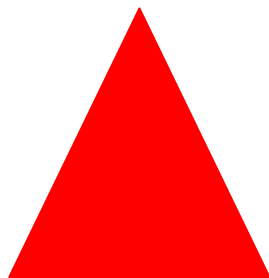
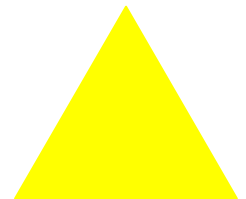
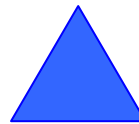
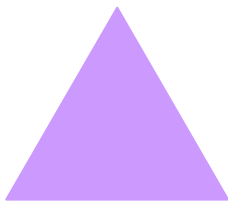
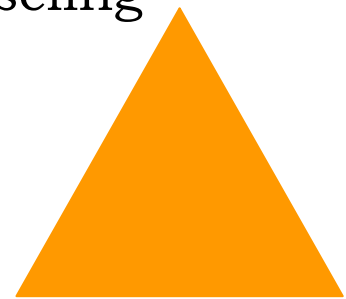
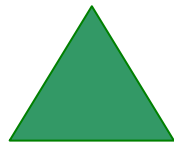
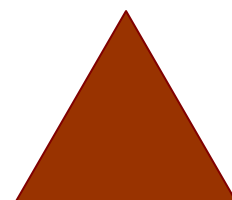


Facilitators of Change

Nutrition/Behavior Counseling



Tennessee Department of Health
Nutrition Services
2003



This manual was written as part of a Fiscal Year 2000 WIC Special Project Grant from the U.S. Department of Agriculture, Food and Nutrition Service. This grant supports the Food and Nutrition Service's Revitalizing Quality Nutrition Services (RQNS) in the WIC program initiative

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Facilitators of Change Agenda

Wednesday, January 8, 2003

1:00.	Opening Remarks/Introductions	Jeaneece Seals, MS, RD Nutrition Services Section Chief Tennessee Department of Health
1:15 – 3:00	Stages of Change	Mary Lou J. Kiel, RD, PhD Pennsylvania State University
3:00 – 3:15	Break	
3:15 – 4:00	Stages of Change in Nutrition Counseling	Mary Lou J. Kiel, RD, PhD
4:00	Adjourn	

Thursday, January 9, 2003

8:30 – 10:00	Facilitating Nutrition Education	Jane Peacock, MS, RD, Section Chief Jeanne Gallegos, MS, WIC Program Dir. New Mexico Department of Health, Family, Food and Nutrition
10:00 – 10:15	Break	
10:15 – 11:30	Facilitating Nutrition Education	Jane Peacock, MS, RD Jeanne Gallegos, MS
11:30 – 12:30	Lunch	Wendy Long, MD, MPH
12:30 – 2:30	Facilitating Group Discussions	Jane Peacock, MS, RD Jeanne Gallegos, MS
2:30 – 2:45	Break	
2:45 – 4:00	Facilitating Group Discussions	Jane Peacock, MS, RD Jeanne Gallegos, MS
4:00	Adjourn	

Friday, January 10, 2003

8:30 – 10:00	Facilitating Stages of Change	Marsha Davis, PhD Associate Clinical Professor Human and Organizational Development, Vanderbilt University
10:00 – 10:15	Break	
10:15 – 11:30	Readiness for Action	Peggy Lewis, MHE, RD WIC/ CSFP/ FMNP Director Tennessee Department of Health
11:30	Adjourn	

Who are Facilitators of Change?

Welcome to the Facilitators of Change Workshop! You, the WIC nutrition staff, will have an opportunity to facilitate stages of change in nutrition counseling – thus becoming Facilitators of Change. This workshop has been developed by the Tennessee Department of Health, Nutrition Services, Women, Infants and Children Supplemental Nutrition Program (WIC) and is based on previous successful programs and workbooks produced by the WIC Programs of New Mexico and Kentucky. (See acknowledgements in Appendix.) Designed for nutritionists and nutrition educators, this workbook can be used by all CPA's (Competent Professional Authority's) to help clients change unhealthy eating habits.

The stages of change model developed by Prochaska and DiClemente provide the theoretical framework for helping clients improve their dietary behaviors. The basic premise is that behavior change is a process and not an event, and that individuals are at varying level of readiness to change. You will learn to interpret the five stages (precontemplation, contemplation, preparation, action, and maintenance) that are essential to long-lasting behavior change. This model for change can allow you to help clients move through the stages of change and adopt more healthful diets within a supportive environment.

As nutrition professionals, we strive to promote healthy eating and physical activity behaviors among the populations we serve. An understanding of behavior change theory allows us to better understand the many factors influencing health-related behaviors as well as the most effective ways of promoting change. The bottom line is that programs, interventions, and messages that are guided by behavior change theory have a much greater chance of achieving positive behavior change.

You will also have the opportunity to learn to focus most of your efforts on developing facilitative counseling methods that target client needs. Passive forms of learning, such as lectures, have been shown to be ineffective in producing behavior changes. You will find that facilitative counseling offers an easy and practical way to help clients develop their own solutions to their nutrition challenges.

Facilitators of Change

Course Goal and Objectives

Goal:

Introduce a more client-oriented, behavioral approach to nutrition counseling, train nutrition staff to act as facilitators of change.

Objectives:

That by the end of this workshop, 90% of attendees will be able to list the five stages of change and match at least one counseling technique for each.

That by the end of this workshop, 90% of attendees will be able to discuss barriers to change with clients.

That by the end of this workshop, 90% of attendees will be able to facilitate nutrition counseling.

That by the end of this workshop, 90% of attendees will intend to use these techniques in their clinics in individual and group counseling.

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STAGES OF CHANGE GUIDELINES, CONCEPTS AND TECHNIQUES

“The stages of Change Model was developed by Prochaska and DiClemente and evolved from work with smoking cessation and the treatment of drug and alcohol addiction and has recently been applied to a variety of other health behaviors. The basic premise is that behavior change is a process and not an event, and that individuals are at varying levels of readiness to change.” (1)

“The health education literature suggests that “one size fits all” programs fail to motivate large segments of the population who are at different stages of change. Thus, interventions should be tailored to the needs and concerns of individuals at each stage of the change process.” (1,2)

According to the Stages of Change approach, individuals can be categorized according to their readiness to change. It is important to note that this is a circular, not a linear model, and people can enter and exit at any point. For instance, individuals may progress to action but then relapse and go through some of the stages several times before achieving maintenance. (2) The stages include:

- Pre-contemplation – no intention of taking action in the foreseeable future, usually measured in next 6 months.
- Contemplation – thinking about changing, usually within 6 months
- Preparation –intends to take action within the next month – have a plan of action
- Action – has made changes within the past 6 months
- Maintenance – has maintained new behavior for at least 6 months and is working to prevent relapse.

Behavior change strategies will likely be more effective when they are designed to match an individual’s stage in the change process. Example: If an individual has a low fruit and vegetable intake, there is no point in providing detailed information and recipes. It would be more appropriate to focus the nutrition message on increasing the individual’s awareness of the benefits of eating fruits and vegetables before suggesting action-oriented strategies.

Stages of Change is an approach which can be used to assist WIC participants in changing behaviors associated with nutrition issues. What is unique about this approach is that counselors engage in a dialogue with participants to move participants from the stage they are in to the next stage. Data indicate that the five stages are indeed quite distinct in behavioral habits and attitudes and thus analysis of their unique characteristics are vital (3).

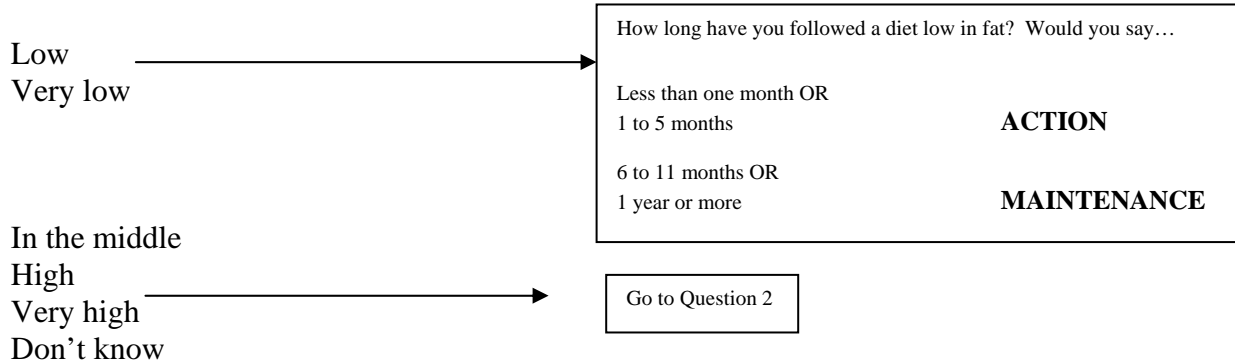
The dialogue, at first, can be a set of questions and algorithms (see example in this section) which is used to assess the stage of readiness to change. As the counselor becomes more proficient, the stage is easier to identify. Strategies can be developed for helping participants move to the next level (See example in this section). Examples of counseling can even be developed for specific nutrition topics (See example, folic acid).

Nutrition professionals strive to promote healthy eating and physical activity behaviors. An understanding of behavior change theory helps to better understand the many factors influencing health-related behaviors and the most effective ways of promoting change. The bottom line is that programs, interventions, and messages that are guided by behavior change theory have a much greater chance of achieving positive behavior change.

