twins, triplets, etc.) may have different post-partum weight loss patterns have specific nutritional needs not addressed in this pamphlet

Refer the Breastfeeding pamphlet for information regarding post-partum women who are breastfeeding.

Breastfeeding-Guidelines For Use

The Project ReNEW *Breastfeeding* education pamphlet is designed for healthy, breastfeeding women. The purpose is to cover general breastfeeding topics, and specific nutrition issues of breastfeeding women that are common among the low-income population in Connecticut. In addition, this pamphlet can be used with pregnant women who have already decided to breastfeed, in order to help prepare them for breastfeeding. However, nutritional advice in this pamphlet is not designed for pregnant women and this should be clarified with the participant if this pamphlet is used with a pregnant woman who has decided to breastfeed. The pamphlet is not intended to replace specific recommendations that may be appropriate based on an individual's needs, health, culture and preferences.

Main issues to review with the breastfeeding woman:

- Before you have your baby (pregnant woman)
  - Learn as much about breastfeeding as you can
  - Let doctors, hospital, nurses know you plan to breastfeed
  - Planning for breastfeeding after returning to work/school
- Once the baby is born
  - Breastfeed as soon as possible after delivery and as often as possible
  - Ask for help on how to breastfeed and/or if problem arise
  - Obtain telephone numbers of hospital staff/breastfeeding specialists before leaving the hospital
  - You can also call WIC once you are home
- General breastfeeding guidance
  - Positioning baby
  - Latching on
  - Initial breast milk supply post-delivery
  - How to tell if your baby is getting enough breast milk
  - Growths spurts
  - Commons breastfeeding concerns
  - Other breastfeeding issues
  - Signs of hunger
  - Signs of fullness
- Nutrition issues
  - Daily food guide
  - Fluids
  - Vitamin D for Breastfeeding infants
  - Eating fish safely
  - Getting adequate rest

Breastfeeding teenagers have unique issues and challenges that are not addressed in this pamphlet.

Women breastfeeding twins, triplets, etc. will require additional advice not addressed in this pamphlet. In addition, they have specific nutritional needs not addressed in this pamphlet.

This pamphlet is designed to provide information about breastfeeding and therefore is not intended for pregnant women who have not yet decided to breastfeed, nor are the tips on the front cover intended to replace detailed advice to pregnant woman in preparation for breastfeeding. Rather, these are intended as general reminders for pregnant women.

Refer to the pregnancy for nutrition advice for pregnant women.

Feeding Your Toddler and Young Child – Guidelines For Use

The Project ReNEW *Feeding Your Toddler and Young Child* nutrition education pamphlet is designed for healthy toddlers and young children. The purpose is to cover nutrition issues pertinent to toddlers and young children, and specific nutrition issues that are common among the low-income population in Connecticut. The pamphlet is not intended to replace specific recommendations that may be appropriate based on an individual's needs, health, culture and preferences.

Main issues to review with the parent/caregiver:

- Tips to help your child eat healthy
- Your toddler's needs are changing
  - Solid food a major source of nutrition now
  - He should be able to drink form a cup
  - She may be ready to use a spoon or fork
- What to feed your child
  - Daily food guide
  - Variety
  - Small piece of food
  - Calcium and fluids, including only giving whole milk products to children under 2 years of age
  - Fruits and vegetables
  - Vitamin C
  - Vitamin A
  - Iron
  - Possible Vitamin D supplementation
- How much to feed your child
  - Small portions
  - Let the child decide how much
  - Children's appetites vary greatly day to day
  - Overall growth is the best indicator that the child is getting the right amount of food
- Snacks
- Keeping a healthy weight
  - Daily food guide
  - Limit/avoid empty calorie foods
  - Encourage active play
  - Limit TV, computer time
  - Be a role model
- Feeding tips
  - Appropriate utensils
  - Food jags
  - Children naturally food phobic/explore food first
  - Chewing ability changes over time
- Eating fish safely

- Foods that cause choking
- Food safety

Recommendations for various food introduction and texture should be based on the usual age range of introduction, along with signs of developmental readiness. Toddlers/young children with developmental delay may not be ready for solid foods or certain food textures yet, depending on their status. Introduction of foods and different food textures should be based on corrected age for toddlers/young children who were premature infants, along with signs of developmental readiness.

Guidelines are not intended for those at high risk of food allergies, or those with food allergies. The physician's recommendation (the one treating the child's food allergies) has precedence over standard recommendations.

Connecticut WIC Program
Nutrition Education Lesson Plan Guidance

Anemia Prevention and Iron Rich Food Sources

Why is this important?

Iron is needed for strong blood. Iron carries oxygen throughout the body, keeps energy levels up and helps prevent colds and flu. A child can become anemic if there is not enough iron in their diet. Anemia is usually diagnosed by measuring the blood hemoglobin level. A child who is anemic can feel tired and weak, eat poorly, not grow well, have difficulty learning, and have a hard time fighting off infections.

Learning Objectives

After participating in a group/individual nutrition session the participant will be able to:

1. State the importance of Iron in the diet.
2. State the role of Vitamin C in Iron absorption and utilization.
3. Identify Iron and Vitamin C rich foods.
4. State examples of meals that combine foods rich in iron and Vitamin C.

Key Educational Messages

- Eat 2 to 3 servings of foods that are good sources of Iron every day.
- Vitamin C helps absorb iron. Vitamin C rich foods should be eaten every day.
- When preparing meals and snacks, include foods that are high in Iron and Vitamin C and eat them at the same meal
- If your doctor has ordered iron supplements for you, take them as prescribed.

Resources

- *Feeding Your Toddler and Young Child* (Project ReNEW Brochure)
- *Iron and Zinc in your diet: Important minerals for good health* (Channing Bete Company Brochure)

Ideas for Group Activities

- Provide the group with handouts highlighting foods rich in Iron and Vitamin C and ask the group to take some time to think of food combinations that they would be able to prepare at home. Have a group discussion and write down meal ideas. Make copies and provide to participant.
- Using food models have participants combine Iron and Vitamin C foods.

Equipment/Materials

- Food Models
- Pen and Paper
- Pictures of foods containing Iron/Vitamin C

Connecticut WIC Program
Nutrition Education Lesson Plan Guidance

Anemia Prevention and Iron Rich Food Sources

References

- Iron and Iron Deficiency- Centers for Disease Control and Prevention www.cdc.gov/nutrition/everyone/basics/vitamins/iron.html

- American Academy of Pediatrics (AAP) Resource http://brightfutures.aap.org/pdfs/Guidelines_PDF/6-Promoting_Healthy_Nutrition.pdf and www.aap.org; Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0–3 Years of Age) Robert D. Baker, MD, PhD, Frank R. Greer, MD, The Committee on Nutrition http://pediatrics.aappublications.org/content/126/5/1040.full.pdf+html?sid=31b25de4-cfd8-4a5b-b97b-44b789f8297a

- WIC WORKS Resource http://wicworks.nal.usda.gov

- Kleinman, Ronald, editor. *Pediatric Nutrition Handbook.* American Academy of Pediatrics 2009

- Pediatric Nutrtion Practice Group. *Pediatric Nutrition Care Manual*. Academy of Nutrition and Dietetics. Electronic manual. 2013 release date: May 17, 2013. Available for purchase at http://peds.nutritioncaremanual.org/welcome.cfm

- Leonberg, Beth*. ADA Pocket Guide to Pediatric Nutrition Assessment.* American Dietetic Association 2008

- American Dietetic Association. www.eatright.org http://www.eatright.org/kids/tip.aspx?id=6442459320

- Holt, Katrina ed. et al. *Bright Futures Nutrition* .3rd edition. American Academy of Pediatrics 2011

- http://www.cdc.gov/mmwr/preview/mmwrhtml/00051880.htm

- http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf

- http://www.ctkidslink.org/media/other/cov07epsdtref.pdf

- http://www.choosemyplate.gov/food-groups/protein-foods-tips

Pregnancy and Smoking

- According to the American College of Obstetricians and Gynecologists, smoking is the most modifiable risk factor for poor birth outcomes
- Women who quit smoking before or during pregnancy can reduce or eliminate the risks associated with tobacco use (1)
- There are more than 4,000 toxins in cigarette smoke, many of which have been causally associated with adverse reproductive outcomes, such as miscarriage and preterm delivery (1)
- There is consistent evidence that carbon monoxide contained in cigarette smoke deprives the fetus of oxygen, leading to low birth weight and possible neurological problems in the children of smokers (1)
- Babies exposed to the toxins in cigarette smoke are at increased risk of Sudden Infant Death Syndrome (SIDS). During 1998-2008, as the smoking rate among pregnant women decreased, a decrease also occurred in the number of infant deaths attributed to SIDS (30-15) (1, 2)
- In 2009, 14.7% of women in Connecticut smoked cigarettes. Among women of childbearing age (18-44), approximately 20% reported smoking (3)
- 5% of women who gave birth in Connecticut in 2008 reported smoking during their pregnancy (2)
- During 1998-2008, a decrease occurred in the percentage of women in Connecticut who smoked during pregnancy (8.7%-5%). The rate decreased among white (9%-5.8%), black (9.3%-5.2%), and Hispanic (7.3%-4.2%) women (2)

CONNECTICUT QUITLINE
1-800-QUIT-NOW

LEAD BY EXAMPLE.
BE TOBACCO FREE.
TOBACCO USE PREVENTION & CONTROL

Call the Connecticut QuitLine at 1-800-Quit-Now or 1-800-784-8669

For more information about tobacco use in Connecticut contact:

The Department of Public Health Tobacco Use Prevention and Control Program at 860-509-8251 or visit our web site at www.ct.gov/dph/tobacco.

(1) USDHHS. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General.* Atlanta, GA: USDHHS, CDC, NCCDPHP, OSH, 2010.
(2) Connecticut Department of Public Health, Vital Records, Registration Reports [1998-2008].
(3) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2009].

CONNECTICUT QUITLINE
1-800-QUIT-NOW

FAX Referral Form

Fax Number: 1-800-483-3114

Provider Information: **Fax Sent Date:** _____/_____/_____

Clinic Name: Fellowship Place _____

Health Care Provider: _____

I am a HIPAA-Covered Entity (Please check one) ___ **Yes** __ **No** __ **I Don't Know**

Contact Name: _____

Fax: (_____) _____ - _____ **Phone** (_____) _____ - _____

Comments: _____

Patient Information:

Patient Name: _____ **DOB:** _____/_____/_____

Address: _____ **City:** _____ **Zip:** _____

Gender: ☐ **Male** / ☐ **Female** **Pregnant?** ☐ **Y** / ☐ **N**

Primary #: (_____) _____ - _____ **Type:** ☐ **HM** ☐ **WK** ☐ **CELL** ☐ **OTHER**

Secondary #: (_____) _____ - _____ **Type:** ☐ **HM** ☐ **WK** ☐ **CELL** ☐ **OTHER**

Language Preference (check one): ☐ **English** ☐ **Spanish** ☐ **Other -** _____

Tobacco Type (check ALL that apply): ☐ **Cigarettes** ☐ **Smokeless Tobacco** ☐ **Cigar** ☐ **Pipe**

_____ I am ready to quit tobacco and request the Connecticut QuitLine contact me to help me with my quit plan.
(Initial)

_____ I **DO NOT** give my permission to the Connecticut QuitLine to leave a message when contacting me.
(Initial)

Patient Signature: _____ **Date:** _____/_____/_____

The Connecticut QuitLine will call you. Please check the BEST 3-hour time frame for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

❑ **6am - 9am** ❑ **9am - 12pm** ❑ **12pm - 3pm** ❑ **3pm - 6pm** ❑ **6pm - 9pm**

Within this 3-hour time frame, please contact me at (check one): ☐ **Primary Phone #** / ☐ **Secondary Phone**

Connecticut Department of Public Health – Tobacco Use Prevention and Control Program

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Connecticut WIC Program

Nutrition Education Lesson Plan Guidance

Fruits and Vegetables for Children

Why is This Important?

Fruits and vegetables are good sources of many nutrients such as Vitamin A, Vitamin C, potassium and dietary fiber, which are often consumed in inadequate amounts in the population. Diets rich in fruits and vegetables may reduce the risk of some types of cancer and other chronic diseases such as cardiovascular disease. Also, when prepared without added fats and sugars, most fruits and vegetables are relatively low in calories. Consumption of fruits and vegetables instead of higher calorie foods can help individuals to achieve and maintain a healthy weight.

Learning Objectives:

After participating in a group/individual nutrition session the participant will be able to:

1. Identify at least 2 benefits of increasing fruit and vegetable intake
2. State at least 3 sources of Vitamin C and two sources of Vitamin A
3. State 2 ways to increase fruits and vegetables in the diet

Key Educational Messages:

- Include a variety of fruits and vegetables in your diet
- Choose a good Vitamin C source daily and a Vitamin A source every other day.
- Make 50% of your plate fruit and vegetables.

Resources:

- Farm Market Healthy Harvest booklet
- Sesame Street DVD. *Healthy Habits for Life: The Get Healthy Now Show*. 2008
- SNAP ED recipe cards
- *Feeding Your Toddler and Young Child*. CT WIC Program Project Renew pamphlet
- *Loving Your Family/Feeding Your Future* booklets/materials
- New Haven Cooks cookbook (www.cityseed.org $14.95)

Ideas for Group Activities:

- Fruit/vegetable tasting: Try plain fruits or vegetables with dips or prepare smoothies with combinations of fruits and vegetables such as blueberries/ spinach or romaine lettuce/bananas/strawberries.

- My Plate Activity: Have parent or child build a healthy plate using food models or by drawing pictures of fruits or vegetables that they like on paper plates.

- Fruit and Vegetable Jeopardy: Answer fruit and vegetable questions and earn points based on difficulty of the question. If available, provide prizes. (Contact Jennifer Gemmell at New Haven WIC Program for examples)

- Matching/Memory Game: Place laminated pictures of fruits and vegetables face down and have parent or child find matching pairs. After each match, list of benefit of the fruit or vegetable or a way that it can be included in a meal.

Connecticut WIC Program

Nutrition Education Lesson Plan Guidance

Fruits and Vegetables for Children

Equipment/Materials:

- Food and preparation facility
- Pen and paper
- Food models and My Plate
- Jeopardy board
- Laminated pictures of fruits and vegetables
- Prizes

References:

- US. Dietary Guidelines for Americans www.dietaryguidelines.gov

- Academy of Nutrition and Dietetics (AND) www.eatright.org

- American Academy of Pediatrics (AAP) www.aap.org; http://brightfutures.aap.org/pdfs/Guidelines_PDF/5-Promoting_Healthy_Weight.pdf

- Fruits and Veggies: More Matters http://www.fruitsandveggiesmorematters.org/

- Kleinman, Ronald, editor. *Pediatric Nutrition Handbook.* American Academy of Pediatrics 2009

- United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) 2007. *Implementing Loving Your Family/Feeding Their Future.* http://www.nal.usda.gov/fsn/Loving/LYFImplementation%20Plan.pdf http://snap.nal.usda.gov/resource-library/loving-your-family-feeding-their-future/materials-educators#feeding-their-future

- USDA www.choosemyplate.gov

- Centers for Disease Control and Prevention (CDC) www.fruitsandveggiesmatter.gov

Connecticut WIC Program

Nutrition Education Lesson Plan Guidance

Introduction to Foods

Why Is This Important?

Infants go through many stages of development in their first year of life, which affects when they are able to consume food and specific textures. Inappropriate introduction of food due to improper timing or methods can lead to a poor parent-infant feeding relationship, possibly under or over nutrition, and a host of other issues as well. Parents can learn to recognize signs of developmental readiness for when their baby is ready for food. Parents need to know what foods should not be fed to infants at all, either due to food safety issues or potential allergens for those at risk. Finally, infants should be fed in a safe environment, such as sitting up properly secured in a chair and facing the caregiver, to reduce the risk of choking, aspirating or falling, and so that the caregiver can visually see feeding cues that the infant is communicating.

Learning Objectives:

After participating in a group/individual nutrition session the participant will be able to:

1. Identify signs of developmental readiness for introducing food to their baby
2. Introduce the appropriate foods/textures at the appropriate time for their baby
3. Implement the proper methods of introducing food, including a safe feeding environment
4. List foods that should not be fed to infants due to food safety concerns or could potentially cause allergic reactions for those at risk

Key Messages:

- Most babies are ready for food when they can sit with support, control their head movement and open their mouth when food is offered
- Introduce food one at a time, starting around 6 months
- Avoid foods that can make your baby ill or cause choking
- Provide a safe environment for feeding food
- Pay attention to food safety issues

Resources:

- Connecticut WIC Program *Feeding Your Baby 4-8 months* Project ReNEW pamphlet
- Satter, Ellen. *Understand your older baby, How to feed your older baby solid foods.* Ellyn Satter's Feeding in Primary Care Easy-to Ready Reproducible Masters 2003
- Satter, Ellen *Making your own baby food.* Ellyn Satter's Feeding in Primary Care Easy-to Ready Reproducible Masters 2003
- *NIDCR. A Healthy Mouth for Your Baby*- NIH Publication No. 12-2884 August 2012 www.nidcr.nih.gov
- Injoy Videos Childhood Nutrition. Preventing Obesity. Volume 1. *Feeding your Baby.*
- Satter, Ellen.: *Feeding With Love and Good Sense II* DVD 2011
- Satter, Ellen. Ellen Satter's Feeding with Love and Good Sense II Parent Teaching Package. 2011

Group Activity:

- Provide a variety of food models/cards and pictures of stages of developmental readiness
- Show a video that shows signs of readiness and demonstrates proper feeding techniques
- Have participants identify which foods would be appropriate and safe for their baby at this age and which pictures show that a baby is ready to be eating food

Connecticut WIC Program

Nutrition Education Lesson Plan Guidance

Introduction to Foods

References:

- Food and Nutrition Service. Special Supplemental Program for Women, Infants, and Children. . *Infant Nutrition and Feeding Guide- A Guide for Use in the WIC and CSF Programs.* United States Department of Agriculture FNS- 288. Revised March 2009
  (To order a hard copy, go to http://www.fns.usda.gov/wic/WICPublicationsOrderForm.pdf)

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- Pediatric Nutrition Practice Group*. ADA Pocket Guide to Neonatal Nutrition.* American Dietetic Association *2009*

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- Satter, Ellyn. *Ellyn Satter's Feeding in Primary Care Easy-to Ready Reproducible Masters* 2003

- Holt, Katrina ed. et al. . *Bright Futures Nutrition* 3rd edition American Academy of Pediatrics 2011

Connecticut WIC Program

Nutrition Education Lesson Plan Guidance

Physical Activity (Playing)

Why is this important?

Physical activity, combined with a healthy diet and lifestyle, may prevent numerous chronic illnesses, such as heart disease, high blood pressure, stroke and cancer. Physical activity helps control weight, build lean muscle, promote strong bones, muscle and joint development, and decrease the risk of obesity. Additionally, physical activity for young children can help improve symptoms of anxiety and depression, assist in social development by providing opportunities for self expression, building self confidence, social interaction and integration. Children can become physically active as early as infancy through play. Parents should understand the importance of play and developmentally appropriate play for the age of their child. When parents play with their child they become a positive role model and introduce their child to a behavior that may have lifelong health benefits. Finally, parents may benefit by participating in play and possibly increasing their own physical activity.

Learning Objectives:

1. Identify the benefits of physical activity and play for a young child.
2. Describe age appropriate activities for their child.
3. State benefits of physical activity for parents and family.

Key Educational Messages:

- Parents can be role models and promote physical activity when they play with their child.
- Age appropriate physical activity can have long term health benefits to children and can start as early as infancy. Parents should consult their child's pediatrician if their child has any medical issues or if they have any concerns regarding physical activity and their child Parents also benefit from physical activity and play that they do with their child.

Resources:

Playing With Baby (California WIC Program Brochure)
Playing With Your Toddler (California WIC Program Brochure)
Playing With Your 3-5 Year Old (California WIC Program Brochure)
These brochures can be downloaded free from WIC Works or directly from California WIC web site.

Ideas for Groups Activities:

- Demonstrate age appropriate activities parents can do with their child.
- Ask children to participate in some of the games described in the pamphlet.
- Using toys or common household items show parents creative ways to encourage their child to use their imagination and to move.
- Ask parents to share games they enjoyed when they were young and have them share what they do that they feel is fun and active.

Connecticut WIC Program

Nutrition Education Lesson Plan Guidance

Physical Activity (Playing)

References:

- CDC. *Physical Activity and the Health of Young People*. November 2008 http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm

- National Association of Sport and Physical Education http://www.aahperd.org/naspe/standards/nationalGuidelines/ActiveStart.cfm

- Patrick, Kevin et al. *Bright Futures in Practice: Physical Activity*. National Center for Education in Maternal and Child Health. Georgetown University. 2001 Download free pdf at http://www.brightfutures.org/physicalactivity/about.htm

- Hagan JF, Shaw JS, Duncan PM eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* 3rd Edition. American Academy of Pediatrics 2008

- WIC WORKS Resource: FIT WIC
  - http://www.nal.usda.gov/wicworks/Sharing_Center/NY/healthytoolkit.pdf
  - http://riley.nal.usda.gov/nal_display/index.php?info_center=12&tax_level=2&tax_subject=633&level3_id=0&level4_id=0&level5_id=0&topic_id=2636&&placement_default=0

- California WIIC Website www.cdph.ca.gov

- http://www.heart.org click on getting healthy (top left), then click on healthier kids. You will find multiple resources for consumers, but also including the *Understanding Childhood Obesity* resource book mainly designed for professionals and stakeholders which can be downloaded for free. Accessed 7/15/2013

HELP YOUR PARTICIPANTS TO STOP SMOKING

ASK about smoking at every visit.

- Ascertain smoking status.
- Ask about exposure to secondhand smoke.
- Document smoking status in record.

ADVISE all smokers to quit.

Advice to quit should be clear and personalized.

- *Review risks to baby:* spontaneous abortion, preterm birth, low birth weight, stillbirth, placenta previa, placenta abruptio, and others.
- *Review risks to infants/children:* SIDS, asthma, pneumonia, bronchitis and others.
- *Review risks to participant:* lung and other cancers, cardiovascular disease, emphysema, and others.

ASSESS all smokers readiness to quit.

Ask whether participant is willing to make a quit attempt in the next month:

- *IF YES*: Provide referrals to available services.
- *IF NO:* Remind them of the dangers of smoking, and the benefits of quitting.
  Indicate willingness to help when she is ready.

State of Connecticut
Department of Public Health
Tobacco Use Prevention and Control Program
410 Capitol Avenue MS # 11HLS
Hartford, CT 06134
860-509-8251

Relearn the things that make you smoke at **BecomeAnEX.org**

CONNECTICUT QUITLINE 1-800-QUIT-NOW

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CONNECTICUT QUITLINE 1-800-QUIT-NOW

"Mommy, Quit for you and for me."

Quitting tobacco is one of the most important steps you can take to keep you and your baby healthy and strong.