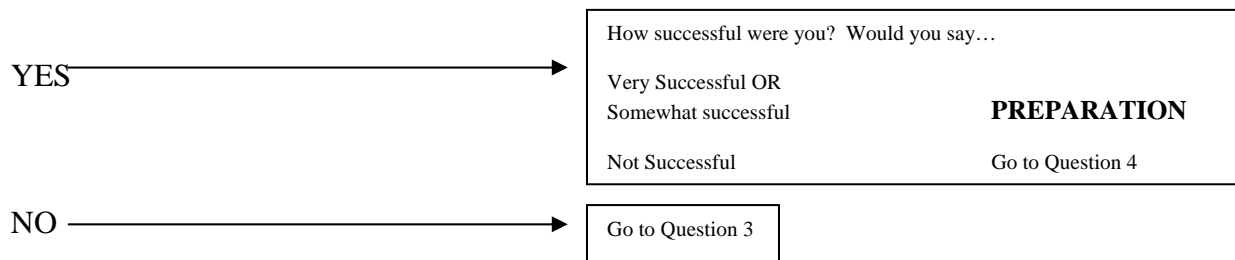
1. Glanz K, Rimer BK. Theory at a Glance: A Guide for Health Promotion Practice. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health; July 1996.
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QUESTIONS AND ALGORITHM USED TO ASSIGN STAGES OF CHANGE FOR A LOW-FAT DIET

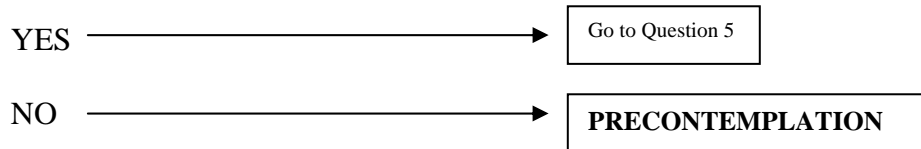
1. How high is your overall diet in fat? Is it...



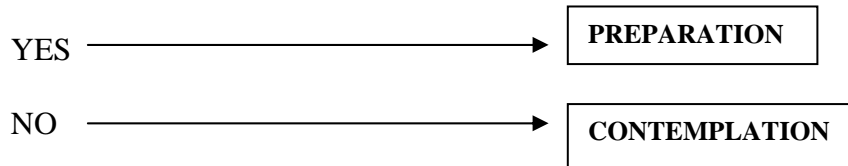
2. In the past 6 months, have you tried to eat less fat?



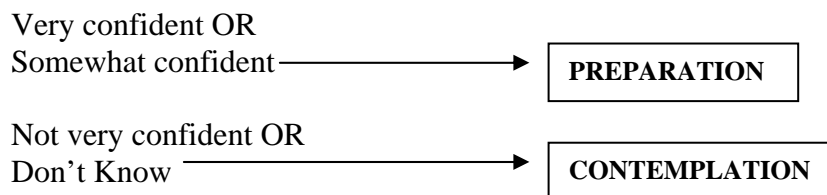
3. Are you seriously thinking about eating less fat over the next 6 months?



4. Do you plan to continue trying to eat less fat over the next 6 months?



5. How confident are you that you can change your diet to eat less fat? Would you say...



Kristal A, Glanz K, Curry S, Patterson R. How can stages of change be best used in dietary interventions? *J Am Diet Assoc.* 1999; 99: 679-678.

State of readiness	Key strategies for moving to next stage	Counseling do's at this stage	Counseling don'ts at this stage
Precontemplation	Increased information and awareness, emotional acceptance	<ul style="list-style-type: none"> • Provide personalized information • Allow client to express emotions about his or her disease or about the need to make dietary changes 	<p>Don't assume client has knowledge or expect that providing information will automatically lead to behavior change.</p> <p>Don't ignore client's emotional adjustment to the need for dietary change, which could override ability to process relevant information.</p>
Contemplation	Increased confidence in one's ability to adopt recommended behaviors	<ul style="list-style-type: none"> • Discuss and resolve barriers to dietary change. • Encourage support networks. • Give positive feedback about a client's abilities. • Help to clarify ambivalence about adopting behavior and emphasize expected benefits. 	<p>Don't ignore the potential impact of family members and others on client's ability to comply.</p> <p>Don't be alarmed or critical of a client's ambivalence.</p>
Preparation	Resolution of ambivalence, firm commitment, and specific action plan	<ul style="list-style-type: none"> • Encourage client to set specific, achievable goals. • Reinforce small changes that client may have already achieved. 	<p>Don't recommend general behavior changes (Eat less fat.)</p> <p>Don't refer to small changes as "not good enough."</p>
Action	Behavioral skill training and social support	<ul style="list-style-type: none"> • Refer to education program for self-management skills. • Provide self-help materials 	Don't refer clients to information-only classes.
Maintenance	Problem-solving skills and social and environmental support	<ul style="list-style-type: none"> • Encourage client to anticipate and plan for potential difficulties. • Collect information about local resources. • Encourage client to "recycle" if he or she has a lapse or relapse. • Recommend more dietary changes of client is motivated. 	<p>Don't assume that initial action means permanent change.</p> <p>Don't be discouraged or judgmental about a lapse or relapse.</p>

Story M, Holt K, Sofka, D. Bright Futures in Practice: Nutrition, US Dept of Health and Human Services. 2002;257.

Folic Acid
Stages of Change

Stage	Characteristics	Strategies	Folic Acid Counseling
Pre-contemplation	<ul style="list-style-type: none"> • Unable/unwilling to change • Not interested in changing • Denial 	<ul style="list-style-type: none"> • Provide non-threatening information • Raise awareness 	<ul style="list-style-type: none"> • Discuss benefits of folic acid • Distribute educational materials, including brochures
Contemplation	<ul style="list-style-type: none"> • Ambivalent about change • Substitute thinking for action 	<ul style="list-style-type: none"> • Translate thinking into doing • Give alternative choices 	<ul style="list-style-type: none"> • Give recipes for foods high in folate • Distribute "Advantages and Disadvantages of Folic Acid" chart
Preparation	<ul style="list-style-type: none"> • Show need and desire for assistance to change • Don't know how to change 	<ul style="list-style-type: none"> • Small steps for change • Focus on interventions • Find out what works for them 	<ul style="list-style-type: none"> • Encourage to buy multivitamins, supplements, and foods high in folate • Give out samples of multivitamins or supplements if available • Refer to WIC or Food Stamps • Refer to prenatal care to obtain prenatal vitamins
Action	<ul style="list-style-type: none"> • Experiencing success in change • Relapse is common 	<ul style="list-style-type: none"> • Reinforce successes with change • Build confidence 	<ul style="list-style-type: none"> • Praise and encourage the small successes (i.e. purchasing vitamins, consuming more fruits and vegetables, going to prenatal visits)
Maintenance	<ul style="list-style-type: none"> • Low risk for relapse • Temptation low 	<ul style="list-style-type: none"> • Encourage continued behavior change • Build upon successes they have experienced 	<ul style="list-style-type: none"> • Include folic acid message on annual exam reminder postcards

Source: www.folicacid.net

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FACILITATING WIC DISCUSSION GROUPS GUIDELINES, CONCEPTS AND TECHNIQUES

Providing discussion sessions for WIC participants is an attempt to provide them with a more meaningful nutrition education experience that involves interactive learning. As the certifying professional, you will be the facilitator and moderate a group conversation-style discussion.

The WIC participants take on an active role in this learning process by letting you know what information they need at this stage of their life (or their children's), and by sharing with you and other members of the group what they have experienced. Learning becomes more effective when they learn from each other as well as from the information you can share with them, especially since it is information that is relevant to their needs. Sessions will vary in content and style, depending on the session objective(s), the specific topics that the participants bring up, and the personalities of the participants involved.

Here are some specific guidelines and techniques to help facilitation of WIC Discussion Group:

*** Build Your Group From Within.**

Assure the members that this is their group, and that it will be structured to fit their needs and concerns.

*** Establish Group Norms or “Ground Rules”.**

For example: set the time, agenda, and length of sessions; establish rules on confidentiality and sharing of group responsibilities; and clarify procedural issues, especially listening to others and respecting ideas or comments of others. Allow the group to establish its own norms, which need to be acceptable to all members of the group.

*** Begin Each Session with a Check-in.**

This is not a rigid rule, but often useful in many groups. For example, this could involve an “icebreaker” where every member of the group shares – perhaps a brief statement of who you are, the child's name and age, any special needs of the child, and anything new that has happened over the last month.

The main objective is to help participants feel comfortable and safe in expressing their concerns.

*** Delivering the Opening Question.**

Silence and hesitancy are normal in the early stages of a discussion. Before or after delivering your first open-ended question (see below), you can prepare the group for this usual period of silence by telling them it's okay to take a moment to think of their response. If the silence continues past what you would consider to be normal, you can ask or guess aloud about what it may mean. Also, you can voice the fact that "it's sometimes hard to be the first to respond," or pick someone you know will be comfortable answering the question.

*** Ask Open-ended Questions.**

This is a skill that gets people involved in describing their own experiences as they relate to the session objective(s). A conversation should then develop that flows naturally and spontaneously. Asking open-ended questions is the most direct way to find out what it is that these particular WIC participants need to talk about. These questions must be worded so that people do not feel they are being interrogated, yet should enable you to find out important and specific information.

An open-ended question is one which cannot be answered by a "yes" or "no" which would only give you a minimum of information and close the conversation. There are no right or wrong answers to open-ended questions. Open-ended questions require more informative answers and are the same questions a good new reporter asks: Who, What, When, Where, Why, How, How Much, How Often.

In asking open-ended questions, you must take care not to pose too many questions in sequence which can make people feel they are being interrogated. If you set up a friendly atmosphere from the beginning, this will encourage participants to talk on a conversational level rather than just answering a series of questions. Also, balance your use of open-ended questions with the other facilitating skills such as clarifying or focusing.

* **Guide the Discussion.**

To facilitate means to allow things to happen and to make them easy. The facilitator is a moderator, allowing others to speak and then gently bringing topics to a conclusion. At the same time, you must stay in control of the discussion and avoid it becoming a “free for all”. If that happens, the quieter people will not have the opportunity to be heard, and no one will learn anything. Here are some specific points to bear in mind when guiding the discussion:

- Guide the discussion by throwing out topics to be discussed, so that it doesn't lose momentum, and keep the topic focused on the session's objective(s).
- Actively encourage participants to give more information and better define their situations, as well as focus on specific concerns. The conversation will need to be “directed” in order to better pinpoint issues and feelings on which the participants would like to concentrate.
- Recognize fears, prejudices, and disagreement, and bring them out into the open.
- Look for feedback – yawns, stretching and other feedback that indicate whether or not people are listening.
- Avoid letting group members monopolize “air time”. To someone dominating the discussion, you can say “your points are really interesting, but we also need to discuss some other issues. Why don't you catch me after this session, or call me tomorrow, and we can talk some more” – or however you can say this without embarrassing the person.
- Avoid strong agreement or disagreement over a subject that leaves the impression that there's no sense discussing it.
- Find ways to limit continual complaining or blaming of others.

*** Encourage Participation.**

Ways to reinforce the importance of each participant's contribution and encourage them to take part are:

- Focus on the person who is speaking; pay close attention to her (or him).
- If someone speaks too softly, repeat their question and/or comments to the group before replying.
- Give positive reinforcement and feedback to every person who speaks; a nod of the head or word of praise will encourage that person to speak again.
- Watch for non-verbal signs that may indicate someone else's desire to respond or ask a question.
- Use words that everyone is familiar with; avoid technical or medical terms.
- Check the seating arrangement to make sure the circle will include everyone.

*** Focus On Topics.**

Focusing emphasizes a particular subject that you think would be helpful for the group to explore (or rather, the group has made it obvious to you that they want it to be further explored). Commonly, a specific topic (or topic area) repeatedly surfaces in the flow of the conversation, in which case it may seem natural to further discuss and clarify it. This may happen spontaneously, or as the facilitator, you may need to ask more open-ended questions relating to the specific issue. The purpose of focusing the conversation in this case would be to help everyone better understand and further express their feelings about an issue that they have shown is relevant to them.

Another reason to focus the discussion would be to help make sense of a conversation that has ended up rambling, jumping from topic to topic without any sense of clarification, or has become unrelated to the session's objective(s). When the conversation seems to have confused both you and the participants, it is time to get things back in focus. To do this, you could select one particular point to repeat or condense a number of points into a selective summary in order to concentrate on how the participants are feeling, how their babies or children have been acting, etc.

*** Focus On Feelings.**

Place primary emphasis on the feelings or experiences of each group member. Avoid debating ideas; this is a place for support and information sharing.

*** Practice Active Listening.**

Some people tend to speak more than listen. Listening is a technique that can be developed beyond the everyday practice we are all familiar with. It means that you must be silent and allow the participants to talk. We are all guilty of sometimes listening with half an ear to the speaker while busily figuring out what to say next, or how to change the subject to something we would rather talk about. However, in order to help someone, you must listen carefully to what they are saying and avoid the temptation to intervene with your own thoughts and interests. Many times someone has mixed feelings or several concerns, and may need more time to talk before you can be sure of how they really feel. Listening skills can give you this time. Encourage group members to listen to and understand what other group members are saying.* Clarify.

This simply means making a point clear. To do this, you will first need to use your listening skills to help gather enough information about what a person has said to clearly understand their message and to restate what you heard. This involves becoming an "active" listener, encouraging people to respond to your interpretation of their statements and then showing acceptance of what they have said.

*** Stay With the Speaker.**

When one person is speaking, stay with that person until they are finished, rather than allowing other members to interrupt or take the floor.

*** Accept People as They Are.**

Effective learning and comfortable communication can only occur when there is an atmosphere of acceptance. The trick here is to learn to accept and respect someone's feelings without necessarily agreeing with their point of view. Respond to the feelings that are behind the comments being made; realize that you don't have to "teach" something, but are here to listen to, talk with and learn something from the participants and their experiences.

*** Dealing With Strong Feelings, Doubts and Disagreements.**

Strive to be sensitive to the feelings of others; lead the group to share their knowledge and experience without telling others what they should do. Make sure that participants' experiences and solutions to their own problems are offered to the others as "possibilities and suggestions" rather than dictating only one way to do it.

*** Dealing With Erroneous Information.**

When someone's input to the group discussion includes incorrect information, you can make a statement that emphasizes the worth of their experience and your respect for their decision, whether you agree with it or not.

Some possible responses, which avoid embarrassing the person, are:

- "I'm very glad that worked for you. Other people have found that _____ worked better for them."
- "I'm very glad that worked for you, but all the references we've seen do not recommend it."
- "I'm glad you brought that up. That "used" to be what was generally recommended, but now new research has found that ..."

- “You’ve brought up a really interesting issue. Let’s look it up in (a specific reference) and see what they say about it.”
- “That’s too bad. What could you have done differently if you had the information we have talked about today?”

*** Summarize the Discussion.**

As much as possible, bring ideas together, highlight certain conversations or repeat relevant information, and complete one topic before going on to another. Some groups find it helpful to end the session with each participant sharing what the session has meant to them, and what they learned or discovered during the session. This way, the group can see that their input and shared experiences helped everyone to learn something (it can be particularly valuable for them to realize that they even helped you, the facilitator, learn something new).

*** Assist Members in Gaining Resources.**

Provide sources of additional information such as pamphlets, videos, or referrals.

*** Above All - Have Fun!**

Remember that it takes time for a group to grow and develop trust. Be patient and never define success by the number of people attending the session. Enjoy yourself and the group members, and encourage them to do the same.

SCHEDULING OF NUTRITION EDUCATION FOLLOW-UP CONTACTS

1. WIC participants/caregivers should be given choices in being involved in designing their own nutrition education plan for a number of reasons:

- *The WIC Program is advancing nutrition education by encouraging participants to be partners in facilitated group discussions.

- *Allowing choices is fundamental to effective adult learning.

- *Just as children can be offered healthy food, but not forced to eat, people can be given opportunities to learn, but not forced to participate.

2. In devising individual nutrition education plans, the following guidelines should be used:

- *At certification, each WIC participant/caregiver will be given a list of all discussion sessions and encouraged to select a group session to attend as a follow-up visit based on the individualized nutrition plan.

- *If the participant/caregiver is hesitant or needs more information, the certifying health professional will describe the session topics in a positive way and reinforce the importance of attending, the benefits to the participant, and the benefits to the whole group when the participant/caregiver participates.

ICEBREAKER EXERCISES

Introduction

What are icebreakers? How do they differ from openers? Both are starter activities -- activities that help you “warm up” your clients and get them used to the idea of actively participating in the class.

***Icebreakers:**

These are exercises that are not related to the topic of the session. For example, if your discussion session is focusing on the importance of breastfeeding, an icebreaker exercise might be one client interviewing another about her favorite colors and why. The two would then switch the roles of interviewer and interviewee. Both will then share with the class what they’ve discovered about the other person. Icebreakers are useful when clients don’t know each other. They get shy people involved, and help clients overcome feelings of isolation or loneliness by getting to know another person.

***Openers:**

These are similar to icebreakers, but they are activities related to the session topic. For example, if the discussion session is about the importance of breastfeeding, you might have clients interview each other about their opinions on breastfeeding. If you have your clients share their opinions as you list the issues on the blackboard, you can then use the list to begin talking about the importance of breastfeeding. Like icebreakers, openers help people get to know something unique about each other and get people involved in participating.

Using an icebreaker or opener sends the message that the clients will play an active role in your sessions – that this is not another “lecture” or “just sit and listen” class. Some icebreakers/openers also help the instructor feel less nervous! However, you should choose the icebreakers/openers that you feel comfortable doing.

The following pages include descriptions of various icebreakers/openers. You can use these, but feel free to develop your own icebreaker/opener by adapting any of the ones listed.

SAMPLE ICEBREAKERS AND OPENERS

***Introductions via Interviewing One Another**

- Have clients find a partner.
- Have them take turns interviewing the other person. Interview questions can include name, number of children, hobbies, where they're from, where they work or have worked, etc.
- An interesting interview topic could be their given names.
 - Does the client like their name?
 - Why or why not?
 - Is it a family tradition?
 - Would you trade it for another name?
 - Will it/did it affect what you will name your children?

The facilitator should interview/be interviewed as well!

- After 5 minutes, have them share with the class what they learned about that person.

Note: If the class is large and sharing their findings with the class would take too long, divide clients into groups of four and have them take turns interviewing each other within the group. Omit the final step (above).

This activity could also serve as a useful opener for different topics. For example, in the interview, they could ask one another about their opinions on breastfeeding, how their pregnancy is going so far, what eating habits they've changed or kept the same during their pregnancy, how they feed their infant and why, what questions they have about feeding children, what successes/problems have they had in feeding their child, etc. Responses to these questions could be listed on a blackboard or flipchart and serve as the basis for initiating session discussion.

***Going Around the Room to Introduce Yourself**

Have clients give first names and a bit of information about themselves. Information could be unrelated to the topic of the class (for example: baby's due date, number of kids, what kind of day they're having, favorite food, funniest thing their kid has said or done, etc.). Or, the topic could be related directly to the discussion session (best thing about breastfeeding, what kind of advice you would give to another mother about what to feed their child, how your eating has changed now that you're pregnant, etc.). This strategy is useful when there is a small group or limited time.

***Working As a Group to Define Goals**

- Divide clients into groups of three or four.
- Have clients introduce themselves to the other people in their group.
- Within each group, have clients discuss what they hope to get out of this session.
- Have clients make a list of what they want to get out of the session. The facilitator should list goals on flipchart or blackboard.
- Goals can be used to determine topics for the group to cover in the session.

This activity can also be used as an opener. For example, in a session for pregnant women discussing breastfeeding, have each group come up with a list of advantages and disadvantages on breastfeeding. Have groups share their lists with other groups in the session. The lists can be used as a starting point for the discussion session. Other group topics could include questions such as:

- "What advice would you give to a mother who wants to know about feeding infants?"
- "What should you eat during pregnancy?"
- "What about feeding children?"

- “What about making baby food?”
- “What about breastfeeding?”

***Me and My Food**

- Have clients, on their own, answer the following questions by writing or drawing pictures. Give them a few minutes to complete the questions.
- Have them find a partner and share their answers.

ME AND MY FOOD

- 1) My favorite food is _____.
- 2) My favorite food when I'm sick is _____.
- 3) My favorite food when I was a child was _____.
- 4) My favorite vegetable is _____.
- 5) My favorite snack food is _____.
- 6) The food I dislike the most is _____.

(Make this into a handout to make the exercise easier for the client. Provide pens or pencils if possible.)

*** Telephone Game**

This is the same game you might have played as a kid in which one person whispers a message to another person, and that person then whispers it to the next person in line, and so on down the line. The fun part is seeing if the message makes it all the way down the line correctly.

The facilitator gives the message. This should be a nutritional statement relating to the class topic. For example:

- “Babies should never be put to bed with a bottle because it causes tooth decay.”

- “Breastfeeding moms should drink plenty of liquids in a day.”

The message can be used to initiate the topic for the class.

DOCUMENTATION FOR A NUTRITION EDUCATION VISIT AS A GROUP SESSION

Documentation of low risk group sessions (second contact) should include the session title, names of the participants, and a summary of the group discussion. This documentation should be kept in a master file.