Snap with smart phone for more information.

CONNECTICUT QUITLINE
1-800-QUIT-NOW

For help in quitting talk with your health provider
call 1-800-QUIT NOW or go to www.ct.gov/dph/tobacco

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

"Mamí renuncia por tí y por mí."

Renunciar al tabaco es uno de los pasos más importantes que puedas tomar para mantenerte a ti y a tu bebé fuertes y saludables.

CONNECTICUT QUITLINE
1-855-DEJELO-YA

Para ayuda en renunciar hable con su proveedor de cuidados de salud,
llame al 1-855-DEJELO-YA o vaya a nuestra página de internet
www.ct.gov/dph/tobacco

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

Connecticut WIC Program
Nutrition Education Sample Lesson Plan
Title: Ready. Set. Let's Eat! ~Introduction to Food~

Target Audience(s)

Parents of 2-4 months old infants,
Anticipatory Guidance for 4-8 month old infants

Purpose

Increase the ability of parents and caregivers to appropriately introduce food to infants and establish a foundation for lifelong healthy eating patterns.

Learning Objectives

After participating in a group/individual nutrition session the participant will be able to:

1. Identify signs of developmental readiness for introducing food to their baby
2. Introduce the appropriate foods/textures at the appropriate time for their baby
3. Implement the proper methods of introducing foods, including a safe feeding environment with a high chair
4. List foods that should not be fed to infants due to food safety concerns or could potentially cause allergic reactions for those at risk
5. Describe the importance of family meals as a way to establish lifelong healthy eating patterns.

Key Messages

- Most babies are ready for food when they can sit with support, control their head movement and open their mouth when food is offered
- Introduce food one at a time, starting around 6 months
- Avoid foods that can make your baby ill or cause choking
- Provide a safe environment with a high chair when feeding your baby
- Pay attention to food safety issues
- Avoid overfeeding/underfeeding by reading feeding cues
- Practice the importance of eating together by feeding your baby at family meal time

Learning Activities

Ellyn Satter DVD – Feeding With Love and Good Sense II

"Jatta": Beginning to 1.15
"Ella": 49 sec shows division of responsibility and readiness
"Zubin": Shows examples of improper feeding techniques

<u>Demonstration*</u>
Show attendees an infant feeding spoon to depict appropriate feeding utensil and size. Then utilize a regular tablespoon and demonstrate taking two tablespoons of baby food (actually sand in sample jars) and placing this in an infant size bowl in order to visually demonstrate:

1) Removing food from jar (not feeding from the jar)
2) A typical amount of baby food to put into the feeding bowl as a start. (You can refer general guidance to the ReNEW 4-8 month pamphlet emphasizing "typical' amounts vary/individual, etc)

*Food models supplied to local agencies can also be used to supplement or replace using the baby food jars if baby food jars are unavailable

Questions and Answer Session

- How do you know your infant is ready to begin food?
  -Baby can sit with support and can control head movement
  -Baby opens mouth when food is offered
- What foods do you start with and what to wait on?
  -Introduce food one at a time, starting around 6 months,
  -Start with rice cereal
  -Wait four days before introducing a new food
  -Vegetables/fruits should be plain and pureed/strained
  -Introduce meats last, between 6-10 months
- What have you heard about feeding your baby?
  (Use answers to start conversation and weed out incorrect information)

Resource Table

Ellen Satter Handouts:
Your jobs and your baby's jobs with starting solid foods
Feed the way your child can eat
Solid foods, step by step
What is your baby telling you?
Making your own baby foods

Materials

- DVD
- DVD Player
- TV
- Tables and Chairs
- Infant Spoons- to exemplify proper feeding utensil
- Tablespoons – to demonstrate typical amount of food to put in serving bowl
- Pictures exemplifying readiness and not ready for foods
- Pictures of portion sizes
- 4-8 month ReNEW Handout
- Empty baby food jars filled with sand
- Small Bowls
- Red and Green paper/cards
- Food models

Summary

- Infants go through many stages of development in their first year of life, which affects when they are able to consume foods and specific textures. Inappropriate introduction of foods due to improper timing or methods can set a family up for difficult meal times- specifically poor parent-infant feeding relationship and under or over nutrition.
- Parents can learn to recognize signs of developmental readiness for when their baby is ready for foods. Parents need to know which foods that should not be fed to infants at all, either due to food safety issues or potential allergens for those at risk i.e. honey or peanuts. Parents need to recognize signs of potential food allergy reactions
- Finally, infants should be fed in a safe environment, such as sitting up properly secured in a high chair and facing the caregiver, to reduce the risk of choking, aspirating or falling, and so that the caregiver can visually see feeding cues that the infant is communicating.

Comprehension Evaluation-performance based (Objective demonstration of participant understanding of information)

- Show pictures or DVD segments of readiness and not ready for foods. Suggestion: Have parents identify whether or not the baby is ready to eat foods by using green and red cards. (Stop and Go concept).
- Using sand filled baby food jars, tablespoons (for measuring), and bowls and baby spoons (to demonstrate proper infant feeding utensils), have participants demonstrate typical infant serving sizes to start with for feeding their baby. If baby jars are unavailable, food models and/or pictures of various portion sizes may be used to educate on the same topic.

  *Please note: This is to demonstrate typical portion sizes for infants, which will vary based on the developmental needs of each infant.

Timing

- 30 minutes at most

Pre/Post Test

1. How do you know your baby is ready to start foods?
   a. Can sit up properly, tongue reflex is gone, can turn head to the side to let you know he/she is full
2. What food do you introduce first?
   a. Infant rice cereal
3. True/False: It is okay to feed the baby food directly from baby food jars
   a. False: Can spread bacteria
4. True/False: You should warm baby food jars up in the microwave before feeding your baby
   a. False: Not uniform heating- can be too hot/burn infant's mouth

Evaluation

1. What did you find most helpful about this class?

2. Do you have any suggestions to improve this class?

Connecticut WIC Program
Nutrition Education Sample Lesson Plan
Title: Increasing Fruits and Vegetables/Vitamin A and C Sources

Target Audience
Children (age 2-5 years old)

Purpose
To increase fruit and vegetable consumption and to identify good sources of Vitamin A and C

Learning Objectives
- State 2 ways to Increase fruit and vegetable consumption
- Identify the amount of your plate that should be comprised of fruits and vegetables
- Name 2 health benefits of fruits and vegetables

Key Messages
- Make 50% of your plate fruits and vegetables
- Include a variety of colors of fruits and vegetables each day
- Choose a good Vitamin C source daily and a Vitamin A source every other day
- There are multiple health benefits associated with daily consumption of fruits and vegetables
- When introducing fruits and vegetables, keep in mind young children's developmental and behavioral needs

Learning Activities (Jeopardy game/discussion)
- Why are fruits and vegetables good for you? *They provide vitamins and minerals to keep your body healthy.*
- How much of your plate should include fruits and vegetables? *At least half of your plate*
- How can you include more fruits and vegetables in your diet? *By consuming more fruit and vegetables of all colors.*

Materials and Resources Needed
- Jeopardy board and Answer sheet
- Food Models
- Colors of Fruits and Vegetables Handout
- Renew Feeding Guide
- My Plate Handout
- How to handle a picky eater (Ellen Satter)
- Child friendly feeding tips (Ellen Satter)
- Paper plate
- Food models or pictures of foods

Summary
- Fruits and vegetables are good sources of many nutrients such as Vitamin A and Vitamin C, potassium and dietary fiber, which are often consumed in inadequate amounts in the population.
- Diets rich in fruits and vegetables may reduce the risk of some types of cancer and other chronic diseases.
- Most fruits and vegetables are relatively low in calories and fat
- Consumption of fruits and vegetables can help individuals to achieve and maintain a healthy weight.

- Keep in mind young children's developmental and behavioral issues as they relate to feeding and introducing fruits and vegetables.

Comprehension Evaluation-Performance based

(Objective demonstration of participant understanding of information)

- Have client create a healthy plate using food models

Pre-test/Post-test

- What is one benefit of consuming fruits and vegetables? *Reduced risk of obesity and chronic diseases*
- Name 2 good sources of Vitamin C and Vitamin A.
    - *Good sources of Vitamin C include oranges, grapefruit, tomatoes, peppers and broccoli.*
    - *Good sources of Vitamin A include carrots, spinach, sweet potatoes, cantaloupe and green and red peppers.*
- How much of your plate should include fruits and vegetables? *At least 50%.*

Evaluation (participant feedback)

1. What did you find most helpful about this class?

2. Do you have any suggestions to improve this class?

Connecticut WIC Program
Nutrition Education Sample Lesson Plan
Title: Iron Strong Blood

Target Audience
Parents and caregivers of children 2-5 years of age

Purpose
To enable parents and caregivers of children ages 2-5 years to include feeding strategies that increase iron intake in their child's diet in order to prevent iron deficiency anemia

Learning Objectives
1. Describe the importance of iron in the diet and why your child's blood is tested for anemia
2. State the role of vitamin C in iron absorption
3. Identify at least 2 sources of food high in iron and 2 sources of vitamin C rich foods
4. List examples of meals that combine foods rich in iron and vitamin C
5. Explain the importance of a well balanced diet in preventing iron deficiency anemia

Key Educational Message
Iron is a nutrient needed to help carry oxygen through the body and keep blood healthy. Iron deficiency anemia can affect your child's health and growth. That is why your child's blood is tested for anemia. When your child eats 2-3 servings of foods that are good sources of iron every day this helps to:
- Prevent iron deficiency anemia
- Prevent illness and fight infection
- Assist with growth and development
- Keep blood healthy
- Carry oxygen to the body
- Feel more energetic

High Iron Foods
With the exception of meat, WIC offers all of the following iron rich foods:
- Beef
- Iron Fortified Cereals
- Green leafy vegetables (spinach)
- Whole grain bread
- Beans
- Pork
- Egg
- Brown rice

Vitamin C helps absorb iron when it is eaten at the same time as iron rich foods. Vitamin C rich foods should be eaten every day. All of the below Vitamin C foods can be purchased with your WIC fruit/vegetable checks.

Foods High in Vitamin C
- Oranges (1med)
- Kiwi (1med)
- Green Pepper (1/2 c)
- Strawberries (1/2c)
- Broccoli (1/2c)
- Tomato (1/2c)

Some Good Combinations

- Beef, broccoli and brown rice
- Spinach and strawberry salad
- Peanut butter on whole wheat with kiwi
- Ants on a log: Celery with peanut butter and raisins (>3 years old)*
- WIC cereal, milk with 4oz WIC juice

*potential choking hazard for < 3 years of age

When you are preparing meals and snacks, include foods that are high in iron and vitamin C and eat them at the same meal, to boost iron absorption. If your doctor has ordered an iron supplement, take them as prescribed.

Learning Activities

- Tri-fold display board with iron foods on one side and vitamin C foods on the other side. Ask participants which foods are which. Ask participant to combine 1 iron food and 1 vitamin C food on plates.

  Or
- Perform same activity on a table with food models and paper plates.

Questions

- Q: Why is iron important in your child's diet?
  A: Healthy blood makes a healthy child, to prevent anemia and fight infection etc.

- Q: What are good sources of iron?
  A: See list

- Q: What vitamin helps absorb iron and what foods contain it?
  A: Vitamin C – See list for foods

- Q: When should you take an iron supplement?
  A: When it is prescribed by your doctor. Take as directed. Could expand on this if time permits-discussion on obstacles/challenges with taking supplements/suggestions to make it easier.

Materials

- Paper
- Printer ink
- Scissors
- Plates
- Tri-fold display board
- Tape or Velcro
- Food images
- Food models

Resources

- Channing – Iron and Zinc in Your Diet (This handout doesn't include Vitamin C foods, so can use one of the below handout for a list of foods high in Vitamin C).
- Renew – Feeding your toddler and Young Child
- Building Healthy Blood

Summary/Most Important Message

- Iron is needed for strong blood. Iron carries oxygen throughout the body, keeps energy levels up and helps prevent colds and flu. A child can become anemic if there is not enough iron in their diet. Anemia is usually diagnosed by measuring the blood hemoglobin level. A child who is anemic can feel tired and weak, eat poorly, not grow well, have difficulty learning, and have a hard time fighting off infections.
- To prevent anemia include iron rich foods along with vitamin C rich foods daily.
- There are also other issues that can contribute to anemia and include high intake of dairy or high intake of other foods that replace the intake of iron rich foods. It is important to have balanced meals to support good health, growth and development.

Comprehension Evaluation-Performance based (Objective demonstration of participant understanding of information)
Have client use food/paper models to pick a food combination that can be eaten at the same time that are a good source of iron and Vitamin C.
<u>Pre/Post Test:</u>

- Why is iron important?
    - Iron carries oxygen throughout the body, keeps energy levels up and helps prevent colds and flu.

- Name some food sources of iron.
    - Beef
    - Iron Fortified Cereals
    - Green leafy vegetables (spinach)
    - Whole grain bread
    - Beans
    - Pork
    - Egg
    - Brown rice

- Name some food sources of vitamin C.
    - Oranges (1med)
    - Kiwi (1med)
    - Green Pepper (1/2 c)
    - Strawberries (1/2c)
    - Broccoli (1/2c)
    - tomato (1/2c)

- When should you take an iron supplement?
    - When it is prescribed by your doctor. Take as directed

- What vitamin helps iron to be absorbed?
    - Vitamin C

SECTION: Nutrition Services

SUBJECT: Breastfeeding Promotion and Support

Federal Regulations:

Nutrition Services Standards: 13 & 14

Access WIC Breastfeeding Competency Training: *Grow and Glow in WIC:*

http://www.nal.usda.gov/wicworks/Learning_Center/BF_training.html

POLICY

All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons. Support systems shall be made available to all breastfeeding participants.

All WIC local agencies must:

- Establish systems and procedures for targeting promotion efforts and for providing support to those who choose to breastfeed, based on the CT Guidelines for Breastfeeding Promotion and Support.
- Coordinate WIC efforts with existing local resources for breastfeeding promotion.
- If available, participate in the implementation of a WIC Breastfeeding Peer Counselor Program.

CONNECTICUT WIC PROGRAM:
GUIDELINES FOR BREASTFEEDING PROMOTION & SUPPORT

Overview:

The Connecticut WIC Program Guidelines for Breastfeeding Promotion and Support consist of five (5) focus areas and outline local agency expectations and best practices for WIC breastfeeding services. The five (5) areas include:

1. Breastfeeding Linkages
2. Clinic Environment-Comfort and Safety
3. Learning Environment (Participant and Support People)
4. Staff Education on Breastfeeding
5. Food Package Policies that Support Breastfeeding

The Guidelines were adapted from the Iowa WIC Program, developed, and approved by a joint workgroup of State and local agency staff in the late 1990's. Since that time, updates to these Guidelines were made, most notably in 2009 with the implementation of the Interim WIC Food Package Rule, which included major changes to the WIC Food Packages.

The 2015 version includes additional updates required by the implementation Final WIC Food Package Rule, and also includes changes to some of the focus areas in order to reflect current recommendations and/or resources.

It is expected that all local agencies are aware of and incorporate these guidelines into WIC daily operations related to nutrition and breastfeeding services. Compliance in each area will be evaluated during State agency monitoring and during the Local agency conducted Off-Year Self-Assessment. The outcome of these should be included in the Local Agency Plan. At a minimum, these Guidelines will be reviewed every other year by the State and Local Agency Breastfeeding Coordinators' workgroup to ensure accuracy and to update with current recommendations or evidenced-based information.

Breastfeeding Linkages

Introduction:	WIC local agencies are expected to form linkages with public and private health care providers, the educational system, and community organizations to promote breastfeeding and to provide needed support for breastfeeding women.
Benefit of Linkages:	A collaborative approach to breastfeeding promotion and support can create a strong, supportive network of individuals and agencies providing accurate and consistent information to women and helping to ensure efficient and effective use of available resources.
Potential Linkages:	These linkages can be formed through local networks, task forces or steering committees, and may include, but are not limited to: • Physicians • Lactation Consultants • Public Health Nurses • Home health workers • Local Health Director, health educators • Shelters/ Homes for unwed mothers • Fathers and other family members • Mothers who have breastfed • Obstetric nurses from the community hospital • La Leche League (LLL) leaders and other lay educators • Breastfeeding USA • Extension Service staff • Family planning providers • Public school teachers involved with family life education courses • Representatives from school health curriculum committees • Leaders from business and industry (e.g., Chamber of Commerce, small business association) • Judicial system – agencies serving women in transition from prison; law enforcement officers • Public libraries • Support for Pregnant and Parenting Teens (SPPT) Program
Establishing and Maintaining Partnerships:	1. Contact and keep updated information on potential partners breastfeeding educators, other community health care providers and other stakeholders. 2. Meet to discuss specific interests and needs of partners. 3. Establish frequency and mode of communication (e.g., quarterly meetings)
Activities:	Possible activities for local partners include: • Update partners on program or organization's breastfeeding

	activities • Invite partner(s) to participate in Breastfeeding Awareness Month event • Conduct surveys/questionnaires of health care providers and participants (separately) to identify support systems/resources in community, pump availability, insurance coverage, workplace support/barriers • Develop a community breastfeeding resource list • Update partners on current breastfeeding laws • Conduct local breastfeeding promotion campaigns • Contact local media to publish articles and air public service announcements, • Co-sponsor professional education, including conferences, on-line resources public education, including telephone hotlines, brochures, posters, school presentations, and on-line resources. • Develop model guidelines in collaboration with hospitals and worksites, • Collect and tabulate local data on incidence and duration of breastfeeding • Provide/develop posters or handouts describing benefits of breastfeeding to the community • Provide information to law enforcement officers on breastfeeding laws • In-service agencies that serve women in transition about available resources
Performance Standards:	• The local agency WIC Breastfeeding Coordinator(s) actively participates in the Connecticut WIC Breastfeeding Committee. • The local WIC Program conducts special activities during the year, to promote breastfeeding in the community. Events held during Breastfeeding Awareness Month (August) should provide return on investment and include a plan for sustainability.
Best practices:	• The local WIC Breastfeeding Coordinator actively participates in a local network of professionals who work with breastfeeding mothers. • The local WIC Breastfeeding Coordinator actively participates in the Connecticut Breastfeeding Coalition (CBC). Note: Active participation in the CBC may include but is not limited to: • attendance at monthly meetings • review of meeting minutes • CBC list serve membership

Clinic Environment-Comfort & Safety

Introduction:	WIC local agencies are expected to create a safe and comfortable clinic environment that will promote the goals and objectives of the WIC Program.
Provide a breastfeeding friendly environment:	WIC agencies provide a place for WIC mothers to breastfeed their Infants such as: • A private room with a comfortable chair or • A partitioned area in the waiting room designated for breastfeeding or • A vacant office or other available space that is conducive to breastfeeding. • Display posters, flyers, La Leche League leader contact and meeting information.
Provide a safe environment:	Childproof the clinic area to the extent possible.
Limit distractions:	Suggestions to limit the distractions and noise level of the clinic: • Select clinic sites with carpeted floor areas. • Keep room temperatures as comfortable as possible. • Designate a play area for children.
Performance Standards:	• Pregnant women will be informed in the education sessions and classes during the prenatal period that they are welcome to breastfeed anywhere at the local WIC site, but that a private location is available if preferred • Educate all staff on breastfeeding; let them know breastfeeding is acceptable anywhere within the WIC facilities. • The local office or satellite site will be "childproof" to the extent possible. • A space will be available at all times for women who need to breastfeed their infants while visiting the office or satellite. • The local agency will advertise the “Breastfeeding Room” for participants who need to breastfeed on site.
Best Practices:	A private room will be designated for breastfeeding mothers who visit the WIC office or satellite and need to breastfeed their infants. It will include: 1. a comfortable chair 2. educational material on breastfeeding 3. access or close proximity to a sink and baby changing area

Learning Environment

Introduction:	WIC local agencies are expected to create a positive environment for nutrition education and breastfeeding promotion and support.
Create a Positive Learning Environment:	To create a positive environment: • Assess each woman and her family's attitude and beliefs regarding breastfeeding. Consider cultural attitudes, beliefs and practices. • Encourage participant and significant other to express her/his breastfeeding experiences to enhance discussion on breastfeeding. • Allow the participant to speak honestly by providing privacy for interviews. Ask Open-ended questions, avoid "leading questions" • Lessen physical barriers between you and the participant and promote rapport by sitting beside the participant. • Make use of waiting time by providing a variety of nutrition education materials/methods throughout the clinic, including posters, bulletin boards, educational displays, and newsletters.
Promote breastfeeding as the normal infant feeding method:	To promote breastfeeding as normal infant nutrition: • Know when to promote breastfeeding to an individual and when to stop. • Respect a woman's decision to not breastfeed or discontinue breastfeeding. • Select educational materials that portray breastfeeding as normal infant feeding method. • Use print and audiovisual materials and office supplies that are free of formula product names. • Communicate clear endorsements of breastfeeding. • Integrate breastfeeding promotion into each prenatal nutrition education contact. • Include participant's family and friends in breastfeeding education and support sessions. • Store formula samples out of view. • Establish a policy that encourages staff to decline formula and marketing products offered by formula manufacturers for personal use. • Encourage mothers to decline products offered by formula manufacturers.
Promote breastfeeding in the clinic or waiting room areas:	Use the clinic waiting area to help women recognize breastfeeding as the norm Rather than the exception. Follow these suggestions to provide an environment where women feel comfortable breastfeeding their infants: • Display posters, pins, and buttons that promote breastfeeding. • Create a Breastfed Babies wall or bulletin board featuring breastfeeding

	moms and babies. • Provide comfortable chairs • Locate the breastfeeding area away from the clinic entrance. • Have list of reputable website links, handouts and books on breastfeeding available in the waiting area.
Performance Standards:	• No formula samples or formula logos will be displayed in the WIC office. • Educational breastfeeding materials, posters, and resource phone numbers will be available in waiting areas and upon request. • Encourage staff and participants to decline formula products and promotional items from formula manufacturers.
Best Practices:	Maintain a breastfeeding resource center with materials appropriate to the learning level of the participants. This resource center may include but is not limited to: • a book lending library • videos/DVDs • website listings/resources • handouts

Staff Education on Breastfeeding

Introduction:	WIC local agency staff are aware of the benefits of breastfeeding, the barriers facing low income women, and understand their role in breastfeeding promotion and support.
Breastfeeding is everyone's business:	In coordination with program management, the local agency breastfeeding coordinator: • Assess each staff member's attitudes, beliefs and knowledge of benefits. • Teach staff sensitivity to breastfeeding moms, including mothers practicing extended breastfeeding. • Educate all staff on local policy to promote and support breastfeeding while answering the telephone. • Provide staff with access to information on national and state policy. • **All staff members must buy into the importance of breastfeeding in order to present a unified message.**
Performance Standards:	• Orientation of each staff member on benefits through state approved training resources, including but not limited to: ✓ WIC Works self-study module on breastfeeding ✓ Competency-based WIC Breastfeeding Training- Grow and Glow ✓ Project ReNEW Breastfeeding modules and other materials ✓ CT WIC Breastfeeding Resource page materials ✓ CT WIC Breastfeeding Content Sheets ✓ Website reference lists, see Breastfeeding Peer Counseling Program protocols. • Provide each staff member with breastfeeding support resource list: including but not limited to CT-LLL, Breastfeeding USA, local lactation consultants (IBCLC), local hospital labor and delivery floor, available HUSKY DME providers for hospital grade/rental breast pumps and personal use, electric breast pumps. • When scheduling pregnant women, adequate time must be allotted to allow for breastfeeding education. Pregnant women should be scheduled for an appointment 1-2 months prior to Estimated Due Date (EDD), again to discuss breastfeeding goals and procedure to add new infant to program after delivery. • Educate staff on State breastfeeding food package guidelines. Education should include the difference in foods offered to breastfeeding vs. non-breastfeeding women, the length of time a breastfeeding vs. non breastfeeding woman can stay on the program, and the various options a woman has who is breastfeeding and supplementing with formula.