When low risk participants are certified, they should be scheduled for group nutrition education sessions. The certifier should note this in the participant's medical record at the time of the certification. On the day of the group session, enter a Y (yes) on the participant WIC encounter (received education today) and the correct PTBMIS procedure code.

GOAL SETTING

A goal is a particular kind of decision – an action decision with a plan. To accomplish goals we need to believe that we have the ability to affect change. It helps to anticipate possible barriers, so these can be factored in for realistic success. The object of goal-setting is to be successful, and change in small steps that over time will be monumental. By affecting health behaviors, we're hoping all our clients and their families live to be a hundred!

* **Goals Need To Be Specific and Measurable**

If your client is unsure what they would like to do to improve their health-related lifestyle, have them describe, as thoroughly as possible, an area they wish to improve. This description will probably allow them many possibilities for small goals. They then need only pick the one or two they wish to try first.

* **Be Realistic, Not Perfectionistic**

When goals are unrealistic, they often set the stage for failure. One may

think the goal isn't dramatic enough, so why bother. The small successes set us up for bigger and bigger successes. Since change is a lifelong process, these small successes set the stage for continued growth. We build self-confidence and self-esteem if we succeed even in the small things. Help your clients set themselves up for success.

* **Choose Small Steps That Focus On Behavior**

Behaving in a consistent, persistent manner will produce the change that is desired. There may be a big goal at the end, but many, many small goals get us there.

* **Be Flexible and Reset Goals If Necessary**

The American way is to bite off more than we can chew. When this happens, our clients need to give themselves permission to reset the goal.

*** Plan the Reward – Even If It’s a Compliment We Give Ourselves**

Our clients need to congratulate themselves when a goal has been achieved. Doing this on a daily basis, each time an action has been completed correctly, offers positive reinforcement and helps assure that good behavior continues. Some class time can be spent having the clients share their goal for change as it helps to firm up that goal in their minds. By sharing it, they also tend to feel more committed to achieving it – their word is on the line. If a client does not wish to share a goal, remember they have the option of passing and being respected for that decision.

*** Suggestions From the Experts**

- Write the goal on a card.
- Read the statement in the morning and before retiring at night.
- Visualize the accomplishment of the goal being as detailed as possible.
- Feel the great feeling of having accomplished your goal.

Sources: “See You at the Top”, Z. Zigler.
“How To Put More Time In Your Life”, D. Scott.
“Seeds of Greatness”, D. Waitley.

SAMPLE SESSION OUTLINE TO CUSTOMIZE FOR YOUR OWN PERSONAL USE.

SESSION OUTLINE:

- 1) Opening the Session.
 - Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. (First names only is acceptable)
 - Icebreaker Exercise (Optional - see earlier section on "Facilitating WIC Discussion Groups)
- 2) Ask general, non-specific, open-ended questions to open up and focus the discussion:
- 3) Continue the discussion by focusing on a topic.
- 4) Closing the Session
 - Summarize the key points of the discussion.
 - Thank everyone for their participation.
 - Close the meeting.

**SAMPLE DISCUSSION SESSION OUTLINE TO CUSTOMIZE FOR
YOUR OWN PERSONAL USE.**

(TITLE) DISCUSSION SESSION

ALTERNATIVE TITLES:

OBJECTIVE:

BACKGROUND INFORMATION:

METHOD:

MATERIALS NEEDED:

DISCUSSION TOPICS:

EVALUATION OF FACILITATED NUTRITION EDUCATION SESSIONS

1. Were all participants scheduled for appropriate program category?

YES _____ NO _____ EXPLAIN: _____

2. Did the facilitator introduce him/herself?

YES _____ NO _____ EXPLAIN: _____

3. Did participants have an opportunity to introduce themselves?

YES _____ NO _____ EXPLAIN: _____

4. Did the facilitator use an ice breaker exercise at the beginning of the session?

YES _____ NO _____ EXPLAIN: _____

5. Did the facilitator use general open-ended questions to lead the discussion?

YES _____ NO _____ EXPLAIN: _____

6. Did the facilitator assure that information exchanged was accurate and correct?

YES _____ NA _____ NO _____ EXPLAIN: _____

7. Were all appropriate topics covered that were brought up by participants?

YES _____ NO _____ EXPLAIN: _____

8. Was the room setting:

Conducive to group interaction? YES NO EXPLAIN _____

Comfortable? YES NO EXPLAIN _____

Clear from distractions? YES NO EXPLAIN _____

9. Did the facilitator summarize the key points discussed at the end of the session?

YES _____ NO _____ EXPLAIN: _____

10. Comments: _____

PRENATAL DISCUSSION SESSION P-1

PRENATAL NUTRITION NEEDS AND IMPORTANCE OF WEIGHT GAIN

PRENATAL DISCUSSION SESSION: P-1

PRENATAL NUTRITION NEEDS AND IMPORTANCE OF WEIGHT GAIN

Eating for two?

ALTERNATIVE TITLE:

"So What Should I Eat Now That I'm Pregnant?"

OBJECTIVE:

WIC participants will discuss the importance of proper nutrition as it relates to weight gain during pregnancy.

BACKGROUND INFORMATION:

1. Study Guide (follows)
2. C.W. Sutor: *Maternal Weight Gain: A Report of an Expert Work Group.*: National Center for Education in Maternal and Child Health, Arlington, VA, 1997.
3. Committee on Nutritional Status During Pregnancy and Lactation, Food and Nutrition Board, Institute of Medicine, National Academy of Sciences: "*Nutrition during Pregnancy and Lactation: An Implementation Guide*", National Academy Press, Washington, D.C., 1992.
4. E.S. Weigley, D.H. Mueller, and C.H. Robinson: *Robinson's Basic Nutrition and Diet Therapy*, 8th edition, Prentice-Hall, Inc., 1997.

METHOD:

Involving participants in a group discussion.

MATERIALS NEEDED:

1. Food Guide Pyramid, USDA
2. Food for a Healthy Mother and Baby
3. Why Every Woman Needs Folic Acid
4. Relief from Common Pregnancy Discomforts
5. The Strength of Iron

6. Milk Recipe Booklet
7. Cheese Recipe Booklet

DISCUSSION TOPICS:

1. Weight Gain
2. Nutrition Needs in Pregnancy
3. Specific Issues such as:
 - Lactose or Milk Intolerance
 - High Empty Calories
 - Common Discomforts of Pregnancy – Nausea, Vomiting, Constipation, Heartburn
 - Iron and Prenatal Supplements

PRENATAL DISCUSSION SESSION P-1

Session Outline:

1) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their name and their due date, or other information you think of.
- Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups".

2) Ask general, non-specific, open-ended questions to open up the session and focus the discussion on the following topics:

Weight gain:

- *"What have you heard about how much weight a woman should gain in her pregnancy?"*
- *"What might happen if you do not gain enough weight?"*
- *"What might happen if you gain too much weight?"*
- *"What do you think of your weight gain so far?"*
- *"What other things can affect weight gain besides the food you eat in pregnancy?"*

Nutritional Needs in Pregnancy:

- *"What have you heard about what pregnant women should/should not eat?"*
- *"What have you heard about dieting while pregnant?"*
- *"What changes have you made in your eating habits now that you're pregnant?"*
- *"What happens to you and your baby if your diet is inadequate during your pregnancy?"*
- *"Share some ideas about nutritious foods that are easy to fix and fit well into your schedule and budget."*
- *"Why is it important to drink water?"*
- *"Are there any foods you do not eat?"*

3) If necessary, help refocus the discussion on a topic area or specific issue:

Milk intolerance/dislike:

- *"How do you feel about drinking milk?"*
- *"How do you use the milk and cheese you get on your WIC voucher?"*

High Empty Calories:

- *"What affects will excess fat, sugar, and salt have on your pregnancy?"*

Common Discomforts of Pregnancy:

- *"What discomforts are you experiencing with your pregnancy and how are you dealing with them?"*

Prenatal Supplements:

- *"What have you heard about taking vitamin supplements while you are pregnant?"*

Other General Questions:

- *"What have you read or heard about pregnancy that was interesting to you?"*
- *"Have you heard anything about pregnancy that you've been wondering or worrying about?"*
- *"What conflicting or confusing advice have you received now that you're pregnant?"*
- *"What old wives tales or myths have you heard about pregnancy?"*

4) Closing the session.

- Summarize the key points of the discussion.
- Closing questions:
 - *"What do you feel are your good food habits?"*
 - *"What is one thing you will do to improve your eating habits?"*

PRENATAL DISCUSSION SESSION P-1

PRENATAL NUTRITION NEEDS AND IMPORTANCE OF WEIGHT GAIN

PRENATAL DISCUSSION SESSION: P-1 BACKGROUND INFORMATION

WEIGHT GAIN DURING PREGNANCY

Optimal birth outcome is defined as a healthy infant weighing from 6.6 through 8.8 pounds. Recommendations are based on this goal and take into account postpartum fat retention.

Assessment of Pregnancy Size

A large body of evidence suggests that weight gain during pregnancy (especially during the second and third trimesters) is an important determinant of fetal growth, although the effect is modified by the mother's pre-pregnancy weight to height ratio. The correlation between gain and growth is greatest in thin women and weakest in obese women.

Height

Height should be measured as soon as possible during pregnancy to eliminate confounding associated with postural changes (beginning at approximately 20 weeks).

Pre-pregnancy Weight

The WIC program relies on self-reporting of pre-pregnancy weight, although it may not be reliable as weight is often underreported, and height is often overestimated. If pre-pregnancy weight cannot be reasonably determined, the recommendation is to identify gestational age and focus on rate of weight gain.

Target Range for Weight Gain

The recommended amount of weight gain during pregnancy varies according to the woman's pre-pregnancy weight. Once this has been established as underweight, normal, overweight, or very overweight, appropriate weight gain ranges can be targeted and current weight gain status can be assessed.

These weight gain recommendations are general, meaning that there are wide variations in weight gain among women having optimal birth outcomes. These recommendations are assumptions based on average women having average gains and delivering average size infants weighing from 6.6 to 8.8 pounds. These recommendations may not apply to women at the extremes of pre-pregnancy weight.

The encouraged weight gain ranges for pregnancy are as follows:

<u>Status</u>	<u>BMI</u>	<u>Recommended Weight Gain</u>
Underweight	<19.8	28-40 pounds
Normal	19.8-26.0	25-35 pounds
Twins		35-45 pounds
Overweight	26.0-29.0	15-25 pounds
Obese	29.1	15 pounds

Extremely obese women should be encouraged to gain within the lower range limit, and should never follow a weight reduction diet during pregnancy. These women should be encouraged to eat moderate amounts of nutritious food in order to consume sufficient quantities of essential nutrients.

Monitoring Weight Gain during Pregnancy

A desired pattern of weight gain is a progressive increase in weight that approximates the recommended rate, following a steady curve.

Monitoring weight gain over time requires accurate procedures and correctly operated equipment. Any abrupt or inconsistent changes should first be examined to see if they reflect errors in equipment or methods.

Special concerns to monitor include:

- Obese woman who gains less than 1# per month after the first trimester
- Normal weight woman who gains less than 2# per month after the first trimester
- After 20 weeks gestation, a gain of more than 6.5# pounds per month

PRENATAL DISCUSSION SESSION: P-1 BACKGROUND INFORMATION

PRENATAL SUPPLEMENTS AND IRON DEFICIENCY ANEMIA

During pregnancy, iron deficiency anemia may occur due to heightened nutrient requirements that exceed the dietary intake, or because of diluted blood volume. Excessive nutrient losses or increased metabolic requirements may contribute to the condition. Pregnant women are generally instructed by their physician to supplement with some form of iron to avoid iron deficiency anemia.

Affects and Symptoms

During pregnancy, mild iron deficiency is associated with:

- Premature delivery
- Low birth weight
- Placental insufficiency

The following are associated with iron deficiency:

- Defects in cellular immunity
- Reduction of white blood cell bacterial destruction
- Pale dry skin
- Feeling weak or tired
- Shortness of breath
- Loss of appetite
- Headache
- Dizziness

Factors Influencing

A simple test called hemoglobin or hematocrit is used to determine an individual's iron status. The following factors can influence the value:

- Altitude
- Age
- Cigarette smoking (actually increases values)

PRENATAL DISCUSSION SESSION P-2
INDIVIDUAL CONSULTATION

PRENATAL DISCUSSION SESSION: P-2

INDIVIDUAL CONSULTATION

A Chance to Ask Questions and Talk with the Nutritionist

OBJECTIVE:

WIC participants/caregivers will receive individualized counseling based on the clients special needs, questions, or problems.

BACKGROUND INFORMATION:

All sources listed in prenatal discussion may be relevant.

METHOD:

The nutritionist will use active listening skills to address the participant in a one-on-one discussion that targets particular concerns of each individual on WIC. The nutritionist will review client information, note possible areas of need and provide information, and follow-up scheduling as necessary.

MATERIALS NEEDED:

Appropriate handouts and pamphlets as deemed necessary; based on the clients special needs, questions, or problems.

PRENATAL DISCUSSION SESSION P-2

Session Outline:

1. Opening the session.
 - Introduce yourself with individual eye contact (if culturally appropriate) and confirmation of client's gestational status. This is a good neutral ground to start the discussion and can be an opening to assess the client's awareness and knowledge base of pregnancy. Comments referring to the fetal development like "The baby weighs about a pound now" or referring to the number of weeks/months to go, and general questions about other pregnancies, if appropriate, can help the client feel more comfortable and provide an opportunity for the nutritionist TO LISTEN to the participant.
 - Quickly review records and notes for any identified risks needing intervention or reassessment. Along with those concerns voiced by the woman at the meeting, these factors will determine the direction of that discussion.
2. Go through question format relating to health care history and current needs defined by the client. Make notes if needed and listen to responses for leading the inquiry.
 - Clarify need for information to support breastfeeding, adequate weight gain, healthy choices, and taking care of self and family. Utilize materials as indicated.

Possible Discussion Topics:

***Risk factors identified at time of certification.**

***Inappropriate Weight Gain Pattern:**

- *"How have you been feeling?"*
- *"What has your doctor said?"*
- *"What have other people told you?"*
- *"What do you think about your weight gain?"*
- *"What are some reasons to gain weight? How much?"*
- *"What do you think would be most helpful?"*

See Prenatal Discussion Session P-1 for additional questions relating to weight gain.

***Nutrition/Metabolic Concerns such as Diabetes Mellitus**

- *"How have you been feeling?"*
- *"When was your blood sugar last checked?"*
- *"How is management of your blood sugar going?"*
- *"Who is helping you with management of your diet and blood sugar?"*
- *"What do you know about risks to you and the baby related to your diabetes?"*
- *"What has your doctor said?"*

*** Prenatal Care**

*Ask the client if she is receiving prenatal care. If she is not, make an immediate referral.

*If she is receiving prenatal care, suggested topics include:

- *"Where?"*
- *"When?"*
- *"For how long?"*
- *"Any questions about what the doctor or nurse has said?"*
- *"Tell me about finding:*
 - *a doctor*
 - *a place to deliver*
 - *pre-admission*
 - *a pediatrician*
 - *child care"*
- *"What do you think about:*
 - *childbirth classes?" (if available)*
 - *parenting classes?" (if available)*
- *"Where will you:*
 - *get your postpartum check up?"*
 - *take the baby for well child check-ups and immunizations?"*

*** Breastfeeding**

- *"What have you thought about breastfeeding?"*

See session P-3 for additional suggestions for helping clients to make informed choices about infant feeding.

*If the client is interested in breastfeeding, guide her with possible strategies for support:

- *"Who would you call if you needed help with breastfeeding?"
(Know your local breastfeeding advocates)*
- *"Who can help you with breastfeeding now and after the baby is born?"*
- *"What are your plans for after the baby's birth?" (job/school)*
- *"What have you heard about giving the baby a bottle?"*
- *"What have you heard about expressing your milk from your breasts now or after the baby is born?"*

*If the client is definitely opposed to breastfeeding, offer positive statements that leave a neutral and open-ended situation:

- *"It is a decision only you can make. Some mothers go ahead and try it for awhile before they decide for sure."*
- *"You are always welcome to talk about it here or with____."*
- *"We recommend breastfeeding and can help you with that choice."*
- *"We like to support it as the best choice for mother and baby."*

4. Closing the Session

- Summarize the topics discussed
- Confirm that strategies are still agreeable.
- Identify if there are any more questions or need for referrals.
- Reinforce that the nutritionist is available when future needs arise.
- Thank the participant for her time.

PRENATAL DISCUSSION SESSION P-3
HOW WILL YOU FEED YOUR LITTLE ONE?

PRENATAL DISCUSSION SESSION: P-3

HOW WILL YOU FEED YOUR NEW LITTLE ONE?

OBJECTIVE:

WIC participants will be able to make an informed decision about how they will feed their baby, through addressing the advantages, as well as their concerns and fears, about breastfeeding.

BACKGROUND INFORMATION:

The Best Start Training Program which reviews:

1. The 3-Step Counseling Approach
2. The 5 Major Barriers to Breastfeeding
3. The Motivational Factors in Breastfeeding

METHOD:

Involving participants in a group discussion.

MATERIALS NEEDED:

1. Baby Doll
2. Appropriate “Best Start” Breastfeeding pamphlets
3. Breastfeeding is the Best fact sheet
4. Breastfeeding – Baby’s Best Start pamphlet
5. Breast models, examples of breast shells, bras, nursing pads, pumps, and other breastfeeding aids.
6. Video: Breastfeeding: Another Way of Saying “I Love You”, Mississippi WIC Program
7. Video: “For all the Right Reasons”

PRENATAL DISCUSSION SESSION P-3

Session Outline:

1. Opening the session.
 - Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their name and their due date, or other information you think of.
 - Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups".
2. Optional - Show the video (or parts of it): Breastfeeding: Another Way of Saying "I Love You"
3. Encourage participants to explore their concerns about breastfeeding; acknowledge their feelings and reassure them that they're normal; and as a group, address the concerns or fears that arise. Ask general, non-specific, open-ended questions to open up the session and focus the discussion on any of the following topics:

General Questions and Lack of Confidence Issues:

- *"What have you read or heard about breastfeeding?"*
- *"What do you think of when you hear the word breastfeed?"*
- *"What seems to concern you the most about the idea of breastfeeding your baby?"*
- *"Does anyone have any fears or doubts they'd like to share about breastfeeding?"*
- *"What do you think about breastfeeding?"*
- *"Why do you think some women choose not to breastfeed?"*
- *"Is there anything you think you might not like about breastfeeding?"*
- *"Has anyone heard any confusing or conflicting advice about breastfeeding?"*
- *"What do you think would be the most difficult thing for you if you breastfed?"*
- *"What type of women do you think breastfeed their babies?"*
- *"What have other people told you about breastfeeding?"*

Embarrassment:

- *"Many women would be embarrassed to breastfeed in public because their breasts may be seen. How do you feel about this?"*
- *"Have you thought about whether you would feel comfortable breastfeeding around other people?"*
- *"How do you feel about women who breastfeed in public?"*
- *"Would anyone like to share how they feel about breastfeeding in front of other people?"*
- *"Have you seen other mothers breastfeeding in public places? What did you think?"*
- *"How do you feel about the breast being seen traditionally as a sexual object?"*
- *"Have you thought about what you would do if your breasts leaked through your clothing? How would you feel?"*

Loss of Freedom:

- *"Would anyone like to share their plans for after the baby is born? What do you think your schedule will be like?"*
- *"Does anyone plan to go to work or school after the baby is born? How are you planning to handle it?"*
- *"How do you feel about leaving your baby with a sitter?"*
- *"Have you ever heard that if you breastfeed, your baby will be overly attached, clingy, or spoiled?"*
- *"Is there anything in your life that you feel you'll be giving up in order to breastfeed your baby?" Can you share some of these?"*

Dietary and Health Practices:

- *"What are some things you've heard about breastfeeding and...*
 - *not being able to eat certain foods (junk food, spicy foods, etc.)?"*
 - *having to follow a specific diet?"*
 - *drinking enough milk?"*
 - *drinking wine, beer, or cocktails?"*
 - *smoking?"*
 - *taking drugs?"*
 - *having to get lots of sleep?"*
 - *needing to be calm and relaxed?"*
 - *taking medications for colds, headaches, allergies, etc.?"*

Influence of Family and Friends

- *"What do your family and friends think about breastfeeding?"*
- *"What kinds of things have they told you about?"*
- *"What kind of advice or support have you gotten about breastfeeding?"*
- *"How do you think your husband, family, and friends can help you?"*
- *"What are some ways that a father can play an important role with the new baby? Or a grandmother?"*
- *"What do you think you would do if someone wants to give the baby some formula? Or if someone thinks the baby isn't getting enough?"*

4. Encourage participants to share the reasons and factors that attract women to breastfeeding, focusing on the advantages. Ask general, non-specific, open-ended questions to focus the discussion on the perceived advantages of breastfeeding, such as:

Infant Health

- *"How do you think breastfeeding helps babies?"*
- *"What are some of the health benefits of breastfeeding that you've heard of?"*
- *"How have the breastfed babies you've known been healthier?"*
- *"Can you describe some of the ways that breastfed babies seem healthier to you?"*

Mother/Infant Bond

- *"What have you heard (or experienced) concerning a special closeness between a breastfed baby and mother?"*
- *"Why do you think breastfeeding might create a special bond?"*
- *"Can you describe what kind of relationship you think breastfeeding creates for a mother and her baby?"*

Benefits for Mother:

- *"Would any of you who have breastfed before describe how it made you feel? Or describe what you have heard other mothers talk about how they feel about it?"*
- *"What have you heard about how breastfeeding can make motherhood so worthwhile?"*
- *"What do you think breastfeeding does that specifically helps a new mother?"*

5. Closing the session.

- Summarize the key points of the discussion.
- Close the meeting and thank everyone for coming and sharing with the group.