	• Maintain current educational resources (e.g., The Breastfeeding Answer Book; Medications and Mother's Milk; the Womanly Art of Breastfeeding).
	
	• BF coordinator presents to site staff a minimum of three updates a year on breastfeeding. These updates may include but are not limited to:
	  • report from Local agency Breastfeeding Coordinators meeting(s)
	  • updated clinical information on breastfeeding
	  • case studies of challenging breastfeeding situations
	  • role-playing of counseling for challenging breastfeeding situations.
	
	• Nutrition staff attend state-sponsored breastfeeding conferences, seminars, or in-services. Local agencies management staff must plan to allocate funding for on-going continuing education in breastfeeding.

Best Practices:	• At monthly staff meetings, current topics in Breastfeeding will be presented. • Non-nutrition staff attend a breastfeeding conference, seminar or in-service at least yearly. • Nutritionists successfully complete the Certified Lactation Counselor (CLC) certificate training course (at least 6 months after hire) and maintain certification by participating in a minimum of 18 hours of continuing education in each 3-year period.

Food Package Policies

Introduction:	WIC local agency staff are expected to follow these guidelines for the issuance of food packages that promote and support breastfeeding. The local WIC Breastfeeding Coordinator, assisted by local agency management, is responsible for ensuring that breastfeeding policies are carried out, for providing ongoing informal training of staff members, for coordinating local agency breastfeeding activities and for monitoring WIC breastfeeding data.
Policy Areas:	The following policies shall be adopted by all local programs: • WIC recognizes breastfeeding as the normal and optimal method for feeding infants and supports the American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk.[1] All local staff will encourage women to breastfeed their infants exclusively for the first 6 months of life, to add complementary foods at approximately 6 months of age, and to continue breastfeeding for at least the first year of life and beyond for as long as mutually desired by mother and child. • Each local agency will develop protocols for a Nutritionist or other Certified Lactation Counselor (CLC) to handle phone calls from breastfeeding mothers and other issues related to breastfeeding promotion and support. These protocols will be discussed at staff meetings, as appropriate, to ensure that the needs of breastfeeding women are met in a timely manner. • As defined by USDA for the purpose of WIC certification and food package issuance, breastfeeding is the practice of feeding a mother's milk to her infant(s) on the average of at least once per day. Breastfeeding women are eligible for WIC services up to one year postpartum. At the time of the infant's certification and certification/recertification of the infant's mother, a WIC staff person will identify and document the "base category" in SWIS screen 102. A Competent Professional will verify the base category and assign the participant's subcategory in SWIS screen 106. (Refer to the attached ***SWIS Participant Category Table*** and the USDA document titled, ***Breastfeeding Definition and Food Package Issuance)***

[1] American Academy of Pediatrics, Section on Breastfeeding: Breastfeeding and the Use of Human Milk. Pediatrics Vol. 129 No. 3 March 1, 2012 pp. e827 -e841 (doi: 10.1542/peds.2011-3552)

	• It is a woman's personal decision to breastfeed (or not), to supplement with formula (or not) and when to wean her baby. It is the WIC Program's responsibility to assist her in making an informed decision. Therefore, all pregnant women will be encouraged to breastfeed exclusively and infant formula checks shall only be issued to a breastfeeding woman after: ✓ her intent to continue breastfeeding is assessed and discussed, ✓ education is provided regarding the potential impact of formula on breast milk production, ✓ alternatives to formula supplementation are discussed and; ✓ she is informed that *her* food package will be reduced • If formula is provided to a breastfeeding infant in the first month of life, **only one-month worth** of infant formula benefits may be issued. • If formula is provided beyond the infant's first month, the amount provided will be based on the mother's intention to continue breastfeeding i.e. mother's identified breastfeeding goal and on the amount of formula currently consumed by the infant up to the maximum allowed by Federal regulations. *However, the maximum allowed should not be the standard or default issuance.* (**See Table 1:** *Food Package Issuance Guidelines for Mother and Baby Receiving a Mostly Breastfeeding/Some Formula Feeding Package*) • When an infant formula package is issued to a breastfeeding infant, the mother's subcategory and food package prescription must be adjusted accordingly in SWIS screen 106. If she has already used her checks for the current month, adjust her package for the subsequent month. **Breastfeeding data should be updated in SWIS screen 105 and the rationale for providing formula should be documented. For a child of any age, be sure that the "Ever Breastfed" field is accurately completed. In order to ensure duration data quality, staff should validate breastfeeding status of infant at the mother's 6 week post-partum visit and at the infant's three (3), six (6) and nine (9) and 12 month visits.** • Women will be informed that they will continue to receive a breastfeeding food package if formula issuance does not exceed the federally allowed maximum amount (See Table 1, Part 1). Provide guidance regarding the value of her food package vs. the cost of formula (i.e., if she needs more than 1 can of powder formula in her baby's first month, the value of her food package is greater than the cost of 1 or 2

	extra cans of formula). • When a woman decides to accept formula in an amount that exceeds the federally allowed maximum (see Table 1, Part 1), she will continue to be considered a breastfeeding women if she meets the USDA definition. She will also be informed that if she decides to accept formula in an amount lower than the allowed maximum in a subsequent month, her food package will be increased accordingly. • If she is no longer breastfeeding, the woman's base category must be changed from B (Breastfeeding) to N (Postpartum). If it is within 6 months of delivery, she should be issued a postpartum food package. • As of 2/20/15, a breastfeeding food package may be issued to a breastfeeding mom that **becomes pregnant again** up her infant's first birthday, or she stops breastfeeding. After her infant reaches one year of age, her package will revert to a pregnancy package for the duration of her pregnancy. *For example if a mom becomes pregnant when her infant is 10 months old and she is fully or mostly breastfeeding, she is able to continue to receive her breastfeeding food package for 2 months (infant's first birthday) as long as she continues to breastfeed, rather than be switched to a prenatal package.* • Medications - Refer to and collaborate with the mother or infant's physician. All local WIC Programs should maintain resources regarding drugs and BF (e.g., Hale's *Medications and Mothers' Milk*, phone #'s of lactation resource centers). • Contraindications to Breastfeeding - All local WIC nutrition staff should be familiar with the medical contraindications to breastfeeding, and all local WIC Programs should maintain a current copy of *Breastfeeding and the Use of Human Milk* (AAP) or other reference document.
Performance Standards:	• All pregnant women will be informed that breast milk is the best choice for feeding an infant, unless medically contraindicated**.** • Local agency breastfeeding protocols will be on file and in practice. • Breastfeeding goals and need for supplementation will be discussed with the mother and re-evaluated as needed. • Individual counseling on breastfeeding will be provided to each pregnant

	and breastfeeding woman enrolled in the program. • Group breastfeeding education and support will be available to all pregnant and breastfeeding women enrolled in the program. • Appropriate Incentives are provided to breastfeeding women when available.
Best Practices:	• Pregnant women are scheduled 1-2 months prior to delivery to discuss breastfeeding. • Breastfeeding women are contacted after hospital discharge to provide support and information. • Local WIC agencies collaborate with key hospitals to coordinate breastfeeding messages.

Table 1: Food Package Issuance Guidelines for Mother and Baby Receiving

Mostly Breastfeeding/ Some Formula Feeding Packages

a. The maximum monthly allowance of formula by age is listed in Part 1 below.
b. Determine the amount of formula currently consumed by the infant in a 24-hour period.
c. Identify the number of cans of formula to issue based on the preferred form in Part 2 below.

Part 1 : Maximum Monthly Allowance of Formula*					
		Age	**Powder**	**Concentrate**	**RTF**
		Birth to 1 m	**104 oz.**	**96 oz.****	**96 oz.****
		1- 3 m	**435 oz.**	**384 oz.****	**384 oz.****
		4 - 5 m	**522 oz.**	**480 oz.**	**480 oz.**
		6 - 11 m	**348 oz.**	**384 oz.**	**336 oz.**
Part 2: Number of Cans to Issue*					
Applicable ages	**Amount consumed in 24 hours**	**Powder** **Milk based**	**Powder** **Soy based**	**Concentrate**	**RTU**
0 - 11 m	**1 - 3 oz.**	**1 can** **3 oz per day**	**1 can** **3.1 oz per day**	**1 box** **3.2 oz per day**	**1 box** **1.6 oz per day**
1 – 11 m	**4 - 5 oz.**	**1 can** **3 oz per day**	**1 can** **3.1 oz per day**	**1 box** **3.2 oz per day**	**3 boxes** **4.8 oz per day**
1 - 11 m	**6 - 8 oz.**	**2 cans** **6 oz per day**	**2 cans** **6.1 oz per day**	**2 boxes** **6.4 oz per day**	**4 boxes** **6.4 oz per day**
1 - 11 m	**9 - 11 oz.**	**3 cans** **9 oz per day**	**3 cans** **9.2 oz per day**	**3 boxes** **9.6 oz per day**	**6 boxes** **9.6 oz per day**
1- 3 m **6-11 m**	**12 - 14 oz.**	**4 cans** **12 oz per day**	**4 cans** **12.3 oz per day**	**4 boxes** **12.8 oz per day**	**8 boxes** **12.8 oz per day**
4 - 5 m	**14 - 17 oz.**	**5 cans** **15 oz per day**	**5 cans** **15.3 oz per day**	**5 boxes** **16 oz per day**	**10 boxes** **16 oz per day**
			Milk-**B**ased: 1 can = 90oz* **Soy**-based: 1 can = 92oz*	1 box = 96 oz* formula (6-8oz bottles per box)	1 box = 48 oz (6-8oz bottles per box)

* Reconstituted **Powder form is recommended from 0-3 months.

SECTION: Nutrition Services

SUBJECT: Drug Abuse Information and Referrals

Federal Regulations: §264.11(a)(3)

Nutrition Services Standards: Standard 8A

See CT WIC Program Manual: 200-28 Coordination of Services

POLICY

All adult participants and the parents, guardians, or caretakers of participating infants and children shall be provided information on the harmful effects of drugs, alcohol and tobacco use during childbearing years.

A list of local resources for substance abuse counseling and treatment shall be maintained and made available to adult WIC applicants and participants, as appropriate. Referrals to counseling and treatment services shall be made when necessary. The WIC local agency community referral list should include these services.

Document information provided in CT-WIC, Referrals Screen and as appropriate in the Nutrition Education Screen.

Use the appropriate CT-WIC screens to screen all adult applicants who meet the income eligibility criteria to determine if they use harmful substances.

Maintain an updated list of local substance abuse counseling and treatment services and make the list available to adult WIC applicants and participants when appropriate.

SECTION: Nutrition Services

SUBJECT: Postpartum Nutrition Education and Exit Counseling

Federal Regulations: §246.11; FNS WIC Policy Memorandum 94-9 (21)

Nutrition Services Standard: 8

POLICY

Breastfeeding and postpartum women shall be assessed for and counseled on the following topics, including but not limited to:

- Breastfeeding benefits.
- Strategies for successful lactation.
- Accurate information on the harmful effects of alcohol, tobacco, and other drugs.
- Benefits of and information on childhood immunizations.
- The importance of maintaining appropriate nutrition practices.
- Benefits of a daily supply of folic acid for women of childbearing age.

During the certification period provide a variety of opportunities (individual or group education sessions) to discuss the desired health outcomes for breastfeeding and non-breastfeeding postpartum women which are dependant on achieving the health determinants specific to her client category. Refer to the *VENA Guidance Document: Appendix C* for additional information on Health Outcome-based assessment:

http://www.nal.usda.gov/wicworks/Learning_Center/VENA/VENA_AppendixC_HealthOutcomes.pdf

A complete nutrition assessment is the foundation for assisting the client in achieving a positive/desired health outcome.

For example, the desired health outcome for breastfeeding women is: Achieves optimal health during the childbearing years and reduces the risk of chronic diseases.

The health determinants are:

- Receives on-going preventative health care including early postpartum care,
- Achieves a desirable postpartum weight or BMI,
- Remains free from nutrition or food-related illness, complications or injury,
- Avoids alcohol, tobacco and illegal drugs,
- Consumes a variety of foods and/recommended supplements to meet energy and nutrient requirements and breastfeeds her infant(s) successfully.

When indicated and prior to categorical termination from the WIC program, recommend/reinforce referrals to other health care providers/services.

SECTION: Nutrition Services

SUBJECT: Coordination with Community Resources

Federal Regulations: § 246.4 (a)(8)

Nutrition Services Standard: 15

POLICY

Each WIC local agency is responsible for coordinating WIC nutrition education with other community resources.

Establish systems and procedures for integrating the services of community resources such as the Expanded Food and Nutrition Education Program (EFNEP), if available in the area, and local resources for substance abuse counseling and treatment or breastfeeding promotion and support (LLL-CT, hospital-based breastfeeding support) with the existing nutrition education and referral services provided by WIC.

SECTION: Nutrition Services

SUBJECT: Participant Feedback

Federal Regulations: 7 CFR 246.11(d)(2) and WIC Nutrition Services Standards, Standard 1: State and Local agency Nutrition Services Plan and Evaluation

POLICY

Participant feedback on WIC nutrition services and education shall be obtained each federal fiscal year (Oct 1-Sept 30).

The number of surveys administered and completed by participants for evaluation shall be representative of at least 5% of enrolled participants.

A summary of results shall be incorporated into the local program plan.

Guidance

Develop, administer and evaluate a participant survey using the template provided by the State agency. WIC local agencies may incorporate additional items to survey participants.

Analyze results and use to revise and modify the annual local program plan.

PARTICIPANT SATISFACTION SURVEY
CONNECTICUT WIC PROGRAM

Please answer these questions about your visit to the (can insert name of agency here) WIC Program. Your opinion is important to us. Your comments will help us serve you better. Thank you for your time.

Circle your answer: Good

1. How was your visit OVERALL: Very Good Good Fair Poor

Comments: _____

2. How did the WIC staff treat you? Very Good Good Fair Poor

Comments: _____

3. The first time you called the WIC office to make an appointment, did you receive clear instructions on how to apply? Yes No

Comments: _____

4. Please rate the following:

Site Location:	Very Good	Good	Fair	Poor
Parking:	Very Good	Good	Fair	Poor
Handicapped/Stroller Access:	Very Good	Good	Fair	Poor
Hours:	Very Good	Good	Fair	Poor
Staff:	Very Good	Good	Fair	Poor
Calling the office by phone:	Very Good	Good	Fair	Poor

Comments: _____

5. How long did you wait to be seen today? Please mark your answer. X

□ **Less than 10 minutes** □ **10-15 minutes** □ **More than 15 minutes**

Tell us when you arrived for today's appointment.

□ **Early** □ **On Time** □ **Late**

6. If you called to reschedule your appointment, how long did you have to wait?

□ **1-3 days** □ **4-7 days** □ **More than 1 week** □ **Other**_____

7. How well were your questions answered by staff? Very Good Good Fair Poor

Turn over for more questions

8. **If you were on WIC when you were pregnant, did you get information on breastfeeding?**
Yes No

9. **Has the nutrition information from WIC helped you to make healthier food choices?**
Yes No

Comments: _____

_____

10. **What types of nutrition information are you interested in? Check all that apply.**
- ☐ Breastfeeding
- ☐ Starting Solid foods for Your Baby
- ☐ Choosing more Vegetables and Fruits
- ☐ Healthy Recipes with WIC foods
- ☐ Tips for stretching your food dollars
- ☐ Returning to Work and Breastfeeding or Pumping
- ☐ Active Play for Your Kids
- ☐ How to Lose Weight Safely
- ☐ How to Use the Internet for Nutrition Information
- ☐ Other _____

11. **How would you like WIC to provide nutrition information? Check all that apply.**
- ☐ In group settings or talking with other moms or parents
- ☐ Meet with a WIC nutritionist
- ☐ Cooking demonstrations and recipe tasting
- ☐ Using technology at WIC like, web sites or DVD's
- ☐ Handouts, brochures or books
- ☐ Active groups for kids i.e. learning by play
- ☐ Other _____

12. **Do you have access to the internet? Please circle.** **Yes No**

If yes, how often do you go on-line? **Daily Weekly Monthly**

Do you use e-mail? **Daily Weekly Monthly Don't Use**

Do you have access to text messaging on a cell phone? **Yes No**

If yes, could WIC staff contact you through email or text? **Yes No**

13. **Do you use social networking i.e. Facebook or My Space?** **Yes No**

14. **Would you refer others to WIC?** **Yes No**

If yes, what would you tell them is most helpful about WIC?

_____

15. **Please tell us one way we can improve WIC nutrition services.**

_____

(Room for local agency specific questions below:)

CUESTIONARIO DE SATISFACCION PARA PARTICIPANTES

PROGRAMA WIC DE CONNECTICUT

Por favor conteste las siguientes preguntas en relación a su visita a la oficina WIC. Su opinión es de mucha importancia para nosotros.

Circule cada respuesta: Bueno

1. **En general como fue su visita:** Muy Bueno Bueno Regular Pobre

   Comentarios: _____

2. **¿Como le trató el Personal del Programa WIC?** Muy Bueno Bueno Regular Pobre

   Comentarios: _____

3. **¿ Recibió instrucciones claras la primera vez que llamó a la oficina de WIC para hacer una cita?** Si No

   Comentarios: _____

4. **Por favor califique lo siguiente:**

   Localización de la oficina: Muy Bueno Bueno Regular Pobre

   Estacionamiento: Muy Bueno Bueno Regular Pobre

   Acceso de Impedidos/Acceso para coches de bebés: Muy Bueno Bueno Regular Pobre

   Horario: Muy Bueno Bueno Regular Pobre

   Personal: Muy Bueno Bueno Regular Pobre

   Llamar a la oficina por teléfono: Muy Bueno Bueno Regular Pobre

Comentarios: _____

5. **¿ Cuánto tiempo esperó para ser atendido hoy?**

   ☐ **Menos de 10 minutos** ☐ **10-15 minutos** ☐ **Más de 15 minutos**

   Hoy estuve: ☐ **Temprano** ☐ **A tiempo** ☐ **Tarde para mi cita**

6. **Si llamó para cambiar su cita, ¿cuánto tiempo tuvo que esperar?**

   ☐ **1-3 días** ☐ **4-7 días days** ☐ **más de una semana** ☐ **Otro**_____

7. **¿Con cuánta satisfacción fueron sus preguntas contestadas?**

   Muy Bueno Bueno Regular Pobre

8. Si usted estuvo en el Programa WIC mientras estaba embarazada, recibió información sobre lactancia? Si No

9. La información que recibió en la Oficina WIC, ¿ Le ayudó a seleccionar comidas más saludables? Si No

Comentarios:_____

10. ¿En qué tipo de información sobre nutrición está usted interesado?

- □ Lactancia
- □ Comenzando alimentos sólidos para su bebé
- □ Eligiendo más vegetales y frutas
- □ Recetas saludables con alimentos del Programa WIC
- □ Consejos para estirar sus dólares de alimentos
- □ Volver al trabajo y la lactancia o bombeo
- □ Juego activo para sus hijos
- □ Como bajar de peso sin peligro
- □ Cómo utilizar el Internet para obtener información de nutrición
- □ Otro _____

11. ¿ Cómo le gustaría que el Programa WIC proporcionará información de nutrición?

- □ En secciones de grupos o hablando con otras madres o padres
- □ Folletos, catalogos o libros
- □ Reunión con nutricionistas del Programa WIC
- □ Grupos activos para niños, por ejemplo aprendiendo mientras juega
- □ Demostraciones de comida y probando recetas
- □ Uso de la tecnología en el Programa WIC tales como sitios en el Internet y dvd
- □ Otros _____

12. ¿ Tiene acceso al Internet? Por favor circule. Si No

Si su respuesta es si, ¿Cuán frecuente usa el internet? Diario Semanal Mensual

¿ Usa usted correo electrónico? Diario Semanal Mensual No lo usa

¿Tiene acceso a mensajes de textos en su teléfono celular? Si No

¿Le gustaría que el Programa WIC se comunicara con usted a través de correo electrónic o texto? Si No

13. ¿ Usa usted alguna red cibernética social tales como “Facebook” o “My Space”?

Si No

14. ¿ Referiría a otros al Programa WIC? Si No

Si su respuesta es si, cuál le diría es la mayor ayuda sobre el Programa WIC

_____

15. Si pudiera hacer una sugerencia al Programa WIC ¿Cual sería?

_____

SECTION: Nutrition Services

SUBJECT: Nutrition Services Documentation

Federal Policy: WIC Nutrition Services Documentation Policy NESF-31-08

See *CT Nutrition Services Documentation Guidance.*

POLICY

This policy identifies the purpose, outcomes and necessary elements for documentation of nutrition services in the WIC Program.

Nutrition services include:

- Nutrition assessment and risk assignment
- Nutrition education/counseling
- Breastfeeding support
- Food package prescription
- Targeted referrals and related follow-up

Quality documentation facilitates the delivery and tracking of meaningful nutrition services and ensures continuity of care for both medically fragile and generally healthy WIC participants.

Documentation provides invaluable information for managing and evaluating services delivered. It is also the primary means by which WIC staff communicates within local agencies about individual clients.

Documentation is necessary to ensure the:

- Quality of nutrition services provided by identifying nutrition risks and/or participant concerns, facilitating follow-up and continuity of care (help staff follow-up on counseling that occurred during the last agency visit, check on participant's progress, referral information and/or reinforce nutrition education messages)

- Integrity of the WIC program through documentation of nutrition services data used for eligibility determination (identity, residency, income, category and nutrition risk), WIC Participant and Characteristics reporting and CDC Surveillance Data (PedNSS/PNSS) and appropriate nutrition education contacts are provided to each participant at a rate of a least once per quarter.

The elements of quality nutrition services documentation processes must be:

- Consistent
- Clear
- Organized
- Complete
- Concise

Efficient, meaningful documentation provides a brief synopsis of the participant's appointment/visit and can be used to facilitate tracking or monitoring of participant's behavior change over time. At the

local level, quality documentation increases the CPA's effectiveness in assisting the individual in achieving desired nutrition behaviors.

At the State and Federal level, quality documentation helps organize information, determine if quality WIC nutrition services are provided and give perspective on the effect the program has on participant's nutrition and lifestyle practices.

WIC Program Nutrition Services Documentation Guidance

Please refer to the *2010 WIC Program Nutrition Services Documentation Guidance* for more detailed explanation of WIC nutrition services documentation expectations in Connecticut.

Each local agency shall be responsible ensuring that nutrition services are provided and documented in CT-WIC. The expectation is that all client files contain the following:

Contact Type:	Certification, re-certification, second nutrition contact, referral follow-up, food package change, or benefit issuance
Initials of staff providing the contact	
Relevant assessment information:	Including risks identified through the assessment process, Nutrition Risk screen in CT-WIC.
WIC Category and Priority:	CT-WIC, Nutrition Risk Screen
Food Package Prescribed:	Include medical documentation when required and rationale for individual food package tailoring
Nutrition Education/Counseling Topic(s):	CT-WIC, Nutrition Education Screen(s)-high risk including referrals made and follow-up plans.

Local agency staff must establish procedures to ensure that appropriate nutrition education contacts are provided to each participant at a rate of a least once per quarter.

Required information to ensure continuity of care for all participants must include:

- Main topics covered in education, especially when multiple risks are identified, CT-WIC, Nutrition Education Screen(s)
- Progress toward behavior changes, if goal was set at previous visit, CT-WIC, Nutrition Education Screen(s).
- How education was provided, (group, individual) and reinforcements used (i.e. handouts, brochures)

For all individual contacts, use CT-WIC, Update Nutrition Education Screen, to document topics covered in the nutrition education session. Specify what information was discussed since a topic can cover a wide range of issues and participant/CPA concerns. Refer to the *CT WIC Program Abbreviation Listing* for common abbreviations to be used when completing notes in CT-WIC.

For participants who attend group education sessions, use CT-WIC, Daily Schedule Screen and/or Nutrition Education Screen to document the group contact. A lesson plan for each group should be kept on file at each local agency.

Staff should also document participant refusal or inability to attend or participant in nutrition education. Local agency nutrition staff shall follow up on the status of prior referrals.

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH-WIC PROGRAM

WIC Program Nutrition Services Documentation Guidance

Local Agency Resource

VENA Documentation Subcommittee: Caroline Smith-Cooke, Marge Chambers, Deborah Diehl, Bina Patel, Mary Paige, Marilyn Lonczak

March 2010

To the user:

This document was created to fulfill several purposes for local and State WIC staff. First and foremost, it was developed as a training tool to reinforce information provided by management during on-site training of new nutrition staff. For new and veteran nutrition staff alike, it is meant to be used as a quick reference to suggest appropriate topics of nutrition education for particular categories of participants and provide direction for completing documentation of appointments.

Another primary feature was to improve consistency of documentation location and content within each agency and Statewide. Setting clear expectations for local agency chart audits and State agency monitoring visits will allow for more objective quality assurance processes. Lastly, it has the potential to identify future training topics, complementary to nutrition issues that interest staff.

The document has been organized into category of participant and visit type. Within each visit type: Certification topics, Additional topics (if appropriate)/referrals and Documentation have been identified to organize the large amount of information in a meaningful and efficient manner, reducing redundancy of both nutrition education and documentation.

As we move to adapt this guidance into each of our WIC nutrition assessment and education "toolkits" we hope over time as a State, to gain the ability to track behavior change based on the nutrition education provided; and to improve the continuity of care provided to participants at subsequent visits.

Few related questions from the 12/4/2009 presentation on Nutrition Services Documentation:

1. It would be helpful if the state paralleled continuing ed. categories allowed by CDR.
   Thanks for your feedback. As an aside, we are working to get continuing education credit for the 12/4 morning session on nutrition services documentation. As we plan future in-service trainings, we can consider the CDR categories for the portfolios.

2. Nutrition Ed documentation: Do we need to specify the next appointment (i.e., 1/2/3 mos.) in the progress notes?
   If the Nutritionist decides the follow-up is a frequency less than three months it should be documented in the note, this provides insight into what the original or "certifying" professional planned as part of the assessment.

3. Please provide guidance on role of Nutrition Aide as it relates to documentation of Second education contacts?
   If the second education contact is in a group format, there must be a lesson plan and the topic should be documented in screen 113 with additional comments by the nutrition aide as needed. When the education contact is performed individually, the nutrition aide must record the appropriate documentation as it relates to the nutrition education guidance document.
   Clients seen for certification and any high risks clients must be seen by a nutritionist.

4. If risks are high risk, do we have to note in comments about HR, see soap note?
   This shouldn't be necessary, because in most situations Nutrition staff should be checking previous notes including SOAP notes for the majority of participants. As part of the local agency review process, State monitoring staff will automatically check screen 114 and 115 if the participant is assessed as high risk. If your coworkers find it is easier to provide messages to each other via the comments screen, by all means use this method.

General Information

- Nutrition Program
- Prospective participant must meet eligibility requirements (category, income, residency, etc)
- Hours of operation and appointment policy (flexible to participant needs)
- Limited medical information will be required
- There must be evidence participant is receiving on-going healthcare
- WIC promotes breastfeeding as the optimal choice of infant feeding
- WIC cannot provide more than 3 months of checks at one time
- Frequency of visits is determined by a Nutritionist based on the nutrition assessment process
- Checks are issued to purchase selected amounts **(supplemental)** and types of foods
- Nutrition education will be offered at each visit

Initial Visit

Interview with Program Assistant

- Greet and welcome participant appropriately
- Identity, Income, Category, Residency
- Certification Form (participant's name, height/weight, bloodwork), Crib Card, Proof of Pregnancy, Medical Documentation Form
- Voter Registration
- Document appropriate information
- Explain WIC Approved food list/ Participant ID booklet
- Review Alternate/Caretaker Policy and complete necessary paperwork

Interview with Nutritionist

- Introduce self
- Establish rapport
- Set expectations/plan of time/events of visit
- Verify medical information
- Conduct nutrition assessment/determine risk(s)
- Develop nutrition care plan and prioritize intervention
- Offer appropriate nutrition counseling. Nutrition education should be participant centered, but not participant driven. Choose topics of interest to the family to engage them in dialogue, but balance with information on risks identified.
- Guide participant towards goal setting
- Make appropriate referral(s)
- Select and assign appropriate food package; provide anticipatory guidance for upcoming categorical food package changes
- Determine frequency of visits (check issuance)

Exit (this may vary among agencies as to who does what)

- Explain how to use checks
- Checks are not replaceable
- Violations or actions related to misuse of checks can result in disqualification or suspension from the WIC Program
- Explain and give copy of WIC Approved food list and WIC Authorized vendor list
- Schedule follow-up appointment that is convenient for the participant
- WIC participants who fail to pick up checks for two (2) consecutive months will be automatically removed from the program
- Appointment policy (call to change appointment)

Documentation Standards/Best Practices

- Documentation should be completed in a timely manner to allow for accuracy and thoroughness
- ALL Nutrition education should be documented, including nutrition education done via telephone. Telephone nutrition education may be appropriate for but not limited to: pregnant participants on bed rest, breastfeeding mothers during the immediate postpartum period, and participant/caregiver initiated inquires. The documentation should identify that the education was completed via telephone and the circumstances why.
- Documentation can be completed during the course of the appointment if it does not break the concentration of the participant, diminish the rapport between Nutritionist and participant, or otherwise impact VENA participant-centered focus
- It is expected that documentation will be done by "exception"; any deviation from standard appointment education topics will be clearly noted with plans for future education identified
- When documenting in SOAP format for high risk participants: "O" may refer the reader to see the objective data previously identified in SWIS or on the certification form to prevent redundancy of documentation. Any objective data relevant to key risk(s) or concern(s) should be noted in the "O" section for immediate reference at follow-up visits. Can combine A and P if desired.

Suggested Uses for Comment Screen in Interoffice Communication

- Notation of any missing documentation and plan for follow-up
- Notation of High Risk Status
- Frequency of check distribution as determined by Nutritionist
- Date when secondary nutrition education should be done
- Notation of what documentation is needed at next follow-up or recertification appointment

Prenatal Women 1st trimester		
Certification topics: • Pregnancy Associated Discomforts • Health Concerns: Depression, Mood Swings, Pre-existing Medical Conditions/Diagnoses • Appropriate Weight Gain • Alcohol • Caffeine • Drugs • Smoking • Intake of: Medications (prescription/ OTC), Vitamin/mineral Supplements, Herbs/ Herbal Supplements • Importance of Dental Care • Importance of well rounded dietary intake • Key Nutrients: Folic Acid, Iron, Vit C, Calcium • Importance of taking prenatal vitamins and iron supplements as prescribed • Fluid Needs • Food Safety • Physical Activity • Breastfeeding Promotion • Food Security	Additional topics if appropriate/Referrals: Teen Pregnancy: Additional Key Nutrient Needs: Calcium, Protein, Calories, Iron Multi-fetal Gestation: Additional Key Nutrient Needs: Calories, Protein Vegetarian/Vegan: Additional Key Nutrients: B12, Zinc, Iron, Calcium Lactose Intolerance Housing Stability/Homelessness Drug use, Participation in Rehab or Treatment Domestic Violence Psychiatric issues/Depression Participant directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, participant's weight, current weight gain in comparison to GA, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: Healthy Eating During Pregnancy, additional topic specific material as appropriate Weight Gain Grid **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation: Date S: Subjective statements of participant relevant to risk factors determined and nutrition education provided O: GA of pregnancy, Ht, Wt, PPG WT, EDD, Medical Dx/Condition Can combine A/P if desired A: SWIS risk factor(s), assessed or anticipated risk(s) not identifiable by SWIS, participant's comprehension/ receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature

Prenatal Women 2nd trimester		
Certification topics: • Health Concerns: Gestational Diabetes, Pre-eclampsia, pre-existing medical conditions/ diagnoses • Appropriate Weight Gain • Alcohol • Caffeine • Smoking • Drugs • Intake of: Medications (prescription/ OTC), Vitamin/mineral Supplements, Herbs/ Herbal Supplements • Importance of Dental Care • Importance of well rounded dietary intake • Key Nutrients: Folic Acid, Iron, Vit C, Calcium • 300 Extra Calories, Extra Protein • Importance of taking prenatal vitamins and iron supplements as prescribed • Fluid Needs • Food Safety • Physical Activity • Breastfeeding Promotion, Support, & Referrals • Food Security	Additional topics if appropriate/Referrals: Pregnancy Associated Discomforts Health Concerns: Depression, Mood Swings Teen Pregnancy: Additional Key Nutrient Needs: Calcium, Protein, Calories, Iron Multi-fetal Gestation: Additional Key Nutrient Needs: Calories, Protein Vegetarian/Vegan: Additional Key Nutrients: B12, Zinc, Iron, Calcium Lactose Intolerance Housing Stability/Homelessness Drug use, Participation in Rehab or Treatment Domestic Violence Psychiatric issues/Depression Participant directed concerns/ questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, participant's weight, current weight gain in comparison to GA, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: Healthy Eating During Pregnancy, additional topic specific material as appropriate Weight Gain Grid **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation: Date S: Subjective statements of participant relevant to risk factors determined and nutrition education provided O: GA of pregnancy, Ht, Wt, PPG WT, EDD, Medical Dx/Condition Can combine A/P if desired A: SWIS risk factor, assessed or anticipated risk determined, participant's comprehension/ receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature

Prenatal Women 3rd trimester		
Certification topics: • Health Concerns: Gestational Diabetes, Pre-eclampsia, Toxemia, pre-existing medical conditions/diagnoses • Appropriate Weight Gain • Alcohol • Caffeine • Smoking • Drugs • Intake of: Medications (prescription/ OTC), Vitamin/mineral Supplements, Herbs/ Herbal Supplements • Importance of Dental Care • Importance of well rounded dietary intake • Key Nutrients: Folic Acid, Iron, Vit C, Calcium • 300 Extra Calories, Extra Protein • Importance of taking prenatal vitamins and iron supplements as prescribed • Fluid Needs • Food Safety • Physical Activity • Food Security **Preparation for Infant Feeding** • **If Planning to BF: Support, Referrals, BF initiation, expectations for BF frequency and why important, signs of successful BF, recommendation to avoid formula introduction in early phase of lactation** • **If Planning Artificial Feeding: WIC contract formula** **Instruction to inform WIC office of infant's delivery for purposes of certification.**	Additional topics if appropriate/Referrals: Pregnancy Associated Discomforts Health Concerns: Depression, Mood Swings Teen Pregnancy: Additional Key Nutrient Needs: Calcium, Protein, Calories, Iron Multi-fetal Gestation: Additional Key Nutrient Needs: Calories, Protein Vegetarian/Vegan: Additional Key Nutrients: B12, Zinc, Iron, Calcium Lactose Intolerance Housing Stability/Homelessness Drug use, Participation in Rehab or Treatment Domestic Violence Psychiatric issues/Depression Participant directed concerns/ questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, participant's weight, current weight gain in comparison to GA, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: Healthy Eating During Pregnancy, Breastfeeding, additional topic specific material as appropriate Weight Gain Grid **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation: Date S: Subjective statements of participant relevant to risk factors determined and nutrition education provided O: GA of pregnancy, Ht, Wt, PPG WT, EDD, Medical Dx/Condition Can combine A/P is desired A: SWIS risk factor, assessed or anticipated risk determined, participant's comprehension/ receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature

Prenatal Women Second Nutrition Education Contacts/Follow-Up		
Topics to include: • Weight Gain • Health Concerns: Gestational Diabetes, Pre-eclampsia, Toxemia, Depression, Mood Swings, Anemia Preparation for Infant Feeding: • If Planning to BF: Support, Referrals, BF initiation, expectations for BF frequency and why important, signs of successful BF, recommendation to avoid formula introduction in early phase of lactation • If Planning Artificial Feeding: WIC contract formula Instruction to inform WIC office of infant's delivery for purposes of certification.	Optional, if appropriate: Update on Previous Discomforts Change in Appetite Change in Sleep Pattern Change in Smoking Status Update on Pregnancy: Mom's health, infant's health/growth Update on behavior changes made to improve dietary intake Update on behavior changes made improve health: dental care, caffeine, medications, alcohol, drugs Participant directed concerns/ questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, participant's weight, current weight gain in comparison to GA, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up Topics: As appropriate Handouts: Breastfeeding, additional topic specific material as appropriate Update Weight Gain Grid **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Date Current weight; GA of pregnancy; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: medical support/follow-up participant is receiving, new goals set; plan for follow-up on current issues, Nutritionist's Signature

Infant Certification		
Certification Topics:	Additional topics if appropriate/Referrals:	Documentation
• Feeding on Demand • Feeding Cues • Breastfeeding: Mom's impression of how BF is going, latch/positioning, frequency of feeds, supply/demand, milk expression, assess current BF support, offer additional resources, plans for exclusivity/supplementation, recommendations for Vitamin D supplementation and possibly iron if indicated by Pediatrician • Benefits of skin-to-skin contact for BF and FF infants • Formula feeding: Formula preparation and storage, contract formula policy, policy on formula changes • Food Safety/Sanitation with feeding • Recommendations for delay of water and solids • Signs an infant is getting enough to eat • Expectations for growth spurts and changes in eating and sleeping patterns • Food Security **Separate BF note under Mom may be appropriate depending on circumstances. If deemed unnecessary, refer to note in infant's file and select appropriate topics codes to assign secondary education credit for Mom.**	Additional BF topics: Proper latch and positions, tips for letdown, access to breast pump, storage of breast milk, Feeding concerns: spitting up, burping, timed feedings, expectations for sleeping patterns, propping bottle Medications/Medical Conditions Reflux Family Care/Foster Care Caregiver directed concerns/ questions Referrals: As appropriate, See SWIS Manual Appendix A	**Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, caregiver's choice of feeding methods, pattern of feeding, ability to identify feeding cues, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: Feeding Your Baby – Birth to 4 Mo Weight Gain Grid – If Premature: calculate and plot based on corrected age/Gestational Adjusted Age (GAA). ** DO NOT plot on CDC Growth Chart until corrected age > or = 40 weeks.* **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation: Date S: Subjective statements of caregiver relevant to risk factors determined and nutrition education provided O: Birth weight, length, gestational age, Medical Dx/Condition Can combine A/P if desired A: SWIS risk factor, assessed or anticipated risk determined, caregiver's comprehension/receptiveness, expected compliance (or barriers), medical support/ follow-up caregiver is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature

Infant Second Contact (0-4 months)		
Topics: • Assessment of current BF or FF pattern/amounts • Additional BF or FF support as needed • Developmental signs of readiness for solids • Food Safety • Assessment of current use of free water • Importance of dental care • Upcoming changes to infant's food package • Anticipatory guidance/ assessment of infant's developmental readiness for solids as compared to current use of solids	Additional topics if appropriate/Referrals: Formula preparation and storage Proper use of bottle Anticipatory Guidance re: BF and teething/biting Infant eating at Daycare Medications/Medical Conditions Reflux Anticipatory guidance in preparation of infant cereal and infant foods Importance of introduction to cup Family Care/Foster Care Caregiver directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A Referrals: As appropriate	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, pattern of feeding, caregiver's ability to identify developmental signs of readiness for solids, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: Feeding Your Baby – Birth to 1 Yr, Feeding Your Baby – 4 to 8 Mo **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: Additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Date Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: adjusted gestational age, medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues, identify protocol topics not discussed, Nutritionist's Signature Best Practice: SOAP format for documentation: **If BF, refer to note in infant's file and select appropriate topics codes to assign secondary education credit for Mom.**

Infant Mid-certification (5-7 months)		
Mid-certification topics: • Review of weight and length, growth pattern of infant (individual growth pattern, expected growth for age) • Assessment of current BF or FF pattern/amounts • Additional BF or FF support as needed • Review introduction of solids • Assess current intake of solids • Importance of introducing one new food at a time • Developmental signs of readiness for finger/table foods • Food Safety • Tips for and importance of Self-feeding • Caution with high allergy foods, foods to avoid, choking hazards • Assessment of teething status and impact on feeding • Importance of dental care and fluoride source • Importance of introduction to cup • Upcoming changes to infant's food package • Food Security • Importance of meal/snack planning, family meals, and role modeling **If BF, BF follow-up education and corresponding documentation expected for Mom as well as infant.**	Additional topics if appropriate: Preparation and storage of infant foods, including homemade if appropriate Tips for alleviating teething discomfort Tips for managing teething and BF Infant eating at Daycare Allergies Medications/Medical Conditions Reflux Family Care/Foster Care Caregiver directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, pattern of feeding, caregiver's ability to identify developmental sings of readiness for finger/table foods, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: Feeding Your Baby – 8 to 12 Mo Weight Gain Grid – – If Premature: calculate and plot based on corrected age/Gestational Age Adjustment (GAA). ** DO NOT plot on CDC Growth Chart until corrected age > or = 40 weeks.* **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: Additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Date Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: adjusted gestational age, medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues, identify protocol topics not discussed, Nutritionist's Signature Best Practice: SOAP format for documentation

Infant Second Contact (8-11 months)		
Topics: • Review introduction of finger/table foods • Assess current intake of finger/table foods • Assess caregiver's confidence with and infant's tolerance of variety in foods/textures • Review high allergy foods, choking hazards • Assess current intake high allergy foods, choking hazards • Food Safety • Tips for and importance of Self-feeding • Importance of meal/snack planning, family meals, and role modeling • Assess current intake of dairy products • Discuss weaning to whole cows' milk at 12 months of age • Assess cup use • Discuss importance of and tips to assist with weaning from bottle • Assess dental care • Discussed recommendation of AAP for dental visits to begin at 12 months of age • Medical Documentation needed for recertification at 12 months of age	Optional, if appropriate: Plans for duration of BF Tips for weaning from BF if requested Infant eating at Daycare Policy for medical documentation if child will not be transitioning to whole cows' milk at 12 months of age ID, Income, Residency Documentation needed at 12 months of age if not already reviewed by Program Assistant Caregiver directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, pattern of feeding, caregiver's ability to identify ways to include infant in family meals, steps being taken to prepare for weaning (BF, FF, bottle) as appropriate, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: As appropriate **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: Additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Performance Standard: Date Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: adjusted gestational age, medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature Best Practice: SOAP format for documentation: **If BF, refer to note in infant's file and select appropriate topics codes to assign secondary education credit for Mom.**

Postpartum Women Certification (all categories)		
Certification Topics: Exclusive breastfeeding: • Importance of Self-care • Family/friend support system & accepting help • Nutrient/Fluid needs • Key Nutrients: Fe, Folic Acid, Vit A, Vit C, Calcium • Cont Prenatal Vit or OTC Multivit/Mineral • PP Care/OB/GYN visits • Weight Loss/Management • Food Safety • Importance of Well Child-Care/Immunizations • Mom describe: infant's feeding pattern, signs hunger/satiety, growth/growth spurts, milk supply, latch/positioning, use of skin-to-skin contact • Infant supplementation: Vit D, Fe • Developmental signs of readiness for solids • PP Depression • Alcohol • Drugs • Caffeine • Food Security	Additional topics if appropriate/Referrals: Anemia/Fe rich foods/Vit C Smoking Status/2ndhand smoke Community BF Support Breast Milk Expression/Breast Pump use & access BF and returning to work Breast milk storage: home and work Family Planning Housing Stability/Homelessness Drug use, Participation in Rehab or Treatment Participant directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed, refer to note on feeding under infant Topics: As appropriate Handouts: Healthy Eating After You Delivery, Breastfeeding, additional topic specific material as appropriate **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation: Date S: Subjective statements of participant relevant to risk factors determined and nutrition education provided O: PP: Wt, HT, HGB/HCT; # of weeks Gestation at delivery, Medical Dx/Condition A: SWIS risk factor, assessed or anticipated risk determined, participant's comprehension/ receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature **Secondary nutrition education note should be documented under infant. See Infant Second Contact (0-4 Months).**