PRENATAL DISCUSSION SESSION P-3
HOW WILL YOU FEED YOUR LITTLE ONE?

Study Guide

The Best Start Training Program

1. The Barriers

The Best Start Program is a research and breastfeeding promotion project that has studied the reasons why some WIC clients, despite the fact that they know breastfeeding is the best way to feed babies, choose to bottle feed. Through many interview sessions with WIC clients, Best Start has determined that there are five major barriers to breastfeeding:

- Lack of Confidence
- Embarrassment to Breastfeed in Public
- Loss of Freedom
- Concerns about Dietary and Health Practices (Lifestyle Restrictions)
- Influence of Family or Friends

Solicit from the participants the various reasons they've heard why some women don't breastfeed, and determine whether or not they fit under one of these five barrier categories.

2. The Counseling Strategy

Each client and each problem requires a unique response. However, there are three initial steps that work with all of them because they are designed to counteract the lack of confidence and lack of knowledge that are at the root of these women's fears and doubts. These three basic steps are:

***Step 1: Listen to Mother's Concerns**

Many women need help in sorting out their feelings, and we can help by making them feel as comfortable as possible in sharing their concerns with us. That's why it's extremely important to begin by asking open-ended questions that encourage women to explore their views on breastfeeding.

***Step 2: Acknowledge Her Feelings**

Once we know the real sources of a woman's reluctance to breastfeed, we need to acknowledge her fears, and reassure her that these

feelings are normal and not uncommon. Showing her you appreciate and understand her concerns will help her to trust you and feel safe talking with you.

***Step 3: Educate**

Now that you have identified her feelings and expressed your acceptance and approval, you're ready to educate by giving her accurate information that deals with her fears and misconceptions. Knowledge is power. It will enable her to ignore the misinformation she's received from other sources and trust what you tell her. However, be especially careful not to present too much new information too quickly; it could actually reinforce her fears or make breastfeeding look difficult or complicated.

3. Using the Counseling Strategy to Address the Barriers

A. Lack of Confidence

*Mothers might say:

- *"My breasts are too small."*
- *"My breasts are too large."*
- *"My milk looks too thin."*
- *"The nurse said to offer formula after feeding."*
- *"It seems so complicated. I don't think I can do it right."*
- *"My diet isn't good enough."*
- *"I smoke/I drink/ I'm taking medicine."*
- *"Everytime my baby cries, someone tells me to give him a bottle."*

*Mothers may have these concerns:

- Many women do not understand how the breasts make milk.
- Some women use formula because they are afraid they cannot make enough milk. Using a bottle means the baby spends less time at the breast, so the breast makes less milk. Suddenly, the woman's fears come true.
- Lack of confidence makes women vulnerable to myths and old-wives tales about other's negative experiences. We have to be careful not to make it sound hard or imply that the mother can "do it

wrong.”

- A few women believe that breastfeeding requires skills that are complicated and difficult to learn.
- Most promotional materials from formula companies use wealthy women to illustrate breastfeeding and stress the importance of being healthy and relaxed when lactating. These messages reinforce poorer women’s fears that their lives may be too complicated, and their diets too inadequate to breastfeed.
- During the first few months of breastfeeding, many women or their relatives misinterpret a baby’s cries as a sign that they don’t have enough milk.

*To help acknowledge a mother’s concerns, consider:

- Aren’t we all afraid of something we’ve never done before? Weren’t we all afraid the first time we were pregnant and gave birth?
- A can of formula has all the ingredients and nutritional values listed right on the can. There are no such reassuring labels on the breast.
- A bottle of formula shows exactly how many ounces a baby is getting. Unfortunately, breasts are not marked in ounces and we cannot see how much the baby is getting.
- Doesn’t it only seem logical that large breasts would produce more milk than small breasts?

*Mothers may appreciate hearing the following information:

- Women have been breastfeeding for centuries. The human race wouldn’t have survived if women weren’t capable of producing the perfect food for their babies.
- If your body can produce such a perfect, beautiful baby, it can produce lots of perfect breastmilk.
- There is a terrific sense of accomplishment in succeeding in doing something you thought you might not be able to.
- Milk production is not related to breast size. Size is determined by fatty tissue. Milk production is possible as long as you have milk glands.

B. Embarrassment

*Mothers might say:

- *"My husband doesn't want his friends to watch."*
- *"My mother says I look like a cow when I nurse."*
- *"What if I'm in the grocery store or mall?"*
- *"What if I start leaking all over the place?"*

*Mothers may have these concerns:

- Breasts are seen as sexual objects and women worry that breastfeeding in public will:
 - ❖ Arouse men
 - ❖ Make their husbands jealous
 - ❖ Make other women jealous
 - ❖ Look "gross" or "disgusting"
- Most women resent having to go into a restroom and having to hide in their cars or bedrooms in order to feel comfortable nursing their child.
- Women differ in how uncomfortable they feel about breastfeeding in front of others:
 - ❖ Some women would feel uncomfortable even in front of relatives and friends unless they were sure that their breasts were not exposed.
 - ❖ Others would feel apprehensive even if seen breastfeeding discreetly
 - ❖ Many women who would feel self-conscious in a public setting would be comfortable breastfeeding in private.
 - ❖ A small proportion of women could not consider breastfeeding. For them, breasts are strictly for sex, and the idea of putting their baby's mouth on the breast is disgusting.
 - ❖ Many women would feel embarrassed if their breasts leaked, leaving a milk stain that others could see.

*Demonstrate how to nurse discreetly in public.

Use cloth diapers, receiving blankets, loose clothing, etc. Practice with sweaters or T-shirts that can be pulled up from the bottom, rather than clothes that must be unbuttoned from the top down.

C. Loss of Freedom

*Mothers might say:

- *"I still want to be able to go out and have a good time."*
- *"I want to be able to go back to school."*
- *"I need to get a job."*
- *"I don't want to mix nursing and bottlefeeding, so I'll just bottlefeed."*

*Mothers may have these concerns:

- Breastfeeding is seen as incompatible with an active social life. Younger mothers are especially concerned that breastfeeding will prevent them from having time for themselves or their friends.
- Some women are fearful of the bonding they are told accompanies breastfeeding because it will further decrease their freedom. They mistakenly believe:
 - ❖ the breastfed child will cry if its mother is not nearby.
 - ❖ breastfeeding makes it hard to leave the child with a sitter.
 - ❖ the breastfed child will be spoiled.
- Many women do not understand how to mix breastfeeding and formula supplements.
- Some women view pumping as messy, painful or a "hassle."
- A first-time mother often hears, "This will change your life forever," or "Nothing will ever be the same."
- Those who do not have children may see mothers as burdened with babies who cry when the mother is away or who hang on to the mother and do not want to go to a pushy relative.
- TV programs and movies glorify the independent woman; the one with the career, family and active social life. There is little that shows a woman at home with her children, creating a warm family life.
- Many pictures of breastfeeding women show them at home in expensive nightgowns. Many WIC mothers must work to support children. They will see this as incompatible with breastfeeding.

*Mothers may appreciate hearing the following information:

- While the mother was pregnant, the baby was in a warm, secure environment; the baby's body was constantly being massaged by the uterus, and their mom's heartbeat was always heard. After birth, the baby still needs lots of touch and cuddling. Studies show that babies

- deprived of a loving touch do not grow well, even with plenty of food.
- The baby whose needs are met and is loved comes to trust their world and believes they are a lovable person. As he gets older he will feel secure enough to be independent. We believe that the baby who is allowed to be "attached to mother" will feel good enough about themselves to be independent of their mother at their own pace.
 - Reconsider how "convenient" bottlefeeding really is. Feeding in the middle of the night, taking enough bottles when you go out, keeping bottles from spoiling in hot weather, mixing, washing, losing parts, running out...
 - Breastfed babies tend to be healthier. People are more willing to watch your healthy baby than a sickly one. Healthy babies are easier and more fun to take care of.
 - Mother can breastfeed and bottlefeed the baby. Start out breastfeeding for the first few weeks at home, then switch to a bottle when mother needs to be away. Mother can still breastfeed when they're together.
 - It's nice to be needed, to have a special job that no one else can do for the baby. The breastfed baby will have absolutely no doubt about who the mother is.
 - Remember that a baby is little for only a few short months. Compared to the rest of their life (75 to 80 years on average), breastfeeding doesn't last long. The truth is, before very long, your baby will be all grown up and independent, and you will miss that very brief period when the baby needed you so much.