Postpartum Women Certification (all categories)		
Certification Topics:	Additional topics if appropriate/Referrals:	Documentation
Some breastfeeding/some formula: • Importance of Self-care • Family/friend support system & accepting help • Nutrient/Fluid needs • Key Nutrients: Fe, Folic Acid, Vit A, Vit C, Calcium • Cont Prenatal Vit or OTC Multivit/Mineral • PP Care/OB/GYN visits • Weight Loss/Management • Food Safety • Importance of Well Child-Care/Immunizations • Mom Describe: Infant's feeding pattern, signs of hunger/satiety, growth/growth spurts, milk supply, latch/positioning, use of skin-to-skin contact • Milk supply esp. imp w/combo feeding methods • Frequency of nursing or milk expression • Formula prep/storage/food safety • Infant supplementation: Vit D, Fe • Developmental signs of readiness for solids • PP Depression • Alcohol • Drugs • Caffeine • Food Security	Anemia/Fe rich foods/Vit C Smoking Status/2ndhand smoke Community BF Support Breast Milk Expression/Breast Pump use & access BF and returning to work Breast milk storage: home and work Family Planning Housing Stability/Homelessness Drug use, Participation in Rehab or Treatment Participant Directed Questions/Concerns Referrals: As appropriate, See SWIS Manual Appendix A	**Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed, refer to note on feeding under infant Topics: As appropriate Handouts: Healthy Eating After You Delivery, Breastfeeding, additional topic specific material as appropriate **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation: Date S: Subjective statements of participant relevant to risk factors determined and nutrition education provided O: PP: Wt, HT, HGB/HCT; # of weeks Gestation at delivery, Medical Dx/Condition A: SWIS risk factor, assessed or anticipated risk determined, participant's comprehension/ receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature **Secondary nutrition education note should be documented under infant. See Infant Second Contact (0-4 Months).**

Postpartum Women Certification (all categories)		
Certification Topics: Formula only: • Importance of Self-care • Family/friend support system and accepting help • Nutrient/Fluid needs • Key Nutrients: Fe, Folic Acid, Vit A, Vit C, Calcium • Cont Prenatal Vit or OTC Multivit/Mineral • PP Care/OB/GYN visits • Weight Loss/Management • Food Safety • Importance of Well Child-Care/Immunizations • Mom Describe: Infant's feeding pattern, signs hunger/satiety, growth/growth spurts, use of skin-to-skin contact • Formula prep/storage/food safety • Developmental signs of readiness for solids • PP Depression • Alcohol • Drugs • Food Security	Additional topics if appropriate/Referrals: Anemia/Fe rich foods/Vit C Smoking Status/2ndhand smoke Family Planning Housing Stability/Homelessness Drug use, Participation in Rehab or Treatment Participant Directed Questions/Concerns Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up, identify protocol topics not discussed, refer to note on feeding under infant Topics: As appropriate Handouts: Healthy Eating After You Delivery, additional topic specific material as appropriate **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation: Date S: Subjective statements of participant relevant to risk factors determined and nutrition education provided O: PP: Wt, HT, HGB/HCT; # of weeks Gestation at delivery, Medical Dx/Condition A: SWIS risk factor, assessed or anticipated risk determined, participant's comprehension/ receptiveness, expected compliance (or barriers), medical support/follow-up participant is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature **Secondary nutrition education note should be documented under infant. See Infant Second Contact (0-4 Months).**

Breastfeeding Follow-up		
Topics: Exclusive breastfeeding: • Pattern of feedings • Time Mom spends away from infant • Mom's appetite • Mom's Vit/min supplementation • Nursing/Milk Expression • BF support • Infant Growth • Infant Vit/min supplementation • Complementary foods/fluids • Mom's plan for cont BF	Additional topics if appropriate/Referrals: Weight Loss/Management Tips for weaning from BF if requested Smoking Status/2ndhand smoke PP Depression Community BF Support Breast Milk Expression/Breast Pump use and access BF and returning to work Family Planning Weaning Update on behavior changes made improve health: dental care, caffeine, medications, alcohol, drugs Participant directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up Topics: As appropriate Handouts: Breastfeeding, additional topic specific material as appropriate **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: Additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Date Changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: medical support/follow-up participant is receiving, new goals set; plan for follow-up on current issues, Nutritionist's Signature Best Practice: SOAP format for documentation: **Secondary nutrition education note should be documented under infant. See Infant Second Contact for appropriate age of infant.**

Breastfeeding Follow-up		
Topics: Some breastfeeding/some formula: • Pattern of feedings • Time Mom spends away from infant • Mom's appetite • Mom's Vit/min supplementation • Nursing/Milk Expression • BF support • Amount/Pattern of formula use • Infant Growth • Infant Vit/min supplementation • Complementary foods/ fluids • Mom's plan for cont BF	Additional topics if appropriate/Referrals: Weight Loss/Management Tips for weaning from BF if requested Smoking Status/2ndhand smoke PP Depression Community BF Support Breast Milk Expression/Breast Pump use & access BF and returning to work Family Planning Weaning Update on behavior changes made improve health: dental care, caffeine, medications, alcohol, drugs Participant directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up Topics: As appropriate Handouts: Breastfeeding, additional topic specific material as appropriate **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: Additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Date Changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: medical support/follow-up participant is receiving, new goals set; plan for follow-up on current issues, Nutritionist's Signature Best Practice: SOAP format for documentation: **Secondary nutrition education note should be documented under infant. See Infant Second Contact for appropriate age of infant.**

Postpartum Second Contacts		
Topics: • Follow-up on participant's concerns, participant's risks, and any goals/plans made during previous primary nutrition education • Discuss topics identified as not covered during previous primary nutrition education • Inquire into any changes in health or nutrition status since previous primary nutrition education	Additional topics if appropriate: Weight Loss/Management Smoking Status/2ndhand smoke PP Depression Family Planning Update on behavior changes made, improve health: dental care, caffeine, medications, alcohol, drugs Participant directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, participant concerns/interests, staff concerns, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up Topics: As appropriate Handouts: Breastfeeding, additional topic specific material as appropriate **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: Additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Date Changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: medical support/follow-up participant is receiving, new goals set; plan for follow-up on current issues, Nutritionist's Signature Best Practice: SOAP format for documentation: **Secondary nutrition education note should be documented under infant. See Infant Second Contact for appropriate age of infant.**

Child Certification (Age 1)		
Certification Topics:	Additional topics if appropriate/Referrals:	Documentation
• Review of weight and length, growth pattern of child (individual growth pattern, expected growth for age) • 9-12 Month Hgb/Hct results and implications, Iron rich foods, Vitamin C • Lead results (if available) & implications, if no results avail. recommendation for screening • Caregiver reporting of child's adherence to recommended immunization schedule • Child's exposure to secondhand cigarette smoke • Health Concerns: Medical Conditions/Diagnoses, Medications (prescription, OTC), Vitamin/Mineral Supplementation, Herb/Herbal Supplement use • Dental Concerns: Oral Hygiene, Dental Home, Fluoride Sources and Supplementation • BF or FF status • Weaning from bottle • Introduction to whole cows' milk: status and tips if necessary • Transition: Infant to Table Foods • Self-feeding status/Food Security • Developmental readiness for utensils • Family hx of food allergies, current use of high allergy foods • Assess caregiver's confidence with & child's tolerance of variety in foods/ textures, current use/avoidance of choking hazards • Juice intake, use of 100% juice vs. other CHO containing fluids • Food Safety, Fish Advisory, Listeria • Importance of meal/snack planning, family meals, & role modeling • Division of Responsibility in Feeding Relationship • Upcoming changes to child's food package	Support for BF toddler or weaning Child Eating at Daycare Family Care/Foster Care Caregiver directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A	**Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, caregiver's report of current feeding practices, pattern of feeding, progress in relation to 12 month transitions (milk, bottle, table foods), non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), caregiver's comprehension/receptiveness, plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: Feeding Your Toddler and Young Child, additional topic specific material as appropriate Weight Gain Grid – If Premature: calculate and plot based on corrected age/Gestational Age Adjustment (GAA). ** DO NOT plot on CDC Growth Chart until corrected age > or = 40 weeks.* **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation: Date S: Subjective statements of caregiver relevant to risk factors determined and nutrition education provided O: Current weight, length, gestational age, Medical Dx/Condition A: SWIS risk factor, assessed or anticipated risk determined, caregiver's comprehension/receptiveness, expected compliance (or barriers), medical support/ follow-up caregiver is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature

Child Second Contact (13-17 months)		
Topics: • Follow-up on caregiver's concerns, child's risks, and any goals/plans made during previous primary nutrition education • Discuss topics identified as not covered during previous primary nutrition education • Inquire into any changes in health or nutrition status since previous primary nutrition education • Medical Documentation needed for recertification at 18 months of age	Additional topics if appropriate/Referrals: Support for BF toddler or weaning ID, Income, Residency Documentation needed at 18 months of age if not already reviewed by Program Assistant Caregiver directed concerns/questions Newsletter or seasonal topic if no lingering issues noted by caregiver or Nutritionist Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, progress in relation to goals previously set, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up Topics: As appropriate Handouts: As appropriate **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: Additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Date Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: adjusted gestational age, medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues Nutritionist's Signature Best Practice: SOAP format for documentation

Child Certification (18 months)		
Certification topics: • Review of weight & length, growth pattern of child (individual growth pattern, expected growth for age) • 15-18 Month Hgb/Hct results and implications, Iron rich foods, Vitamin C • Lead results (if available) and implications, if no results available recommendation for screening • Caregiver reporting of child's adherence to recommended immunization schedule • Child's exposure to secondhand cigarette smoke • Health Concerns: Medical Conditions & Diagnoses, Medications (prescription, OTC), Vitamin/Mineral Supplementation, Herb/Herbal Supplement use/Dental Concerns: Oral Hygiene, Dental Home, Fluoride Sources and Supplementation • BF status/Weaning from bottle/"sippy" cup • Importance of using "regular" cup, Tolerance/amount consuming whole cows' milk • Transition: Infant to Table Foods: status/Self-feeding status/Developmental readiness for utensils • Family hx of food allergies, current use of high allergy foods/Assess Mom's confidence with & child's tolerance of variety in foods/textures, current use/avoidance of choking hazards • Juice intake, use of 100% juice vs other CHO containing fluids • Food Safety/Security, Fish Advisory, Listeria • Importance of meal/snack planning, family meals, and role modeling • Division of Responsibility in Feeding Relationship • Anticipatory Guidance re: growth & appetite, picky eating vs normal waxing/waning of food intake	Additional topics if appropriate: Support for BF toddler or weaning Child Eating at Daycare Family Care/Foster Care Caregiver directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, Caregivers report of current feeding practices, pattern of feeding, progress in relation to 12 month transitions (milk, bottle, table foods), non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), caregiver's comprehension/receptiveness, plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: As appropriate Weight Gain Grid – If Premature: calculate and plot based on corrected age/Gestational Age Adjustment (GAA). ** DO NOT plot on CDC Growth Chart until corrected age > or = 40 weeks.* **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation: Date S: Subjective statements of caregiver relevant to risk factors determined and nutrition education provided O: Current: weight, length, gestational age, Medical Dx/Condition A: SWIS risk factor, assessed or anticipated risk determined, caregiver's comprehension/receptiveness, expected compliance (or barriers), medical support/ follow-up caregiver is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature

Child Second Contact (19-23 months)		
Topics: • Follow-up on caregiver's concerns, child's risks, and any goals/plans made during previous primary nutrition education • Discuss topics identified as not covered during previous primary nutrition education • Inquire into any changes in health or nutrition status since previous primary nutrition education • Medical Documentation needed for recertification at 24 months of age	Optional, if appropriate: Support for BF toddler or weaning ID, Income, Residency Documentation needed at 18 months of age if not already reviewed by Program Assistant Caregiver directed concerns/questions Newsletter or seasonal topic if no lingering issues noted by caregiver or Nutritionist Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, progress in relation to goals previously set, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up Topics: As appropriate Handouts: As appropriate **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: Additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Date Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: adjusted gestational age, medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues Nutritionist's Signature Best Practice: SOAP format for documentation

Child Certification (Ages 2-5)		
Topics: • Review of weight and length, BMI/age%. growth pattern of child (individual growth pattern, expected growth for age) • 24 Month Hgb/Hct results and implications, Iron rich foods, Vitamin C • Lead results (if available) and implications, if no Lead results available recommendation for screening • Caregiver reporting of child's adherence to recommended immunization schedule • Child's exposure to secondhand cigarette smoke • Health Concerns: Medical Conditions/Diagnoses, Medications (prescription, OTC), Vitamin/Mineral Supplementation, Herb/Herbal Supplement use • Dental Concerns: Oral Hygiene, Dental Home, Fluoride Sources and Supplementation • BF status • Weaning from bottle/"sippy" cup • Importance of using "regular" cup • Importance of transitioning from whole milk to reduced, low fat, non-fat • Upcoming changes to child's food package • Self-feeding status • Developmental readiness for utensils • Family hx of food allergies, current use of high allergy foods, • Assess child's willingness to try new foods/textures and family plan for handling this issue • Food Jags • Exposure to and influence of peer eating (child care, preschool)	Optional, if appropriate: Support for BF toddler or weaning Picky eating vs normal waxing/waning of food intake Child Eating at Daycare or Head Start Family Care/Foster Care Caregiver directed concerns/questions Referrals: As appropriate, See SWIS Manual Appendix A ***Carried over from previous column: • Juice intake, use of 100% juice vs other CHO containing fluids • Food Safety, Fish Advisory, Listeria • Importance of meal/snack planning, family meals, and role modeling • Division of Responsibility in Feeding Relationship • **Physical Activity** • Food Security	Documentation **Standard Documentation:** Screen: 113 Contact Type: PI or PG Main Concern: Date of appt, Caregivers report of current feeding practices, pattern of feeding, non-protocol topics discussed, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), caregiver's comprehension/receptiveness, plan for follow-up, identify protocol topics not discussed Topics: As appropriate Handouts: As appropriate Weight Gain Grid **If High Risk:** Screen:113 Contact Type: PI or PG Main concern: Date, See Progress Notes, Optional: List of risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: SOAP format for documentation Date S: Subjective statements of caregiver relevant to risk factors determined and nutrition education provided O: Current: weight, length, Medical Dx/Condition A: SWIS risk factor, assessed or anticipated risk determined, caregiver's comprehension/receptiveness, expected compliance (or barriers), medical support/ follow-up caregiver is receiving P: Topics/issues discussed, goals set, plan for follow-up on current issues, identify protocol topics not discussed Nutritionist's Signature

Child Second Contact (over age 2 years)		
Topics: • Follow-up on caregiver's concerns, child's risks, and any goals/plans made during previous primary nutrition education • Discuss topics identified as not covered during previous primary nutrition education • Inquire into any changes in health or nutrition status since previous primary nutrition education • Medical Documentation needed for recertification at 24 months of age	Optional, if appropriate: Support for BF toddler or weaning ID, Income, Residency Documentation needed at 18 months of age if not already reviewed by Program Assistant Caregiver directed concerns/ questions Newsletter or seasonal topic if no lingering issues noted by caregiver or Nutritionist Referrals: As appropriate, See SWIS Manual Appendix A	Documentation **Standard Documentation:** Screen: 113 Contact Type: SI or SG Main Concern: Date of appt, progress in relation to goals previously set, nutrition plan and goals set if necessary, referrals made, expected level of compliance (or barriers), plan for follow-up Topics: As appropriate Handouts: As appropriate **If High Risk:** Screen:113 Contact Type: SI or SG Main concern: Date, See Progress Notes, Optional: Additional risk factors Topics: As Above Handouts: As Above Screen: 114 or 115: Date Current weight/length if available; changes in: medical status, medications, vitamin/ mineral supplementation; topics/issues discussed; progress in relation to goals previously set; if appropriate: medical support/follow-up caregiver is receiving, new goals set, caregiver's comprehension/receptiveness, expected compliance (or barriers), plan for follow-up on current issues Nutritionist's Signature Best Practice: SOAP format for documentation

Nutrition Services Documentation

The Who, Why, What, When & How of it All!

Outline of what we have to share…

- **Who?** Nutrition services documentation subcommittee
- **Why?** Federal mandate, VENA plan and…It makes sense!
- **What?** Guidelines for clear, consistent documentation
- **When?** As soon as we can- target January 2010!
- **How?** After this training you should know!

The Who

- Nutrition Services Documentation subcommittee members:
  - Caroline Cooke
  - Deb Diehl
  - Mary Paige
  - Bina Patel
  - Marge Chambers
  - Marilyn Lonczak

Has this ever happened to you?

- **No** previous notes in computer or chart?
- **Not enough** information in Main concerns, Progress or SOAP note?
- **Too much** information in Main concerns, Progress or SOAP note?
- **Did not understand** what was written in Main concerns, Progress or SOAP note?

If you answered "yes" to any of the following have we got some good news for you!

The WHY?

FNS issued

WIC Policy Memo in July 2008

It is included in the State Plan and VENA Implementation Plan

USDA

United States Department of Agriculture
Food and Nutrition Service

Northeast Region

Date: JUL 14 2008

Subject: WIC Nutrition Services Documentation Policy
NESF-31-8

To: ALL STATES

This policy memorandum identifies the purpose, necessary elements and outcomes for nutrition services documentation in the WIC Program, and is provided for your information and implementation.

Background

WIC nutrition services include nutrition assessment and risk assignment, nutrition education, breastfeeding support, food package prescription, referrals, and related follow-up. Quality documentation, which may be electronic or paper based, facilitates the delivery of meaningful nutrition services and ensures continuity of care for WIC participants.

The Food and Nutrition Service is issuing this policy memorandum to assist State agencies in the development of documentation policies and procedures that meet Federal documentation requirements (see Attachment I) and enhance the delivery of quality nutrition services. Establishing quality documentation policies and procedures improves program integrity and coordination with the health care community, and further builds on Value Enhanced Nutrition Assessment, WIC Nutrition Services Standards and WIC Nutrition Education Guidance. Quality documentation is critical for the continued success of the Program and supports the ongoing process of revitalizing Quality Nutrition Services in WIC.

Nutrition Services Documentation Purpose

Documentation provides invaluable information for managing and evaluating services delivered. It is the primary means by which WIC staff communicates with each other about individual participants. Its purpose is to ensure the:

- quality of nutrition services provided by identifying risks and/or participant concerns, facilitating follow-up and continuity of care (enabling WIC staff to "pick-up" where the last visit ended by following-up on participant goals, reinforcing nutrition education messages, etc.); and
- integrity of the WIC Program through documentation of nutrition services data used for eligibility determination and WIC Participant and Characteristics reporting.

10 Causeway St., Room 501 ■ Boston, MA 02222

Purpose of Standardization

Nutrition Services Documentation Purpose

Documentation provides invaluable information for managing and evaluating services delivered. It is the primary means by which WIC staff communicates with each other about individual participants. Its purpose is to ensure the:

- quality of nutrition services provided by identifying risks and/or participant concerns, facilitating follow-up and continuity of care (enabling WIC staff to "pick-up" where the last visit ended by following-up on participant goals, reinforcing nutrition education messages, etc.); and
- integrity of the WIC Program through documentation of nutrition services data used for eligibility determination and WIC Participant and Characteristics reporting.

The What: Guidelines

USDA Policy

- Consistent – establishes standards/protocols to which all staff must adhere;
- Clear – is easily understood (by other WIC staff) using documentation abbreviations, etc., as established by the State and/or local agencies;
- Organized – follows an established order (e.g., anthropometric data is located in the same place in each chart) and minimizes duplication;
- Complete – creates a picture of the participant, describes or lists the services provided over time, and outlines a plan for future services; and
- Concise – contains minimum extraneous information.

CT Guidelines

- Used these above principles, in addition CT assessment forms and ReNEW materials to develop CT Guidelines
- Comprehensive, can be used for several purposes… new staff training, reference material for Nutritionists and to identify additional Nutritionist training needs.

The What: Guidelines

Organized by:

- Participant Category
- Visit type e.g. 1st trimester prenatal

Includes:

- Standard topics
- Additional/unusual topics
- Required and high-risk documentation
- Glossary of common charting abbreviations
- "Catch- phrase" list

General Information

- Nutrition Program
- Prospective participant must meet eligibility requirements (category, income, residency, etc)
- Hours of operation and appointment policy (flexible to participant needs)
- Limited medical information will be required
- Must be evidence participant is receiving on-going healthcare
- WIC promotes breastfeeding as the optimal choice of infant feeding
- WIC cannot provide more than 3 months of checks at one time
- Frequency of visits is determined by a Nutritionist based on the nutrition assessment process
- Checks are issued to purchase selected amounts (**supplemental**) and types of foods
- Nutrition education will be offered at each visit

Initial Visit

Interview with Program Assistant

- Greet and welcome participant appropriately
- Identity, Income, Category, Residency
- Certification Form (participant's name, height/weight, bloodwork), Crib Card, Proof of Pregnancy, Medical Documentation Form
- Voter Registration
- Document appropriate information
- Explain WIC ID card
- Alternate Policy

Interview with Nutritionist

- Introduce self
- Establish rapport
- Set expectations/plan of time/events of visit
- Verify medical information
- Conduct nutrition assessment/determine risk(s).
- Develop nutrition care plan and prioritize intervention
- Offer appropriate nutrition counseling. Nutrition Education should be participant centered, but not participant driven. Choose topics of interest to the family to engage them in dialogue, but balance with information on risks identified.
- Steer participant towards goal setting
- Make appropriate referral(s)
- Select and assign appropriate food package; Anticipatory Guidance for upcoming categorical food package changes
- Determine frequency of visits (check issuance)

What's in it for you?
What's in it for us?

- Consistency in local agencies **AND** Statewide- allows for improved quality assurance at both local and State levels
- Reduces redundancy – on multiple levels
- Improves continuity of care for participant
- Increased ability to track behavior change over time as result of nutrition education provided (State level)
- Use as blueprint for new computer system

You may have some concerns…

- Wow, this is way too much information
  - All this information should be covered during visits, now this document just organizes and provides resource in ONE place
- Limits Nutritionist's flexibility
  - ADA went to Nutrition Care Process Model
- How can we do this AND everything else?
  - Once this is implemented, it will be a time saver, and maximize staff resources

The When

ASAP! Target January 2010 start phasing in this approach

The How: Let's Practice

- Split into local agency groups, large agencies (like NH WIC) split into 2 groups with representation of each site in each group…
- Let's work through these scenarios together to see how it should work!
- Remember, we are looking for progress not perfection!
- Make sure to record comments/questions on note cards
- Final comments on guidance document due in two weeks.

Pre-School lessons still apply…

At the table in the kitchen, there were three bowls of porridge. Goldilocks was hungry. She tasted the porridge from the first bowl.

"This porridge is too hot!" she exclaimed.

So, she tasted the porridge from the second bowl.

"This porridge is too cold," she said

So, she tasted the last bowl of porridge.

"Ahhh, this porridge is just right," she said happily and she ate it all up.

Prenatal: 1st trimester entry to WIC

- 11 wks gestation w/3rd child, has some N/V esp w/PNV
- Wt gain and bld wnl
- Not a big milk drinker, loves soda and coffee
- Interested in BF though never BF other 2 kids, worried that BF hurts and boobs will sag

Not enough

10/1/09 Rev PG1. Rev BF benefits. F/u 1-10. DD

Too much

10/1/09 Mom is 11 wks gestation and has had a good wt gain of 3# so far. Rev wt gain goals and prenatal wt gain grid. Mom reports some N/V and that lemon is helping. Rev comfort measures for N/V. Enc sm freq meals and crax at bedside. Mom thinks PNV is making N/V worse, encouraged to talk to MD and consider alternate vit/min. Enc to try taking PNV w/food at nite. Mom is excited about this pregnancy and is hoping for a girl. Mom reports she only drinks milk in her cereal. Rev Ca recs and other hi Ca sources. Rev Ca handout. Mom loves coffee and soda, rev effects of caffeine and rec >water and rev other healthy bev choices. Mom never BF her other 2 kids who now live in Ecuador, but may be interested in BF. Mom is worried BF will hurt and \her "boobs will sag" since that is what her neighbor said. Rev BF myths and benefits and enc to sign up for BF class closer to EDD in May. See nutr 1-10. DD

Just right?

10/1/09 Rev PG1. Rev wt gain wnl/goals. Mom reports eating well, some N/V esp. w/PNV. Enc to take PNV at nite w/food. Enc. to discuss alternative vit suppl. w/MD. Rev Ca rec's and other hi Ca sources as mom not a big milk drinker. Mom loves soda and coffee, rev healthier bev choices and caffeine recs. Mom unsure, but open about BF-she heard it hurts and her "boobs will sag". Rev BF myths. Enc to consider BF class. See nutr 1-10. DD

Case Study: Prenatal 2nd trimester

- 5’, PPG wt: 110, CBW: 150 lbs, 5 mo pregnant, single mom with 5 year old child who has delayed speech.
- Mom receives no prenatal care d/t lack of health insurance.
- Smokes ½ ppd, going to be evicted soon, has SNAP services
- Problem with Food access- consumes diet high in calories and fat- eats 3-4 times out at fast food places.
- High maternal weight gain. Contemplating breastfeeding this time, if baby latches.
- Referral to child support etc…

Just right?

10/19/09:

S: Pregnant mom concerned about son speech delay, lack of resources, unstable living situation and not eating well.

O: See chart. Est. GA 24wks, no prenatal care, no H/H

A: -Needs assistance w/prioritizing issues; Nutritionist assigned high risk d/t multiple risk factors

-Need to enroll in HUSKY/Healthy Start and start prenatal care

-Food insecure

-Inadequate diet: low in Ca, F/V servings, high in Cal. &fat

-Smoking (1/2 ppd) 2nd due to current stressors

Just right cont…

P:-Helped set priorities

-Referred to HUSKY, instruct client to bring medical info/verification/ HCT/HGB next time

-Acknowledge her decision to consider bf; open to further disc.

-Provided referrals to Child Support Enforcement Program, Housing Authority & Food Pantry

-Next visit F/U on prenatal care and other referrals, wt gain, Review PG2; Enc. home prepared meals, adding cheese & yogurt to diet; rev tobacco use, & BF how to.

Bina Patel,R.D

Case Study: New Child

- Recently unemployed single mother, Husky pending, referred to SNAP
- BMI 95% not perceived as problem by mother
- Diet high in fat and sugar, low in veggies. Eats unheated deli meats. Drinks excessive juice ad lib in sippy cup and wcm.
- Mother concerned re: picky eater. Unreceptive to DOR at this time.
- Willing to try 2% milk, more nutritious snacks, allow child select veggie to try, Sesame St kit
- Did not discuss listeria or excessive TV

Just right?

10/1/09

Rev CFG, 3 y.o. BMI 95%. Mom does not perceive as a problem. Mom's main concern is picky eater. Began to discuss DOR. Mom not receptive at this time. Plan: More nutritious snacks, 2% milk, ad lib water (vs. juice) in sippy cup, child select veggie to try, Sesame St kit. Discuss unheated deli meats and excessive TV next appt and progress w/ cup use. f/u on referral to SNAP. MP

Case Study: BF mom and baby mid-certification

- Mom BF exclusively, considering formula supplement D/T decreased milk supply
- At 6.5 mo of age infant eating wide variety infant foods 3+xs/day, plus infant finger foods and juice (from cup)
- Infant getting liquid multivit w/Fe and Vit D daily
- Parents concerned about infant growth (Birth = 7# 4oz, 6 mo = 15# 1oz)
- Mom eats “when she has time to”, describes her health as “okay”
- Mom is not taking meds or vitamins

Just right? BF Infant

10/1/09- Rev IFG-4-8; & BFG. Rev Gr Chart, WNL & gave copy for Dad (concerned “baby too skinny”). Mom cont to BF, considering starting formula supplement D/T decreased milk supply. BF 5x/day, solids 4+x/day. Disc BF as most impt nutr/hydr source, enc BF first, offer solids after. Mom receptive. No formula checks at this time, monitor milk supply for adeq calories. F/u next month re: feeding patterns & milk supply. CCooke

Just right? BF Mom

10-1-09 Rev BFG. Mom cont to BF, considering starting formula suppl., d/t decreased milk supply. See infant's note. Reinforced importance of Mom's self-care. Husband is supportive. Mom seems to comprehend and is receptive to tips. F/U next month.

Case Study: New infant enrollment

Mother's Background:

- Brenda is 22 years old, first pregnancy, enrolled in WIC during her first trimester.
- Enrolled in HUSKY and SNAP.
- Appetite is good, no clue of basic nutrition principles but interested in learning.
- Father of the baby not involved, family issues, living at home and works p/t.
- Assigned risks: Hx of cigarette smoking increased to ½ pack/day for the last 2 years but decreased since pregnancy. Referred to smoking cessation program.

Case Study: New infant enrollment

Infant Background:

- Delivery went well. Seemed less anxious today.
- At birth baby weighed, 6 lbs 12 ounces, and was 18 inches long.
- Received Good Start in the hospital and is tolerating the formula.
- Mom is not sleeping a lot because she has been feeding the baby every 3 hours.
- Her family is helpful with the baby and told her that the baby will sleep longer if she adds some cereal to the formula. Mom expresses concern about adding cereal to the bottle.
- She did not follow up on previous referral for parenting support because she felt uncomfortable.

Just right?

10/1/09 Rev IFGC. Delivery went well. Mom tired, but less anxious. Skeptical about f/u on previous referral b/c family more supportive. Baby on GS since delivery (5 days). Mother concerned about fdg amounts, want to start cereal. Discouraged adding solids, smoking around the baby, mother receptive. F/u in 2 months. MC

Larger documentation themes

- Documentation by exception
- Decrease repetition and improve efficiency
- Justification for social priorities
- What to do about family with multiple members and group education?
- Interrelationship between risks
- Participant goal setting vs. Setting goals for participants
- Who is documentation for?

Future Plans

- Follow-up with S.M.A.R.T documentation (adapted from VT)- May not be appropriate for ALL participants
- Looking at behavior change
- Readiness for change

State of Connecticut WIC Program Abbreviation Listing

Ab	abortion
Abn	abnormal
Appt	appointment
ASAP	as soon as possible
BBTD	baby bottle tooth decay
B/c	because
BCP	birth control pill
b-day	birthday
b/f	before
BF	breastfeed/breastfeeding
BID	twice a day
Bld	blood
BMI	body mass index
Bm/Bms	Bowel Movements
BW	Birth Weight
BW	Blood work
C	cup
C/O	complain of
Ca/Ca+	calcium
Caff	Caffeine
Cc	cubic centimeter
Cal	calorie
Cert	certification
CFG	Child Feeding Guide
Cks	Checks
Cho	carbohydrate
CIB	Carnation Instant Breakfast
Cigs	cigarettes
Cm	centimeter
Conc	Concentrate
Cont	Continue
Ctx	contractions
C/S	cesarean section
C/S	Child Support
D/C	discontinue or discharge
D/t	due to
DCF	Dept Children & Families
DDS/DDM	dentist
decr	decrease
DIA	Declined Initial Appointment
DM	diabetes mellitus
Disc	discussed
DOR	division of responsibility
Dx	diagnosed
Excl. BF	Exclusively BF
Ed/Edu	Education
Enc	encouraged
Etoh	alcohol
ER	emergency room
F,V,C	fruit, vegetable, cereal
F/u	follow-up
FB	Food Bank
Fds	Foods
Fdg	Feeding
Fe/Fe+	iron
FF	Formula Feeding
FH	family history
FM	Farmers Market
Fmom	Foster mom
FOB	Father of baby
FOD	feeding on demand
For 20/20	for 20 minutes on each side
FR	fluid restriction
FS	finger sticks
FT	full term
FTT	Failure to Thrive
G	gram
Ga	gestational age
GAA	gestational age adjustment
GDM	Gestational Diabetes Mellitus
Gluc	Glucose
Gma	grandma
Gpa	grandpa
GS	Good Start
G-tube	gastrostosomy tube
gtt	glucose tolerance test
H2O	water
h/o	history of
HBP	high blood pressure
HC	head circumference
HCP	health care provider
Hct	hematocrit
Hgb	hemoglobin
H&H-H/h	Hemoglobin and Hematocrit
Hi	high
HR	high risk
Ht	height
HTN	hypertension
Hx	history
Hydr/Hydra	Hydration
Hyg	hygiene
Ifg	infant feeding guide
IFG (0-4 m)	Infant feeding Guide (0-4)
IFIF	Iron Fortified Infant Formula

Impt	Important
incr	increase
Intro	Introduction/introduce
IUD	intrauterine device
IUGR	Intra Uterine Growth Retardation
J-tube	jejunosomy tube
jc	juice
Kg	kilogram
Lg	large
Lb	pound
LBW	low birth weight
LF	low-fat
Lx	liquid
Mg	milligram
Min	mineral
Ml	milliliter
MVI	Multivitamin
Na+	Sodium
NGS	Nestle Good Start Gentle Plus
NGS soy	Nestle Good Start Soy Plus
nka	no known allergy
Npo	nothing by mouth
Nutr	nutrition or nutritionist
n&v	nausea and vomiting
N/V/D/C	Nausea, vomiting, diarrhea, constipation
nec	necrotizing enterocolitis
OCA	oral contraceptive agent
Orient	Orientation
OTC	Over the counter (medication, vitamin, etc)
Oz	ounce
Pb	lead
PCP	Primary Care Provider
Pedi	Pediatrician
PFG	Prenatal feeding guide
Preg	Pregnant
Pls Note	Please Note
PN	prenatal
PNMVI	Prenatal Multivitamin
PNV	prenatal vitamin
Pos	Positive
PP	postpartum or physical presence
PPFG	Post Partum Feeding Guide
PRN	as necessary
Pro/Prot	protein
Pt	participant
Pwd	Powder
Qh	every hour
Qd	every day
Qid	Four times a day
R/t	related to
Rec	recommend
Recs	recommendations
Ref	referred
Rev	reviewed
Rsn	reason
SAb	spontaneous abortion
SB	still born
S/P	Status Post
STD	sexually transmitted disease
Suppl	Supplement
SW	Social Work
Tab	tablet
TAb	therapeutic abortion
Temp	temperature
tf	tube feeding
TID	Three times a day
tx	transfer
Veg	Vegetable
VLBW	Very Low Birth Weight
VVLBW	Very Very Low Birth Weight
W/O	without
W/	With
wnl	within normal limits
Wcm	whole cow's milk
Yo	year old
#	Pound (s)
??s	questions

SECTION: Nutrition Services

SUBJECT: Nutrition Care Plan

Federal Regulations: §246.11 (e)(5)

WIC Nutrition Services Standards: Standard 14

POLICY

A nutrition care plan shall be developed and implemented by a nutritionist for each high-risk participant and for each participant who wishes to have such a plan.

Document the nutrition care plan in the Connecticut WIC Information System (CT-WIC).

The WIC local agency should be consistent on where nutrition care plans are documented. It is preferred that nutritionists use the S.O.A.P. note format for the initial note for high-risk participants in the Nutrition Education screen.

At a minimum, include a follow-up note describing the participant's progress in achieving the agreed upon objectives.

At the discretion of the nutritionist, a nutrition care plan does not need to be developed or implemented for an individual whose current condition does not warrant it. The reason(s) for such determinations shall be documented in CT-WIC Nutrition Education by the nutritionist.

SECTION: Nutrition Services

SUBJECT: High Risk Participants

Federal Regulations: §246.7(e) 1-4; WIC Policy Memorandum 98-9, Revision 10

Nutrition Services Standard: 7

POLICY

High-risk participants are participants satisfying one or more of the following criteria:

High Risk Pregnant Women:

- Teenager ≤15 years or 16 to 19 years if within 3 years of menarche
- Interval since last pregnancy ≤12 months
- Diagnosed disease requiring special therapeutic diet
- Inadequate preconceptional weight/height (≤80%standard)
- Inadequate weight gain during pregnancy (≥6 lbs. below preferred weight gain range on prenatal weight grid)
- Poor obstetrical history characterized by prior low birth weight infant or neonatal death or multiple spontaneous abortions, including fetal deaths
- Smoking (≥2 packs per day), alcohol consumption (≥2 drinks per day), drug abuse
- Multiple pregnancy

High Risk Postpartum/Breastfeeding Women:

- Alcohol consumption (≥2 drinks per day)
- Drug abuse
- A teenager ≤15 years or 16 to 19 years if within 3 years of menarche
- Diagnosed chronic disease requiring special therapeutic diet
- Poor obstetrical history characterized by low birth weight infant or neonatal death or multiple spontaneous abortions, including fetal deaths

High Risk Infants/Children:

- Infants up to 1 year of age who were <5.5 pounds at birth
- Failure to thrive (Infants)
- Diagnosed chronic disease requiring special therapeutic diet
- Serious nutritional anemia (Hgb≤10 grams/dl or HCT ≤31%)
- Weight for length ≤5%ile (Infants)

Participants with any other documented condition which, in the professional judgment of the CPA or referring physician, warrants the development of a nutrition care plan.

SECTION: Nutrition Services

SUBJECT: Guidelines for Breast Pump Issuance

POLICY

The WIC Program provides electric or manual breast pumps to participants that meet minimum criteria established by the Connecticut WIC Breastfeeding Committee. WIC local agency staff should follow breast pump issuance guidelines when providing breast pumps. This policy covers:

- Coordination with HUSKY Health (Connecticut Medicaid)
- Guidance for Managing Issues with HUSKY Health Provided Breast Pumps
- Issuing a WIC Breast Pump when a HUSKY Health Breast Pump Malfunctions/Breaks
- How to Obtain Different Size Flanges for HUSKY Health Provided Breast Pumps
- Minimum Criteria for WIC Breast Pump Issuance
- Guidelines for Issuance of a WIC Breast Pump
- Other Considerations
- References

Coordination with HUSKY Health

HUSKY Health covers manual breast pumps (E0602) and electric (E0603, AC and/or DC) breast pumps with a health care providers' prescription. For HUSKY Health members to obtain a hospital-grade electric breast pump, a prescription and prior medical authorization is required. Code E0604 should be used.

At the current time, the State has two (2) DME (Durable Medical Equipment) vendors to fill requests for HUSKY Health hospital grade breast pumps. They are:

Yummy Mummy (Covers all of CT)

1201 Lexington Ave

New York, NY 10028

Website: http://yummymummystore.com

Ph: (855) 879 8669

Arrow Pharmacy (Covers St. Francis patients or East Hartford area)

1st floor St. Francis Hospital

114 Woodland St, Hartford, CT 06105

Ph: (860) 527 2800

The HUSKY Health hospital grade breast pump policy can be found on the HUSKY Health webpage, www.huskyhealth.com, under the providers tab, Policies, Procedures and Guidelines link on the left navigation bar.

According to the *United States Breastfeeding Committee's Model Policy: Payer coverage of Breastfeeding Support and Counseling Services, Pump and Supplies* there are varied situations where a hospital grade pump would be the appropriate pump upon discharge from the hospital, which include the following circumstances listed below. Please consult the HUSKY Health policy above for more details on clinical coverage guidelines in Connecticut.

- When the infant is premature at 24-34 weeks of gestation, and the mother is pumping breast milk, awaiting the baby's ability to nurse directly from the breast, or
- When the infant is premature at 35-37 weeks of gestation and continues to experience difficulty coordinating suck and swallow, and the mother is pumping breast milk awaiting the baby's ability to nurse directly from the breast, or
- For infants with cleft lip and/or palate who are not able to nurse directly from the breast, or
- For infants with cardiac anomalies or any medical condition that makes them unable to sustain breast feeding due to poor coordination of suck and swallow or fatigue, or
- For multiples (including twins), until breast-feeding at the breast is established consistently, or
- When the mother has an anatomical breast problem, which may resolve with the use of a breast pump, such as inverted nipples or mastitis, or
- For any infants for medical reasons who are temporarily unable to nurse directly from the breast, such as NICU babies, or during any hospitalization of the mother or baby which will interrupt nursing, or
- When the infant has poor weight gain related to milk production and pumping breast milk is an intervention in the provider's plan of care and infant has a documented weight loss of 7% or greater despite use of conventional breast pump

As a reminder, in most cases, the personal use, double electric breast pumps are ideal for a mother with **an established milk supply.** For example, a mother returning to work or school with daily (8 hour) separations from her healthy infant(s).

Before issuance of a WIC breast pump, WIC local agency staff **must** inquire if WIC participant covered by HUSKY Health received a prescription for an electric breast pump from the hospital or their health care provider.

As a reminder, WIC local agency staff should discuss the following information with women planning to take advantage of the HUSKY Health breast pump referral/benefit OR as normal procedure for issuance of WIC electric or manual breast pumps

- **Moms are advised to bring baby to breast often during the early postpartum period**
- **Moms are counseled on the importance of draining the breast** as baby nurses, learning about their baby's personality and nursing style, latch and position, realistic expectations about what the early postpartum breastfeeding experience will be like for them individually (hormone shift, discomfort from delivery, sleep deprivation)
- **Moms are provided information on importance of support systems within their friend/family circle** in addition to community support VNA, Lactation Consultants, La Leche League (LLL)

Guidance for Managing Issues with HUSKY Health Provided Breast Pumps

The Connecticut Department of Social Services cannot endorse any specific brand of breast pump. HUSKY Health members are therefore subject to what is available from the Durable Medical Equipment (DME) vendor. A specific brand of pump should only be dispensed if it is written on the prescription.

At times, WIC participants do report problems with either *obtaining* HUSKY Health breast pumps or with the *functioning* of their HUSKY Health issued pump to WIC staff. Since these were provided as a benefit of HUSKY Health we can assist participants with rectifying their issues by referring back to their plan as follows.

The following information must be collected in order to best help our participants:

- Mother's name
- HUSKY ID # for both mom and baby
- Reason for requesting assistance or specific trouble with pump

Please refer to *Guidance for WIC Staff regarding HUSKY Health Coverage of Breast Pumps* to determine who to contact. **This contact information is for WIC Staff Use only.** Participants may be directed to call Member Services at 1-800-859-9889.
Please copy the WIC State agency Breastfeeding Coordinators on any e-mail correspondence with the Community Health Network of Connecticut (CHN-CT) which is the State's contracted health plan.

marilyn.lonczak@ct.gov
pamela.beaulieu@ct.gov

In some cases when pumps have broken or malfunctioned, the HUSKY Health issued a replacement. Further assistance can be received from the pump companies directly.

Ameda ParentCare

1-866-992-6332 / 1-866-99-AMEDA
ParentCare@ameda.com
Hours of Operation: Monday - Friday 8:00AM– 5:00 PM, Central Standard Time (CST)
http://ameda.com/about-ameda/contact-us/

Medela Customer Service

1-800-435-8316
Hours of Operation: Monday-Friday, 7:30 AM – 7:00 PM, Central Standard Time (CST).
http://www.medelabreastfeedingus.com/customer-service
In most cases, moms' would need to call for themselves to be advised by a representative.

Issuing a WIC Breast Pump when a HUSKY Health Breast Pump Malfunctions/Breaks

If/when this happens WIC staff should:

1. Determine if the pump is actually broken or some other reason is the cause i.e. in appropriate use, faulty connections etc..., use the above guidance to help participant troubleshoot problems.
2. If the pump is defective, contact CHNCT at 1-800-440-5071 to see if a replacement can be ordered; if it can but there will be a wait of 1-2 weeks for a replacement, use professional judgment to determine the course of action.
3. In most cases, a manual pump from WIC should be sufficient. However, there may be extenuating circumstances that require a different solution.
4. Last option would be to issue a WIC personal use, electric breast pump if necessary. Place a call or e-mail State WIC Breastfeeding Coordinators before a replacement WIC pump is issued. Document the rationale for decision made.
5. Call or e-mail State WIC Breastfeeding Coordinators before a replacement WIC pump is issued if you have questions.

How to Obtain Different Size Flanges for HUSKY Health Provided Pumps

Often times, moms may require different size flanges for HUSKY Health issued breast pumps. When this occurs, WIC staff should let the participant know to contact her physician to obtain the correct size flange. Once this prescription is received, it should be forwarded to the DME provider.

The DME provider will submit a Prior Authorization (PA) request marked URGENT to CHNCT under the code E1399, as there is no HCPCS code for this item. CHNCT will expedite these PA requests (48 hour on average) if it is marked URGENT and with the explanation that the participant cannot properly express milk from the breast because the flanges included with the initial breast pump were an incorrect size.

As always, WIC Staff can refer HUSKY members to CHNCT Member Services at 1-800-859-9889. WIC staff can assist participants by contacting one of the CHNCT staff members directly during a WIC visit.

Minimum Criteria for WIC Breast Pump Issuance

In order to be issued an *electric breast pump*, from the WIC Program a breastfeeding woman must meet all of the following criteria:

- Currently a WIC participant.
- At least four (4) weeks postpartum and breast milk supply is established, **unless as determined and documented by a WIC Nutritionist or Certified Lactation Counselor.**
- Separated from infant for a significant amount of time on a regular basis **unless as determined and documented by a WIC Nutritionist or Certified Lactation Counselor.**
- Does not require a hospital grade pump.
- Is not eligible for insurance coverage of an electric breast pump.
- After instruction, the woman demonstrates understanding of the use and care of the breast pump.

A manual breast pump may be issued to a breastfeeding woman who meets the following criteria:

- Currently a WIC participant.
- Preferably, breast milk supply is established and mom is returning to work or school on a part time basis. Exceptions can be made on an individual basis at the discretion of the nutritionist.
- Does not require an electric pump and would benefit from a manual pump.
- Is not eligible for insurance coverage of a manual pump.
- After instruction, the woman demonstrates understanding of the use and care of the breast pump.

Guidelines for Issuance of a WIC Breast Pump

- Electric breast pumps are intended for a breastfeeding woman who is returning to work or school or has an extenuating circumstance that would separate her from her infant for a significant amount of time on a regular basis. A manual pump is recommended for a woman who is separated from her infant for up to 20 hours per week.
- Ideally, a candidate for a breast pump is <u>exclusively</u> breastfeeding. At the discretion of the Nutritionist, a small supplemental food package may be issued.
- A candidate for a breast pump should be willing to fill out the participant breast pump questionnaire and a follow-up questionnaire.
- A candidate for an electric breast pump should be willing to view an instructional video explaining the assembly, use and care of the breast pump. After viewing the video, she should demonstrate her understanding of its assembly, use and care.
- A candidate for a manual breast pump should be willing to receive instruction regarding the assembly, use, care of the pump, and demonstrate her understanding of its assembly, use and care.
- A candidate must read and sign the breast pump release form. When appropriate, a nutritionist may read the form to the participant.