Concerns about Dietary and Health Practices

*Mothers might say:

- *"I drink. I smoke. I'm taking medicine."*
- *"I don't want to have to watch what I eat."*
- *"They say you can't eat onions, garlic, jalapenos...My life is too complicated."*

*Mothers may have these concerns:

- Many women feel that breastfeeding will require them to change many dietary or health practices. They are unwilling or unsure of their

ability to:

- give up smoking
- give up drinking alcohol
- drink enough milk
- give up junk food and/or spicy food
- get enough sleep
- be relaxed

*Mothers might appreciate hearing the following information:

- A long time ago, there were no nutritionists telling people what to eat, and everybody breastfed just fine.
- Women in other countries often have very poor diets, yet they breastfeed their babies for two, three, or more years.
- There are no foods that you need to avoid in order to breastfeed. Think of women in Mexico or India. They eat very spicy foods and still breastfeed. Don't listen to what everyone says about chocolate or cabbage or pizza.
- It is important for all of us to eat healthy foods all through our lives. If you eat right, you'll look and feel better, but what you eat doesn't have much to do with your ability to breastfeed.
- It is not good to smoke whether you breastfeed or bottlefeed. Second-hand smoke causes many health problems in babies and children.
- Women who tend to be tense and "hyper" can breastfeed just fine. In fact, the hormones your body makes help you relax and feel calm and peaceful.
- If breastfeeding were as difficult and involved as many restrictions as some people think, nobody would do it.
- Your doctor can usually find a type or prescription drug or recommend a medicine that you can take that will not interfere with breastfeeding.

E. Influence of Family and Friends

*Mothers might say:

- "I've never seen anyone breastfeed."
- "My mother couldn't breastfeed."
- "My boyfriend doesn't want me to breastfeed."

*Mothers may have these concerns:

- Many women, especially young women who are pregnant for the first time, rely on their own mothers for advice and support with child care, including infant feeding.
- In many families, the mother's husband or her boyfriend has a strong influence on her choice. His opinions are especially important when he lives in the same household or has regular contact with the mother.
- Because bottlefeeding was the norm for many years, relatives and friends are more likely to advise women to bottlefeed than breastfeed.

*Mothers may appreciate hearing the following information:

- It is positive for mothers to talk to other mothers who are breastfeeding or who have breastfed their babies. This includes La Leche League meetings, women's church groups or perhaps other mothers from the WIC Clinic. Mothers need reassurance of knowing someone else who has succeeded at breastfeeding before them.
- Many fathers are really proud of their baby's mother for providing "his" baby with the best. You have a powerful ally if you can win over the father.
- Invite grandmothers and fathers to clinic for the discussion sessions. Expose them to other fathers and grandmothers who have positive points of view.
- Remind the mothers that she probably hasn't always done everything her mother told her to do. This might be another of those decisions she needs to make for herself.
- Back when most of us were born, hardly anyone breastfed their babies and nobody was around to help. Things are different now. Sometimes our mothers think that if we decide to breastfeed, we are telling them we think they didn't do a good job of raising us. It is important to acknowledge that we know those mothers who bottlefed did what

they thought was best for their babies. Twenty to thirty years ago, doctors thought bottlefeeding was best, but now they know breastfeeding is best.

- There are lots of things to do with babies besides feeding. The baby's father or grandmother could be the one who bathes or plays with the baby when they get fussy. Sometimes, breastfed babies are more playful with their dads than their moms because they associate mom with eating. When dad has them, they know something different, something fun is coming.

PRENATAL DISCUSSION SESSION P-4
KEEPING YOUR BABY SAFE BEFORE IT IS BORN

PRENATAL DISCUSSION SESSION: P-4

KEEPING YOUR BABY SAFE BEFORE IT IS BORN

OBJECTIVE:

WIC participants will be made aware of avoidable prenatal hazards and of helpful resources in the community for avoiding those hazards.

BACKGROUND INFORMATION:

1. Study Guide (follows)
2. B.S. Worthington-Roberts and S.R. Williams: *Nutrition in Pregnancy and Lactation*, 6th edition.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

1. Local community referral list.
2. Drugs, Alcohol, Tobacco: No Friends of the Family

DISCUSSION TOPICS:

Session outline follows.

PRENATAL DISCUSSION SESSION P-4

Session Outline:

1) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Since these topics can make people feel uncomfortable, it is not necessary for participants to give their names. Due dates, number and ages of other children can be shared instead.
- Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups"

2) Ask general, non-specific, open-ended questions to open up the session

- *"How is your pregnancy going?"*
- *"What are some physical changes you've experienced now that you are pregnant?"*
- *"What do you like best about being pregnant?"*

Questions to increase participant's comfort level with discussing avoidable hazards:

- *"What advice have you received about medicines or drugs and pregnancy?"*
- *"Have you made any changes in your activities now that you are pregnant?"*
- *"What activities are most appealing to you now that you are pregnant?"*
- *"What activities do you think are good for you and your baby?"*
- *"What help concerning pregnancy do you need the most?"*
- *"What do you not like about being pregnant?"*
- *"Have you heard anything about pregnancy you have been wondering or worrying about?"*
- *"Is there anything about being pregnant you wish was different?"*
- *"What conflicting or confusing advice have you received about being pregnant?"*
- *"What old wives' tales have you heard about medicines or drugs and pregnancy?"*

3) Specific Topics:

Knowledge of Harm

- *"What have you heard about what a pregnant woman can do that might be harmful to her baby before it is born?"*
- *"What have you heard about:*
 - *drugs (cocaine, speed, heroin, etc.)*
 - *alcohol*
 - *marijuana*
 - *nicotine*
 - *caffeine*
 - *artificial sweeteners*
 - *over-the-counter medicines?"*
- *"What have you heard about what pregnant women should do about these things?"*
- *"What have you heard about what pregnant women should not do?"*
- *"What have you heard about what might happen to the baby when a pregnant woman uses:*
 - *drugs (cocaine, speed, heroin, etc.)*
 - *alcohol*
 - *marijuana*
 - *nicotine*
 - *caffeine*
 - *artificial sweeteners*
 - *over-the-counter medicines?"*
- *"What happens to a person's appetite when using:*
 - *drugs (cocaine, speed, heroin, etc.)*
 - *alcohol*
 - *marijuana*
 - *nicotine*
 - *caffeine*
 - *artificial sweeteners*
 - *over-the-counter medicines?"*
- *"How is appetite important to a pregnant woman?"*

Behavior Change

- *"What are some ways that it might be very hard to stop using:*
 - *drugs (cocaine, speed, heroin, etc.)*
 - *alcohol*
 - *marijuana*
 - *nicotine*
 - *caffeine*
 - *artificial sweeteners*
 - *over-the-counter medicines?"*
- *"How is it that we can know we are taking a risk but we chose to do so anyway?"*
- *"Can you think of anyone who was pregnant and had problems with the baby because of:*
 - *drugs (cocaine, speed, heroin, etc.)*
 - *alcohol*
 - *marijuana*
 - *nicotine*
 - *caffeine*
 - *artificial sweeteners*
 - *over-the-counter medicines?"*
- *"How is it that it can be so easy to give other people advice but hard to change ourselves?"*

Safe Resources for Information for Support and Change

- *"What can one of us do if she has questions about:*
 - *drugs (cocaine, speed, heroin, etc.)*
 - *alcohol*
 - *marijuana*
 - *nicotine*
 - *caffeine*
 - *artificial sweeteners*
 - *over-the-counter medicines?"*
- *"What have you heard about (local community agencies)?"*
- *"What have you heard about what can happen to the children of a pregnant woman who is having problems with illegal drugs?"*

4) Closing the session.

- Summarize the key points of the discussion.
- Close the session and thank everyone for coming and sharing with the group.

PRENATAL DISCUSSION SESSION P-4
KEEPING YOUR ABBY SAFE BEFORE IT IS BORN

Study Guide

PRENATAL DISCUSSION SESSION P-4

BACKGROUND INFORMATION

Smoking Cessation Review

Risks of Prenatal Smoking...

- Neonatal death
- Sudden infant death syndrome (tripled risk)
- Miscarriage
- Low birth weight
- Premature birth
- Smaller stature
- Respiratory distress
- Impaired physical and intellectual development
- Pneumonia
- Bronchitis
- Childhood or adult cancer
- Ear infections
- Upper respiratory infections
- Decrease in lung function
- Asthma

Why Quit...

- Money 1ppd=\$1,000 a year
- Look and feel healthier
- Whiter teeth
- Smell better
- Premature wrinkles with smoking
- More energy, easier to breathe
- Food will smell and taste better
- Lower risk of heart disease, stroke, chronic bronchitis, emphysema, cancer
- Won't have constant cravings controlling you...where you will go smoke
- Reduce risk of illness - better able to fight off colds and flu
- In 1 year, risk of smoking related heart disease is cut in half
- In 10 years the risk of heart disease and lung cancer is equal to that of a non smoker

Second hand smoke (SIDS)...

- More harmful to children because lungs and bodies are not fully developed
- Increased risk of sudden infant death syndrome, asthma, sinus, ear infections, allergies, bronchitis, croup, pneumonia
- A child will have 2x risk of lung cancer than an adult

**When a cigarette is lit, only 15% is inhaled by the smoker, the other 85% becomes second hand smoke

Quitting...

- Takes an average of 7 quit attempts to stay quit

First day quit...

- Cold hands and feet begin to warm up
- Blood pressure and pulse rate slow down
- Heart and lungs begin to heal
- May feel sleepier, more irritable (it will pass)
- Cravings are common
- Taste and smell improve in a few days

BREASTFEEDING DISCUSSION SESSION B-1

AM I READY TO BREASTFEED?

BREASTFEEDING DISCUSSION SESSION: B-1

AM I READY TO BREASTFEED?

OBJECTIVE:

WIC Participants will receive information on how to breastfeed.

BACKGROUND INFORMATION:

1. Best Start Training Manual Study Guide (Session P-3 study guide)
2. J. Lauwers, D. Shinskie: *Counseling the Nursing Mother*, 3rd edition, Jones & Bartlett, Massachusetts, 2000.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

1. Baby Doll
2. Appropriate “Best Start” Breastfeeding pamphlets
3. Breastfeeding is the Best fact sheet
4. Breast models, examples of breast shells, bras, nursing pads, pumps, and other breastfeeding aids.

DISCUSSION TOPICS:

Session outline follows.

BREASTFEEDING DISCUSSION SESSION B-1

Session Outline:

5) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their names, their children's names and ages, their due date if pregnant, or other information you think of.
- Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups."