It is the expectation of the WIC state agency that breast pump surveys are kept in a separate file and the Breastfeeding Coordinator tracks and tallies the surveys for quality assurance purposes.

Results of the surveys should be forwarded to the State Breastfeeding Coordinators along with the annual local agency plan submission.

Other considerations

WIC local agency staff should be aware there are some women who are uncomfortable bringing baby directly to breast and desire to pump their breast milk only. Although it cannot be assumed, some of these women may have experienced either physical or sexual abuse[1]. Individual assessment of all breastfeeding mothers is crucial to provide accurate information and referrals and to prevent incorrect use of pumps and other equipment.

For exclusively pumping mothers, WIC local agency staff must review the signs and symptoms of plugged ducts and mastitis. Discussion about the mom's intention to exclusively pump should also be addressed, with a focus on the difference between breast pumping and breastfeeding. More challenging situations should be discussed with the Breastfeeding Coordinator and fellow colleagues to incorporate a team approach to breastfeeding support and improve skills and knowledge of the entire group.

Resources:

United States Breastfeeding Committee, National Breastfeeding Center. *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies.* Washington, DC: United States Breastfeeding Committee and National Breastfeeding Center http://www.usbreastfeeding.org/Portals/0/Publications/Model-Policy-Payer-Coverage-Breastfeeding-Support.pdf

Rhode Island WIC Program, Procedure Manual Section 440.1, WIC Electric Breast Pump Distribution Medical Necessity

US DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services. *Medicaid Coverage of Lactation Services*, Issue Brief; 2012. http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Lactation_Services_IssueBrief_01102012.pdf

California WIC Association, *Opportunities for Nutrition and Breastfeeding Interventions Under Health Care Reform* - Brief, May 2012.

California WIC Association, *Ramping Up for Reform - WIC Breastfeeding Toolkit*, February 2012

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[1] Kendall-Tackett, K. Breastfeeding and the Sexual Abuse Survivor. Journal of Human Lactation. 1198, Vol 14, 125-130.

CONNECTICUT WIC PROGRAM:
GUIDELINES FOR BREASTFEEDING PROMOTION & SUPPORT

Overview:

The Connecticut WIC Program Guidelines for Breastfeeding Promotion and Support consist of five (5) focus areas and outline local agency expectations and best practices for WIC breastfeeding services. The five (5) areas include:

1. Breastfeeding Linkages
2. Clinic Environment-Comfort and Safety
3. Learning Environment (Participant and Support People)
4. Staff Education on Breastfeeding
5. Food Package Policies that Support Breastfeeding

The Guidelines were adapted from the Iowa WIC Program, developed, and approved by a joint workgroup of State and local agency staff in the late 1990's. Since that time, updates to these Guidelines were made, most notably in 2009 with the implementation of the Interim WIC Food Package Rule, which included major changes to the WIC Food Packages.

The 2015 version includes additional updates required by the implementation Final WIC Food Package Rule, and also includes changes to some of the focus areas in order to reflect current recommendations and/or resources.

It is expected that all local agencies are aware of and incorporate these guidelines into WIC daily operations related to nutrition and breastfeeding services. Compliance in each area will be evaluated during State agency monitoring and during the Local agency conducted Off-Year Self-Assessment. The outcome of these should be included in the Local Agency Plan. At a minimum, these Guidelines will be reviewed every other year by the State and Local Agency Breastfeeding Coordinators' workgroup to ensure accuracy and to update with current recommendations or evidenced-based information.

Breastfeeding Linkages

Introduction:	WIC local agencies are expected to form linkages with public and private health care providers, the educational system, and community organizations to promote breastfeeding and to provide needed support for breastfeeding women.
Benefit of Linkages:	A collaborative approach to breastfeeding promotion and support can create a strong, supportive network of individuals and agencies providing accurate and consistent information to women and helping to ensure efficient and effective use of available resources.
Potential Linkages:	These linkages can be formed through local networks, task forces or steering committees, and may include, but are not limited to: • Physicians • Lactation Consultants • Public Health Nurses • Home health workers • Local Health Director, health educators • Shelters/ Homes for unwed mothers • Fathers and other family members • Mothers who have breastfed • Obstetric nurses from the community hospital • La Leche League (LLL) leaders and other lay educators • Breastfeeding USA • Extension Service staff • Family planning providers • Public school teachers involved with family life education courses • Representatives from school health curriculum committees • Leaders from business and industry (e.g., Chamber of Commerce, small business association) • Judicial system – agencies serving women in transition from prison; law enforcement officers • Public libraries • Support for Pregnant and Parenting Teens (SPPT) Program
Establishing and Maintaining Partnerships:	1. Contact and keep updated information on potential partners breastfeeding educators, other community health care providers and other stakeholders. 2. Meet to discuss specific interests and needs of partners. 3. Establish frequency and mode of communication (e.g., quarterly meetings)
Activities:	Possible activities for local partners include: • Update partners on program or organization's breastfeeding

	activities • Invite partner(s) to participate in Breastfeeding Awareness Month event • Conduct surveys/questionnaires of health care providers and participants (separately) to identify support systems/resources in community, pump availability, insurance coverage, workplace support/barriers • Develop a community breastfeeding resource list • Update partners on current breastfeeding laws • Conduct local breastfeeding promotion campaigns • Contact local media to publish articles and air public service announcements, • Co-sponsor professional education, including conferences, on-line resources public education, including telephone hotlines, brochures, posters, school presentations, and on-line resources. • Develop model guidelines in collaboration with hospitals and worksites, • Collect and tabulate local data on incidence and duration of breastfeeding • Provide/develop posters or handouts describing benefits of breastfeeding to the community • Provide information to law enforcement officers on breastfeeding laws • In-service agencies that serve women in transition about available resources
Performance Standards:	• The local agency WIC Breastfeeding Coordinator(s) actively participates in the Connecticut WIC Breastfeeding Committee. • The local WIC Program conducts special activities during the year, to promote breastfeeding in the community. Events held during Breastfeeding Awareness Month (August) should provide return on investment and include a plan for sustainability.
Best practices:	• The local WIC Breastfeeding Coordinator actively participates in a local network of professionals who work with breastfeeding mothers. • The local WIC Breastfeeding Coordinator actively participates in the Connecticut Breastfeeding Coalition (CBC). Note: Active participation in the CBC may include but is not limited to: • attendance at monthly meetings • review of meeting minutes • CBC list serve membership

Clinic Environment-Comfort & Safety

Introduction:	WIC local agencies are expected to create a safe and comfortable clinic environment that will promote the goals and objectives of the WIC Program.
Provide a breastfeeding friendly environment:	WIC agencies provide a place for WIC mothers to breastfeed their Infants such as: • A private room with a comfortable chair or • A partitioned area in the waiting room designated for breastfeeding or • A vacant office or other available space that is conducive to breastfeeding. • Display posters, flyers, La Leche League leader contact and meeting information.
Provide a safe environment:	Childproof the clinic area to the extent possible.
Limit distractions:	Suggestions to limit the distractions and noise level of the clinic: • Select clinic sites with carpeted floor areas. • Keep room temperatures as comfortable as possible. • Designate a play area for children.
Performance Standards:	• Pregnant women will be informed in the education sessions and classes during the prenatal period that they are welcome to breastfeed anywhere at the local WIC site, but that a private location is available if preferred • Educate all staff on breastfeeding; let them know breastfeeding is acceptable anywhere within the WIC facilities. • The local office or satellite site will be "childproof" to the extent possible. • A space will be available at all times for women who need to breastfeed their infants while visiting the office or satellite. • The local agency will advertise the “Breastfeeding Room” for participants who need to breastfeed on site.
Best Practices:	A private room will be designated for breastfeeding mothers who visit the WIC office or satellite and need to breastfeed their infants. It will include: 1. a comfortable chair 2. educational material on breastfeeding 3. access or close proximity to a sink and baby changing area

Learning Environment

Introduction:	WIC local agencies are expected to create a positive environment for nutrition education and breastfeeding promotion and support.
Create a Positive Learning Environment:	To create a positive environment: • Assess each woman and her family's attitude and beliefs regarding breastfeeding. Consider cultural attitudes, beliefs and practices. • Encourage participant and significant other to express her/his breastfeeding experiences to enhance discussion on breastfeeding. • Allow the participant to speak honestly by providing privacy for interviews. Ask Open-ended questions, avoid "leading questions" • Lessen physical barriers between you and the participant and promote rapport by sitting beside the participant. • Make use of waiting time by providing a variety of nutrition education materials/methods throughout the clinic, including posters, bulletin boards, educational displays, and newsletters.
Promote breastfeeding as the normal infant feeding method:	To promote breastfeeding as normal infant nutrition: • Know when to promote breastfeeding to an individual and when to stop. • Respect a woman's decision to not breastfeed or discontinue breastfeeding. • Select educational materials that portray breastfeeding as normal infant feeding method. • Use print and audiovisual materials and office supplies that are free of formula product names. • Communicate clear endorsements of breastfeeding. • Integrate breastfeeding promotion into each prenatal nutrition education contact. • Include participant's family and friends in breastfeeding education and support sessions. • Store formula samples out of view. • Establish a policy that encourages staff to decline formula and marketing products offered by formula manufacturers for personal use. • Encourage mothers to decline products offered by formula manufacturers.
Promote breastfeeding in the clinic or waiting room areas:	Use the clinic waiting area to help women recognize breastfeeding as the norm Rather than the exception. Follow these suggestions to provide an environment where women feel comfortable breastfeeding their infants: • Display posters, pins, and buttons that promote breastfeeding. • Create a Breastfed Babies wall or bulletin board featuring breastfeeding

	moms and babies. • Provide comfortable chairs • Locate the breastfeeding area away from the clinic entrance. • Have list of reputable website links, handouts and books on breastfeeding available in the waiting area.
Performance Standards:	• No formula samples or formula logos will be displayed in the WIC office. • Educational breastfeeding materials, posters, and resource phone numbers will be available in waiting areas and upon request. • Encourage staff and participants to decline formula products and promotional items from formula manufacturers.
Best Practices:	Maintain a breastfeeding resource center with materials appropriate to the learning level of the participants. This resource center may include but is not limited to: • a book lending library • videos/DVDs • website listings/resources • handouts

Staff Education on Breastfeeding

Introduction:	WIC local agency staff are aware of the benefits of breastfeeding, the barriers facing low income women, and understand their role in breastfeeding promotion and support.
Breastfeeding is everyone's business:	In coordination with program management, the local agency breastfeeding coordinator: • Assess each staff member's attitudes, beliefs and knowledge of benefits. • Teach staff sensitivity to breastfeeding moms, including mothers practicing extended breastfeeding. • Educate all staff on local policy to promote and support breastfeeding while answering the telephone. • Provide staff with access to information on national and state policy. • **All staff members must buy into the importance of breastfeeding in order to present a unified message.**
Performance Standards:	• Orientation of each staff member on benefits through state approved training resources, including but not limited to: ✓ WIC Works self-study module on breastfeeding ✓ Competency-based WIC Breastfeeding Training- Grow and Glow ✓ Project ReNEW Breastfeeding modules and other materials ✓ CT WIC Breastfeeding Resource page materials ✓ CT WIC Breastfeeding Content Sheets ✓ Website reference lists, see Breastfeeding Peer Counseling Program protocols. • Provide each staff member with breastfeeding support resource list: including but not limited to CT-LLL, Breastfeeding USA, local lactation consultants (IBCLC), local hospital labor and delivery floor, available HUSKY DME providers for hospital grade/rental breast pumps and personal use, electric breast pumps. • When scheduling pregnant women, adequate time must be allotted to allow for breastfeeding education. Pregnant women should be scheduled for an appointment 1-2 months prior to Estimated Due Date (EDD), again to discuss breastfeeding goals and procedure to add new infant to program after delivery. • Educate staff on State breastfeeding food package guidelines. Education should include the difference in foods offered to breastfeeding vs. non-breastfeeding women, the length of time a breastfeeding vs. non breastfeeding woman can stay on the program, and the various options a woman has who is breastfeeding and supplementing with formula.

	• Maintain current educational resources (e.g., The Breastfeeding Answer Book; Medications and Mother's Milk; the Womanly Art of Breastfeeding).
	
	• BF coordinator presents to site staff a minimum of three updates a year on breastfeeding. These updates may include but are not limited to:
	  • report from Local agency Breastfeeding Coordinators meeting(s)
	  • updated clinical information on breastfeeding
	  • case studies of challenging breastfeeding situations
	  • role-playing of counseling for challenging breastfeeding situations.
	
	• Nutrition staff attend state-sponsored breastfeeding conferences, seminars, or in-services. Local agencies management staff must plan to allocate funding for on-going continuing education in breastfeeding.

Best Practices:	• At monthly staff meetings, current topics in Breastfeeding will be presented. • Non-nutrition staff attend a breastfeeding conference, seminar or in-service at least yearly. • Nutritionists successfully complete the Certified Lactation Counselor (CLC) certificate training course (at least 6 months after hire) and maintain certification by participating in a minimum of 18 hours of continuing education in each 3-year period.

Food Package Policies

Introduction:	WIC local agency staff are expected to follow these guidelines for the issuance of food packages that promote and support breastfeeding. The local WIC Breastfeeding Coordinator, assisted by local agency management, is responsible for ensuring that breastfeeding policies are carried out, for providing ongoing informal training of staff members, for coordinating local agency breastfeeding activities and for monitoring WIC breastfeeding data.
Policy Areas:	The following policies shall be adopted by all local programs: • WIC recognizes breastfeeding as the normal and optimal method for feeding infants and supports the American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk.[1] All local staff will encourage women to breastfeed their infants exclusively for the first 6 months of life, to add complementary foods at approximately 6 months of age, and to continue breastfeeding for at least the first year of life and beyond for as long as mutually desired by mother and child. • Each local agency will develop protocols for a Nutritionist or other Certified Lactation Counselor (CLC) to handle phone calls from breastfeeding mothers and other issues related to breastfeeding promotion and support. These protocols will be discussed at staff meetings, as appropriate, to ensure that the needs of breastfeeding women are met in a timely manner. • As defined by USDA for the purpose of WIC certification and food package issuance, breastfeeding is the practice of feeding a mother's milk to her infant(s) on the average of at least once per day. Breastfeeding women are eligible for WIC services up to one year postpartum. At the time of the infant's certification and certification/recertification of the infant's mother, a WIC staff person will identify and document the "base category" in SWIS screen 102. A Competent Professional will verify the base category and assign the participant's subcategory in SWIS screen 106. (Refer to the attached ***SWIS Participant Category Table*** and the USDA document titled, ***Breastfeeding Definition and Food Package Issuance)***

[1] American Academy of Pediatrics, Section on Breastfeeding: Breastfeeding and the Use of Human Milk. Pediatrics Vol. 129 No. 3 March 1, 2012 pp. e827 -e841 (doi: 10.1542/peds.2011-3552)

	• It is a woman's personal decision to breastfeed (or not), to supplement with formula (or not) and when to wean her baby. It is the WIC Program's responsibility to assist her in making an informed decision. Therefore, all pregnant women will be encouraged to breastfeed exclusively and infant formula checks shall only be issued to a breastfeeding woman after: ✓ her intent to continue breastfeeding is assessed and discussed, ✓ education is provided regarding the potential impact of formula on breast milk production, ✓ alternatives to formula supplementation are discussed and; ✓ she is informed that *her* food package will be reduced • If formula is provided to a breastfeeding infant in the first month of life, **only one-month worth** of infant formula benefits may be issued. • If formula is provided beyond the infant's first month, the amount provided will be based on the mother's intention to continue breastfeeding i.e. mother's identified breastfeeding goal and on the amount of formula currently consumed by the infant up to the maximum allowed by Federal regulations. *However, the maximum allowed should not be the standard or default issuance.* (**See Table 1:** *Food Package Issuance Guidelines for Mother and Baby Receiving a Mostly Breastfeeding/Some Formula Feeding Package*) • When an infant formula package is issued to a breastfeeding infant, the mother's subcategory and food package prescription must be adjusted accordingly in SWIS screen 106. If she has already used her checks for the current month, adjust her package for the subsequent month. **Breastfeeding data should be updated in SWIS screen 105 and the rationale for providing formula should be documented. For a child of any age, be sure that the "Ever Breastfed" field is accurately completed. In order to ensure duration data quality, staff should validate breastfeeding status of infant at the mother's 6 week post-partum visit and at the infant's three (3), six (6) and nine (9) and 12 month visits.** • Women will be informed that they will continue to receive a breastfeeding food package if formula issuance does not exceed the federally allowed maximum amount (See Table 1, Part 1). Provide guidance regarding the value of her food package vs. the cost of formula (i.e., if she needs more than 1 can of powder formula in her baby's first month, the value of her food package is greater than the cost of 1 or 2

	extra cans of formula). • When a woman decides to accept formula in an amount that exceeds the federally allowed maximum (see Table 1, Part 1), she will continue to be considered a breastfeeding women if she meets the USDA definition. She will also be informed that if she decides to accept formula in an amount lower than the allowed maximum in a subsequent month, her food package will be increased accordingly. • If she is no longer breastfeeding, the woman's base category must be changed from B (Breastfeeding) to N (Postpartum). If it is within 6 months of delivery, she should be issued a postpartum food package. • As of 2/20/15, a breastfeeding food package may be issued to a breastfeeding mom that **becomes pregnant again** up her infant's first birthday, or she stops breastfeeding. After her infant reaches one year of age, her package will revert to a pregnancy package for the duration of her pregnancy. *For example if a mom becomes pregnant when her infant is 10 months old and she is fully or mostly breastfeeding, she is able to continue to receive her breastfeeding food package for 2 months (infant's first birthday) as long as she continues to breastfeed, rather than be switched to a prenatal package.* • Medications - Refer to and collaborate with the mother or infant's physician. All local WIC Programs should maintain resources regarding drugs and BF (e.g., Hale's *Medications and Mothers' Milk*, phone #'s of lactation resource centers). • Contraindications to Breastfeeding - All local WIC nutrition staff should be familiar with the medical contraindications to breastfeeding, and all local WIC Programs should maintain a current copy of *Breastfeeding and the Use of Human Milk* (AAP) or other reference document.
Performance Standards:	• All pregnant women will be informed that breast milk is the best choice for feeding an infant, unless medically contraindicated**.** • Local agency breastfeeding protocols will be on file and in practice. • Breastfeeding goals and need for supplementation will be discussed with the mother and re-evaluated as needed. • Individual counseling on breastfeeding will be provided to each pregnant

	and breastfeeding woman enrolled in the program. • Group breastfeeding education and support will be available to all pregnant and breastfeeding women enrolled in the program. • Appropriate Incentives are provided to breastfeeding women when available.
Best Practices:	• Pregnant women are scheduled 1-2 months prior to delivery to discuss breastfeeding. • Breastfeeding women are contacted after hospital discharge to provide support and information. • Local WIC agencies collaborate with key hospitals to coordinate breastfeeding messages.

Table 1: Food Package Issuance Guidelines for Mother and Baby Receiving

Mostly Breastfeeding/ Some Formula Feeding Packages

a. The maximum monthly allowance of formula by age is listed in Part 1 below.
b. Determine the amount of formula currently consumed by the infant in a 24-hour period.
c. Identify the number of cans of formula to issue based on the preferred form in Part 2 below.

Part 1 : Maximum Monthly Allowance of Formula*					
		Age	**Powder**	**Concentrate**	**RTF**
		Birth to 1 m	**104 oz.**	**96 oz.****	**96 oz.****
		1- 3 m	**435 oz.**	**384 oz.****	**384 oz.****
		4 - 5 m	**522 oz.**	**480 oz.**	**480 oz.**
		6 - 11 m	**348 oz.**	**384 oz.**	**336 oz.**
Part 2: Number of Cans to Issue*					
Applicable ages	**Amount consumed in 24 hours**	**Powder** **Milk based**	**Powder** **Soy based**	**Concentrate**	**RTU**
0 - 11 m	**1 - 3 oz.**	**1 can** **3 oz per day**	**1 can** **3.1 oz per day**	**1 box** **3.2 oz per day**	**1 box** **1.6 oz per day**
1 – 11 m	**4 - 5 oz.**	**1 can** **3 oz per day**	**1 can** **3.1 oz per day**	**1 box** **3.2 oz per day**	**3 boxes** **4.8 oz per day**
1 - 11 m	**6 - 8 oz.**	**2 cans** **6 oz per day**	**2 cans** **6.1 oz per day**	**2 boxes** **6.4 oz per day**	**4 boxes** **6.4 oz per day**
1 - 11 m	**9 - 11 oz.**	**3 cans** **9 oz per day**	**3 cans** **9.2 oz per day**	**3 boxes** **9.6 oz per day**	**6 boxes** **9.6 oz per day**
1- 3 m **6-11 m**	**12 - 14 oz.**	**4 cans** **12 oz per day**	**4 cans** **12.3 oz per day**	**4 boxes** **12.8 oz per day**	**8 boxes** **12.8 oz per day**
4 - 5 m	**14 - 17 oz.**	**5 cans** **15 oz per day**	**5 cans** **15.3 oz per day**	**5 boxes** **16 oz per day**	**10 boxes** **16 oz per day**
			Milk-**B**ased: 1 can = 90oz* **Soy**-based: 1 can = 92oz*	1 box = 96 oz* formula (6-8oz bottles per box)	1 box = 48 oz (6-8oz bottles per box)

* Reconstituted **Powder form is recommended from 0-3 months.

Dear _____:

The Connecticut WIC Program promotes breastfeeding as the normal and optimal method to feed infants for at least the first year of life with a special emphasis on the health benefits derived from exclusive breastfeeding for the first six months.

In order to better coordinate care with our mutual client, I am writing to inform you the

_____WIC Program issued _____son/daughter

of _____ an/a

- ☐ Ameda Purely Yours electric breast pump (personal use)
- ☐ Medela Harmony Manual breast pump

For the following reasons:

- ☐ Severe engorgement
- ☐ Problems with infant latch
- ☐ Maintenance of milk supply due to maternal/infant separation
- ☐ Pain management for nipple pain
- ☐ Other _____

Instruction has been provided regarding the use of the pump.

If you should have any questions, please feel free to contact me at _____.

Sincerely,

WIC Nutritionist

_____ WIC Program

PARTICIPANT BREAST PUMP QUESTIONNAIRE

Questions to ask participants prior to issuing a WIC electric breast pump.

1. Have you ever used a breast pump? ☐Yes ☐No

   If yes, what type? ☐Manual ☐Single-user Electric ☐Hospital-grade

   What brand? (Ameda, Medela etc...)? _____

2. What are your plans for breastfeeding?

   _____

   _____

3. Are you currently working or plan to go back to work? ☐Yes ☐No

   Are you currently going to school or plan to go back to school?

   ☐Yes ☐No

4. How many days per week do you expect to be at work or school? _____

5. How many hours per day do you expect to be separated from your baby?____

6. Will you have enough time to use the breast pump at work or school?
   ☐Yes ☐No

7. Is there an electric outlet where you plan to use the pump?
   ☐Yes ☐No

8. Does your baby get any formula? ☐Yes ☐No

   If yes, how much formula?_____

   If no, do you plan to give any formula in the future? _____

10. What is the name of your health insurance company? _____

OFFICE USE ONLY

NUTRITIONIST BREAST PUMP EDUCATION CHECKLIST

- Will insurance cover the electric breast pump? ☐ Yes ☐ No
- Any unusual circumstances warranting pump issuance? ☐ Yes ☐ No

Please briefly describe here or document in SWIS.

_____
_____
_____
_____

	YES	NO	N/A	COMMENTS
1. Instructional Video Viewed	☐	☐	☐	
2. Pump Assembly				
A) Demonstrated by Staff	☐	☐	☐	
B) Performed by Client	☐	☐	☐	
C) Power Source Recommendations	☐	☐	☐	
3. Storage/Handling of Breast Milk				
A) Discussed Storage Available to Client	☐	☐	☐	
B) Client Understands Guidelines for Storage	☐	☐	☐	
C) Provided Fact Sheet On Storage/Handling	☐	☐	☐	
4. Sanitation/Hygiene of Breast Pump				
A) Discussed Sanitation Procedures	☐	☐	☐	
B) Client Able to Identify Steps for Sanitation	☐	☐	☐	
C) Provided Fact Sheet on Sanitation/Hygiene	☐	☐	☐	
5. Breast Pump Release Form Completed	☐	☐	☐	

BREAST PUMP FACT SHEET

Guidelines for Breast Milk Storage

If milk is stored:	Keep no more than
At room temperature (75 degrees or lower)	4 hours
In refrigerator	3-5 days
In freezer section of refrigerator	3 months
In deep freeze (0 degrees or lower)	6 months
In refrigerator after thawing	24 hours

Guidelines for Thawing and Warming Breast Milk

If the milk needs to be…	**Then…**
Thawed	Put the container in the refrigerator **-OR-** Hold the container under cool running water **Do not use microwave or stove.**
Warmed	Put the container in a bowl of warm tap water **-OR-** Hold the container under cool running water and gradually increase temperature of the running water **Do not use microwave or stove.**

Sanitation / Hygiene Related to Breast Pump Use

Before Initial Use…
Boil for 20 minutes all parts of collection kit except tubing, white adapter cap, white pump connector.
Completely air-dry before assembly and first use.
Before and After Each Use …
Wash hands with warm water and soap.
Take collection kit apart.
Wash everything from collection kit except tubing, white adapter cap, white pump connector.
DO NOT use abrasives – Rinse with hot clean water.
Completely air-dry the parts on a clean towel or drying rack.

Información sobre la Máquina de Sacar la Leche del Pecho

Guía para Almacenar la Leche Materna

Si la leche se almacena en ...	No la deje más de ...
Sin refrigerar a 75 grados F. o menos	4 Horas
El refrigerador a 39 grados F. o menos	3-5 Días
El congelador del refrigerador	3 Meses
El congelador a menos de 0 grados	6 Meses
En el refrigerador después de descongelar	24 Horas

Guías para Descongelar y Almacenar la Leche Materna

Si usted va a ...	**Debe hacer esto ...**
Descongelar la Leche Materna	Ponga el recipiente en el refrigerador **-O-** Sostenga el recipiente debajo de agua corriente fría **No use el micro-ondas ó estufa**
Calentar la Leche Materna	Ponga el recipiente con leche materna en una escudilla con agua caliente **-O-** Sostenga el recipiente debajo de agua corriente tibia y luego caliente **No use el micro-ondas ó estufa**

Mantenimiento y Limpieza de la Maquina de Sacar la Leche del Pecho

Antes de Usar la Máquina la Primera Vez ...
Hierva por 20 minutos todas las partes para recolectar la leche con excepción de los tubos, la tapa del adaptador blanco y el conectador blanco de la máquina.
Deje secar todo al aire antes de usarla por primera vez.
Antes y Despues de Usar la Máquina ...
Lávese las manos con agua caliente.
Abra la caja y desarme la máquina de sacar la leche del pecho.
Lave todo lo de recolección de leche, excepto los tubos, la tapa del adaptador blanco y el contectador blanco.
NO USE jabones fuertes con abrasivos y juague con agua caliente.
Deje secar todo al aire sombre una toalla.

CT WIC Program
ELECTRIC BREAST PUMP RELEASE FORM

NAME: _____ WIC FAMILY ID#: _____

INFANT'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

REASON FOR ISSUANCE: _____

PUMP SERIAL NUMBER: _____

I have received a *Purely Yours* breast pump and double milk collection kit from the WIC Program. I have watched the instructional videotape and I understand the:

- **Instructions for using the *Purely Yours* breast pump.**
- **Instructions for cleaning the *Purely Yours* breast pump.**
- **Instructions for breast milk storage and handling.**

I agree to follow the instructions for using and cleaning the *Purely Yours* breast pump, and for storing and handling my collected breast milk. I agree to call the WIC office at _____-_____ if I have any questions about how to use the *Purely Yours* breast pump.

I agree to stop using the pump if it causes any discomfort and I agree to call my doctor if I have any breast pain. I also understand that the pump and kit are for my use only, and I agree not to let anyone else use the pump. I also agree not to give the pump away.

In exchange for receiving the *Purely Yours* breast pump, I agree that I will not bring a lawsuit or take legal action of any kind against the Connecticut Department of Public Health, the WIC Program or its employees, for any personal damage or injury caused by the use of the *Purely Yours* breast pump.

My signature on this form means that I have read, understand and agree to everything stated on this form.

PARTICIPANT SIGNATURE: _____ DATE: _____

WIC STAFF SIGNATURE: _____ DATE: _____

DATE *Purely Yours* Pump ISSUED: _____

WIC staff use only:
The participant was unable to read this form. Therefore, it was read to the participant and the participant had an opportunity to ask questions.
Staff Signature: _____ DATE: _____

CT WIC Program
MANUAL BREAST PUMP RELEASE FORM

NAME: _____ WIC FAMILY ID#: _____

INFANT'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

REASON FOR ISSUANCE: _____

PUMP SERIAL NUMBER: _____

I have received a *Harmony* breast pump from the WIC Program and I understand the:

- **Instructions for using the *Harmony* breast pump.**
- **Instructions for cleaning the *Harmony* breast pump.**
- **Instructions for breast milk storage and handling.**

I agree to follow the instructions for using and cleaning the *Harmony* breast pump, and for storing and handling my collected breast milk. I agree to call the WIC office at _____-_____ if I have any questions about how to use the *Harmony* breast pump.

I agree to stop using the pump if it causes any discomfort and I agree to call my doctor if I have any breast pain. I also understand that the pump and kit are for my use only, and I agree not to let anyone else use the pump. I also agree not to give the pump away.

In exchange for receiving the *Harmony* breast pump, I agree that I will not bring a lawsuit or take legal action of any kind against the Connecticut Department of Public Health, the WIC Program or its employees, for any personal damage or injury caused by the use of the *Harmony* breast pump.

My signature on this form means that I have read, understand and agree to everything stated on this form.

PARTICIPANT SIGNATURE: _____ DATE: _____

WIC STAFF SIGNATURE: _____ DATE: _____

DATE *Harmony* Pump ISSUED:_____

WIC staff use only:
The participant was unable to read this form. Therefore, it was read to the participant and the participant had an opportunity to ask questions.
Staff Signature: _____ DATE: _____

CONNECTICUT WIC PROGRAM
ELECTRIC BREAST PUMP RECONCILIATION FORM

AGENCY NAME: _____ **MONTH/YEAR: _____** **TYPE OF PUMP: Hollister Purely Yours**

BALANCE AT BEGINNING OF MONTH: _____

FAMILY #	INFANT ID #	INFANT'S NAME	MOTHER'S NAME	STAFF Initials: Breast pump checklist done	DATE PUMP ISSUED	BALANCE

RETAIN ON FILE FOR REVIEW BY STATE WIC MONITORS AND AUDITORS

CONNECTICUT WIC PROGRAM
MANUAL BREAST PUMP RECONCILIATION FORM

AGENCY NAME: _____ **MONTH/YEAR:** _____ **TYPE OF PUMP:** **Medela Harmony**

BALANCE AT BEGINNING OF MONTH: ____

FAMILY #	INFANT ID #	INFANT NAME	MOTHER'S NAME	STAFF Initials: Breast pump checklist done	DATE PUMP ISSUED	BALANCE

RETAIN ON FILE FOR REVIEW BY STATE WIC MONITORS AND AUDITORS

STATE OF CONNECTICUT WIC PROGRAM

BREAST PUMP SATISFACTION SURVEY

We hope that your breast pump has been helpful. Please take a few minutes to answer the questions on this survey as your answers will help us to serve other women who breastfeed their infants.

1. How well does your breast pump work? _____

2. Is the pump meeting your needs? ☐Yes ☐No
   Explain _____

3. Has your breast pump helped you to:
   ☐ Nurse longer ☐Increase your milk supply ☐Helped to store more breast milk
   ☐Other_____

4. Have you had any problems using your breast pump?
   ☐Yes ☐No If, yes, what kind of problems? _____

5. How easy is the pump to use?
   ☐Easy ☐Hard Explain_____

6. How easy is the pump to clean?
   ☐Easy ☐Hard Explain_____

7. What do you use to clean the breast pump? _____

8. How many times a day, do you use the breast pump? _____

9. Would you recommend this model breast pump to your family and friends?
   ☐Yes ☐No Why_____

10. Why did you need a breast pump? _____

STATE OF CONNECTICUT WIC PROGRAM

BREAST PUMP SATISFACTION SURVEY

CUESTIONARIO

Esperamos que la máquina de sacar leche del pecho esté siendo de gran ayuda para usted. Le pedimos de favor conteste las siguientes preguntas de este cuestionario. El mismo nos ayudará a servir a otras madres que dan el pecho a sus bebés.

1. Qué modelo de máquina de sacar leche del pecho recibió de WIC?
   ☐Manual ☐Electrica

2. Le ayuda el tener la máquina? _____

3. En qué le ha ayudado a usted usar la máquina de sacar leche del pecho?
   ☐A lactar por mas tiempo ☐A aumentar la cantidad de leche materna
   ☐Ayudar a almacenar mas leche materna ☐ Otras _____

4. Ha tenido usted problemas usando la máquina de sacar leche del pecho? ☐ Sí ☐No
   Qué tipo de problema? _____

5. Cómo encuentra usted el manejo de la máquina? ☐Fácil de usar ☐Difícil de usar
   Explique: _____

6. Al momento de limpiar la máquina, usted la encuentra: ☐ Fácil de limpiar ☐Difícil de limpiar
   Explique: _____

7. Qué usted usa para limpiar la máquina? _____

8. Cuántas veces al día usted usa la máquina de sacar leche del pecho? _____

9. Recomendaría usted el uso de esta máquina a familiares o amigas? ☐Sí ☐No
   Por qué? _____

10. Por que necesita una máquina de sacar leche del pecho? _____

Staff instructions for breast pump issuance form completion:

For liability and quality assurance purposes, all participants issued a "WIC breast pump", must have the following paperwork completed and/or forms provided to them.

- Staff must ask/review the questions outlined on the breast pump questionnaire prior to issuing a pump to determine the appropriate pump is provided and to ensure the participant meets the criteria for issuance. Any deviation from the standard criteria must be documented in SWIS in screen 115.
- The *Nutritionist Breast Pump Education Checklist* must be completed and filed in the participant's chart.
- A signed and dated copy of the appropriate (electric/manual) release form must be filed in the participant's chart.
- All participants must receive a copy of the Breast Pump Fact Sheet
- As many participants as possible that are issued a breast pump, should be asked to complete a satisfaction survey. Local agencies can determine when to request participants to complete this form.

Health Care Provider Letter:
This is provided for local agency staff convenience and is not required in all circumstances. If the letter is used, a copy of the letter should be filed in the participant chart.

Reconciliation Form:
It is no longer necessary for participants to sign this form. This is for inventory and tracking purposes only. The form is self-explanatory.

SECTION: Nutrition Services

SUBJECT: WIC Educational and Program Material ordering form

POLICY

The WIC state agency contracts with All Mail Direct for warehouse services which include the storage and distribution of all WIC educational and program materials.

All WIC form and material orders must be submitted via email to carol.castro@ct.gov .

As a cost savings measure orders must be consolidated to avoid the submission of multiple orders within the same month. The WIC local agency should designate one WIC local agency staff member for ordering purposes.

CONNECTICUT WIC PROGRAM ORDER FORM FOR MATERIALS

WIC Office: _____ **Date of Request:** _____

QUANTITY:		**# PACK**
CERTIFICATION/NUTRITION QUESTIONNAIRE & ASSESSMENT FORMS:		
	CERTIFICATION **INFANTS & CHILDREN/**GREEN	500
	CERTIFICATION **WOMEN** /PINK	500
	PARTICIPANT RIGHTS AND RESPOSIBILITIES	100
	SPANISH PARTICIPANT RIGHTS AND RESPOSIBILITIES	100
	WIC FOOD BENEFIT FLYER	500
	CHILDREN NUTRITION ASSESSMENT/GREEN	500
	SPANISH CHILDREN NUTRITION ASSESSMENT/GREY	250
	INFANT NUTRITION ASSESSMENT/YELLOW	500
	SPANISH INFANT NUTRITION ASSESSMENT/GOLD	250
	PREGNANT WOMEN NUTRITION ASSESSMENT/PINK	500
	SPANISH PREGNANT NUTRITION ASSESSMENT /BLUE	250
	POSTPART/BF WOMEN NUTRITION ASSESSMENT/HOT PINK	500
	SPANISH POSTPARTUM/BF NUTRITION ASSESSMENT/LILAC	250
GROWTH CHARTS:		
	WHO Boys BIRTH–24 MONTHS	125
	Boys 2–5 YEARS	50
	WHO Girls BIRTH–24 MONTHS	125
	Girls 2–5 YEARS	50
	PRENATAL Weight Gain Grid	500 PK
NUTRITION EDUCATION PAMPHLETS:		
	FEEDING YOUR BABY 0-1 YEAR	50
	SPANISH: La alimentación de Nino a un año	50
	FEEDING YOUR BABY 0-4 MONTHS	50
	SPANISH: La alimentación de su bebe 0-4	50
	FEEDING YOUR BABY 4-8 MONTHS	100
	SPANISH: La alimentación de su bebe 4-8	50
	FEEDING YOUR BABY 8-12 MONTHS	50
	SPANISH: La alimentación de su bebe 8-12	50
	FEEDING YOUR TODDLER & YOUNG CHILD	50
	SPANISH: La alimentación del Nino de 1-3 y mayores de 3 anos	100
	***SPANISH: DAILY FOOD GUIDE INSERT FOR TODDLER & YOUNG CHILD**	100
	HEALTHY EATING DURING PREGNANCY	50
	SPANISH: Alimentación saludable durante el embarazo	50
	BREASTFEEDING	50
	SPANISH: Lactancia Materna	50
	HEALTHY EATING AFTER YOU DELIVER	50
	SPANISH: Alimentación Saludable después del parto	50
FOOD LIST/ID BOOKLET/OUTREACH/OTHER FORMS:		
	SLEEVE-(PLASTIC) FOR FOOD LIST/PARTICIPANT ID BOOKLET	1000 BOX
	FOOD LIST/PARTICIPANT ID BOOKLET	375 BOX
	SPANISH FOOD LIST/PARTICIPANT ID BOOKLET	300 BOX
	FOOD LIST INSERT EFFECTIVE MAY 1, 2015 WHITE POTATOE/YOGURT	EACHES
	APPOINTMENT SCHEDULE INSERT	200 PK
	SPANISH APPOINTMENT SCHEDULE INSERT	200 PK
	COST ACCOUNTING WORKSHEET	100 EA
	RACIAL/ETHNIC SELECTION FORM	100 EA
	WIC OUTREACH BROCHURE	100 PK
	SPANISH WIC OUTREACH BROCHURE	100 PK
	SELECTED REFERRALS BROCHURE	100 PK
	SPANISH SELECTED REFERRALS BROCHURE	100 PK
	NOTICE OF PARTICIPANT ACTION FORM	100 PK
	SPANISH NOTICE OF PARTICIPANT ACTION FORM	100 PK
SEE SUPPLEMENTAL ORDER FORM FOR BREASTFEEDING & OTHER MATERIALS		

State of Connecticut-Department of Public Health

Special Supplemental Nutrition Program for Women, Infants and Children-WIC

Breastfeeding/Supplemental order form-Please order in eaches, some items are limited supply only		
Agency:		
Type	**Item**	**Request**
Booklet	How WIC Helps Eating for you & Your baby	
Booklet	SPANISH How WIC Helps Eating for your & Your baby	
Booklet	WIC Breastfeeding	
Breast Pump	Harmony Pump-Manual w/SFB Shield	
Breast Pump	Purely Yours Double Breast Pump	
Breast Pump	Breast Pump w/o Batteries	
Breast Pump	Breast Shield Large	
Breast Pump	Breast Shield Small	
Breast Pump	Car Adapter	
Breastfeeding	Crib Card	
Breastfeeding	Prenatal Breastfeeding Backpack	
Breastfeeding	Helpful Hints on Breastfeeding	
Breastfeeding	Helpful Hints on Breastfeeding-**SPANISH**	
Breastfeeding	Breastfeed Your Baby **Eng/Spanish**	
Breastfeeding	Breastfeeding Law **Eng/Spanish**	
Breastfeeding	Breastfeeding **Eng/Spanish** 2 per tube	
BF Poster	Breastfeeding-Magical Bond of Love-**SPANISH Poster**	
BF Poster	Breastfeeding-Magical Bond of Love Poster	
BF Poster	Breastfeed your baby Poster **Bilingual**	
Breastfeeding	Breastfeeding Magical Bond of Love Brochure	
Breastfeeding	Breastfeeding Magical Bond of Love Brochure-**SPANISH**	
BF Tear Pads	Facts about colostrom	
BF Tear Pads	Getting Ready to Breastfeed	
BF Tear Pads	Walking A Sleepy Baby	
BF Tear Pads	Positions for Breastfeeding	
BF Tear Pads	How to tell whether your baby is hungry	**BACKORDER**
BF Tear Pads	Starting a feeding	
BF Tear Pads	Is My baby getting enough milk	**BACKORDER**
BF Tear Pads	How Breastfeeding Works	
Brochure	Children Growing Healthy	
Brochure	Dads Play an Important Role	
Brochure	Dads Play an Important Role-**SPANISH**	
Brochure	From Birth to age Three a child has a lot to learn	
Brochure	From Birth to age Three a child has a lot to learn-**SPANISH**	
Brochure	Grandparents Play Important Role	
Brochure	Grandparents Play Important Role-**SPANISH**	
Brochure	Iron & Zinc in your Diet	
Brochure	Spanish Iron & Zinc in your Diet	
Brochure-Tobacco	Tobacco smoke & your pregnancy	**BACKORDER**
Brochure-Tobacco	Third Hand Smoke-**Bilingual**	
Brochure-Tobacco	Quit Smoking for your and your family **Bilingual**	**BACKORDER**
Brochure-Tobacco	Staying Smokefree after your baby is born	
Coloring Book	Searching for Rainbow Coloring book	
DVD	Jungle Jive	
Label for ID Booklet	WIC Label-For Back Cover	

Label	Caretaker sticker/label	
Label	Alternate sticker/label	
Miscel-Birth Wheel	Birth Wheel	

SECTION: Nutrition Services

SUBJECT: Non-standard Issuance of Milks (Whole, 2%, 1%, skim)

Federal Regulation: §246.10

Whole milk is the standard milk issuance for children 12 months to 23 months (up to 2 years) of age. The standard milk issuance for children ≥ 24 months of age and women in Food Packages IV-VII will be low-fat 1% or non-fat (skim) milk. This includes fluid, evaporated and lactose-reduced milks.

Issuance of Whole Milk

Under the final food package rule, whole milk may be issued to medically fragile children over 2 years of age and women only in **Food Package III** for participants with qualifying medical conditions and medical documentation form with qualifying ICD codes is required.

Issuance of Fat-reduced milk (2%, 1% or skim) for children 12-23 months of age

Fat-reduced milk (2%, 1% or skim) can be provided for children 12-23 months of age when overweight or obesity is a concern. Medical documentation of these conditions must be documented on the medical documentation form.

Issuance of Reduced fat (2%) milk

Reduced fat (2%) milk is authorized only for participants with certain qualifying conditions (see below with corresponding CT-WIC codes). The need for reduced fat (2%) milk for children ≥ 24 months of age (Food Package IV) and women (Food Packages V, VI and VII) must be determined following a complete nutrition assessment but does not require a Medical Documentation Form. Identifying the cause of these conditions is critical in ensuring positive health outcomes for WIC participants and may require the Nutritionist providing referrals to local food banks, SNAP or contacting the participant's health care provider (HCP) for further discussion. As always, partnering with the participant to ensure positive health outcomes is the main goal.

The qualifying risks for reduced fat 2% milk issuance are for women severe underweight or underweight (101), and low maternal weight gain or weight loss (131), (132) and for children at risk of underweight or underweight (103), inadequate growth (135) and failure to thrive (134).

It is critical adequate documentation is provided in the Nutrition Notes Screen, of why reduced fat 2% milk was issued and continues to reassess the necessity throughout the certification process. Please be advised that the State agency will be monitoring the issuance of 2% milk to ensure compliance with this policy.

Under the final rule, reduced fat milk may be issued to a 12-23 months of age whom overweight or obesity is a concern and **requires** medical documentation from the child's health care provider (HCP).

Issuance of Soy Based Beverage

The determination of issuance of soy based beverage will be based on an individual nutrition assessment. Medical documentation is not required for issuance of soy milk as a milk substitute. Rationale may include milk allergy, lactose intolerance, vegan diets and religious preference**.**

Additional information:

Please refer to the Highlights of Food Package Changes presentation from the Statewide Meeting on September 19, 2014 for additional resources to support WIC participants in their transition to low-fat milk. Below are the links that were shared during the presentation.

Note these education documents are not mandatory for locals to use, however they may help assist Nutrition staff in discussing the change to low-fat milk with participants.

On the California Department of Public Health's WIC website, under News and Updates, http://www.cdph.ca.gov/programs/wicworks/Pages/LowfatMilkChangeEducation.aspx

The handout can be downloaded at http://www.cdph.ca.gov/programs/wicworks/Documents/NE/WIC-NE-MilkChange-HealthyMilkChoicesWorksheetEnglish.pdf

The MA Touching Hearts, Touching Minds handout can be located at: http://www.nal.usda.gov/wicworks/Sharing_Center/MA/NewMAMaterials/Milk.pdf