6) Ask general, non-specific, open-ended questions to open up the discussion and to elicit clients' concerns, as well as strategies for addressing their concerns during the discussion:

***Successful Breastfeeding**

- *"What do you feel is successful breastfeeding?"*
- *"How do you think breastfeeding makes the mother feel?"*
- *"How does breastfeeding keep your baby healthy?"*
- *"How long do you think a woman should breastfeed?"*

***Concerns of Breastfeeding the First Few Weeks**

- *"What are some ways to position or hold your baby while feeding?"*
- *"How often do you think you should nurse a newborn?"*
- *"How do you know your baby is hungry?"*
- *"How do you know your baby is satisfied or full?"*
- *"When would you not want to give supplements?"*
- *"What reason other than hunger would your baby want to nurse?"*
- *"Do you know anyone who had sore nipples?"*
- *"How can you avoid sore nipples?"*
- *"What if you had to leave the baby for a short time?"*
- *"What if you have a c-section?"*
- *"What if you need medication?"*
- *"What have you heard about birth control while breastfeeding?"*

- *"What birth control methods have been recommended to you while breastfeeding?"*
- *"What do you expect it to be like when you first start to breastfeed?"*
- *"How long do you think it will take for you and your baby to learn to breastfeed?"*
- *"Who are the people that are going to be around you when you breastfeed?"*
- *"What do they think now about your breastfeeding?"*
- *"How do you think they'll act when you're breastfeeding?"*
- *"What would you like them to do? How can they help you?"*

***Issues Concerning Doctors, Midwives, Nurses, and Hospitals**

- *"What have you discussed with your doctor or midwife about breastfeeding your baby?"*
- *"What if you decide to breastfeed and the nurses at the hospital give your baby a bottle?"*
- *"What do you think happens when you decide to "top the baby off" with a bottle after breastfeeding?"*

***Prenatal Breast Exam**

- *"What have you heard about breastfeeding and breast size?"*
- *"What are some things you have heard that will help prevent sore nipples?"*
- *"Does anyone have (or know someone who has) flat or inverted nipples?"*
- *"What can you do if you have inverted nipples?"*
- *"How do your breasts feel now that you are pregnant?"*

***Closing Questions**

- *"What other information do you need to start breastfeeding?"*
- *"Who would you call if you had questions or concerns about breastfeeding?"*

7) Closing the session.

- Summarize the key points of the discussion.
- Thank everyone for their participation.
- Close the meeting.

BREASTFEEDING DISCUSSION SESSION B-2

SUCCESSFUL BREASTFEEDING

BREASTFEEDING DISCUSSION SESSION: B-2

SUCCESSFUL BREASTFEEDING

ALTERNATIVE TITLES:

- “Answers for your New Questions about Breastfeeding”
- “Sharing your Thoughts and Experiences about Breastfeeding with other Mothers”
- “Update on Breastfeeding”
- “So, How’s it Going? Discussion on How you’re Doing with Breastfeeding”
- “Sharing Breastfeeding Joys and Solving Breastfeeding Problems”

SUMMARY:

So you’ve breastfed your baby. Good for you! Many new mothers find that they have more questions about breastfeeding at this time. Some other mothers want to share their positive experiences about breastfeeding or get help from other mothers in solving breastfeeding problems. This session serves as a discussion group for these concerns and a way for breastfeeding moms to get support in facing the challenges of breastfeeding.

OBJECTIVE:

WIC Participants will receive breastfeeding information and support through a group discussion.

BACKGROUND INFORMATION:

1. Best Start Training Manual Study Guide (Session p-3 study guide)
2. J. Lauwers, D. Shinskie: *Counseling the Nursing Mother*, 3rd edition, Jones & Bartlett, Massachusetts, 2000.
1. N. Mohrbacher, J. Stock: *The Breastfeeding Answer Book*, revised edition, La Leche League International, Schaumburg, Illinois, 1997.
2. R. Lawrence: *Breastfeeding: A Guide for the Medical Profession*, 5th edition, Mosby, St. Louis, 1999.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

1. Baby Doll
2. Appropriate “Best Start” Breastfeeding pamphlets
3. Breastfeeding - Baby’s Best Start pamphlet
4. Breast models, examples of breast shells, bras, nursing pads, pumps, and other breastfeeding aids.

DISCUSSION TOPICS:

Session outline follows.

BREASTFEEDING DISCUSSION SESSION B-2

Session Outline:

1) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their name, their children's names and ages, or any other information you can think of.
- Icebreaker Exercise - optional. Pair-up each participant with a partner. Give each partner 3 or 4 minutes of time to talk to the other partner about whatever they are thinking, feeling, or experiencing about breastfeeding; while one partner talks, the other "just" listens and cannot interrupt or respond back verbally. The listening partner gives all their attention to listening and focusing on what the person talking is saying. Have the partners switch their roles, so that each experiences the 3 or 4 minutes as both the speaker and the listener.

Then have everyone join back into the group, and ask how they felt about it, what it was like to be the speaker or the listener, what kinds of things they talked about and/or what they may have learned from it.

You can vary this exercise by giving the partners different topics to talk about (For example, an abbreviated version of their life story or a more specific issue about breastfeeding, etc.) or let them talk about anything they want to.

2) Ask general, non-specific, open-ended questions to open up the session and focus the discussion:

***Neutral Approach**

- *"How is breastfeeding going?"*
- *"What did you expect about breastfeeding, and what actually happened?"*
- *"What did you think life would be like with your baby, and what is it really like?"*

- *"How do you feel about breastfeeding so far?"*
- *"What new breastfeeding experience/occurrence have you had in the last month?"*
- *"What advice have you been given about feeding your baby?"*

***Addressing Positives:** (especially good to use if pregnant women attend)

- *"What made you want to breastfeed?"*
- *"What are some reasons you think women chose to breastfeed?"*
- *"What do you think are some ways breastfeeding is good for your baby and for you?"*
- *"What are some good things that are happening with you because you're breastfeeding?"*
- *"What do you like best or enjoy most about breastfeeding?"*
- *"Can you think of some pleasant surprise you've discovered about breastfeeding?"*
- *"Do you think a mother would really miss something if she decided not to nurse?"*
- *"How has breastfeeding influenced the way you parent your baby?"*
- *"How does breastfeeding help you understand your baby's needs?"*
- *"Describe a situation where you were especially glad you were breastfeeding?"*
- *"What do you as a mother get out of breastfeeding, and how does this affect the rest of the family?"*
- *"How has breastfeeding saved you money?"*

***Addressing Worries or Concerns:**

- *"What help concerning breastfeeding do you need the most?"*
- *"Is there anything you don't like about breastfeeding?"*
- *"Have you heard anything about breastfeeding you have been wondering or worrying about?"*
- *"Is there anything that is concerning or worrying you about breastfeeding?"*
- *"What are some of the reasons some mothers decide not to breastfeed?"*
- *"Is there anything about breastfeeding that you wish you would have done differently?"*
- *"What conflicting or confusing advice have you received on caring for your baby?"*
- *"What old wives tales or myths have you heard about breastfeeding?"*

- *"What breastfeeding difficulties did you think you might have, and what did you do to avoid them?"*
- *"What is the worst advice you received about breastfeeding?"*

3) Examples of open-ended questions that can help focus the group discussion on a topic area or specific issue:

***Early Breastfeeding:**

- *"How often do you breastfeed?"*
- *"How can you tell that your baby is getting enough milk?"*
- *"What are some of the ways your baby lets you know he/she is getting enough?"*
- *"How have you handled leaking?"*
- *"How do you hold your baby to breastfeed?"*
- *"Have you tried other breastfeeding positions?"*
- *"How does let-down feel to you? What helps to let your milk let down?"*
- *"What was the best piece of advice someone gave you for the early weeks of breastfeeding?"*
- *"What have you done or are doing to help breastfeeding get off to a good start?"*
- *"What made you anxious about breastfeeding in the early days?"*
- *"Who gave you support when you were nursing for the very first time? What did they do or say that helped?"*
- *"What have you heard about breastfeeding a baby that is jaundiced?"*
- *"What special needs did you and your baby have at first?"*
- *"How many had a less-than-perfect beginning to breastfeeding that turned out all right in the end? Could you please share this with us?"*
- *"Is there something you did while you were pregnant that helped make the early weeks of breastfeeding easier?"*
- *"How have you or others you've talked to handled baby's growth spurts?"*
- *"At what ages has your baby had a growth spurt?"*

***Breast Care/Sore Nipples:**

- *"How do your breasts feel when you're nursing?"*
- *"What have you heard about breastfeeding and breast size?"*
- *"What do you feel is the best way to take care of your breasts while pregnant and breastfeeding?"*

- *"What have you heard about:*
 - *putting ointments or lotions on your nipples?*
 - *putting soap on your nipples?*
 - *"preparing" your nipples?*
 - *drying out, or exposing nipples to sunlight?"*
- *"Has anyone used breast pads? How did this help you? Can you suggest certain types to use?"*
- *"Has anyone experienced sore nipples? Can you tell us about it and what you found to be helpful?"*
- *"What are some things that will help prevent sore nipples?"*
- *"How about breast engorgement? What helps prevent and relieve it?"*
- *"Does anyone have (or know someone who has) inverted or flat nipples? If so,:*
 - *how and when did you know your nipples were this way?*
 - *what kinds of things can help make breastfeeding easier?"*
- *"What have you heard about breast infections?"*

***Emotional/Family-Oriented Issues:**

- *"What kind of things can a new mother do to pamper/take care of herself?"*
- *"What are some ways for a new mother to relax?"*
- *"What do you do when you get really worn out and tired?"*
- *"Can you share a way to simplify a household task, such as the cooking, laundry, shopping or cleaning?"*
- *"Have you had any problems nursing with others around?"*
- *"How does your family feel about your breastfeeding?"*
- *"What kinds of support for breastfeeding are you getting at home?"*
- *"What does your family expect of the new baby? and of you?"*
- *"How does your family want to feed the baby?"*
- *"Has anyone encouraged you to give your baby formula or baby food? How have you handled that?"*
- *"How has your family (or husband) helped make breastfeeding easier for you?"*
- *"How do you (and your husband) feel about having the baby in bed with you?"*

***Miscellaneous Management Issues:**

- *"How does your baby let you know he/she is hungry?"*
- *"What are some reasons why babies cry?"*
- *"What happens when your baby cries?"*
- *"What are some techniques you've used or heard about to soothe a fussy or colicky baby?"*
- *"What have you heard about using birth control while breastfeeding?"*
- *"What birth control methods have been recommended to you to use while you are still breastfeeding?"*
- *"Has anyone heard that you can't get pregnant as long as you're breastfeeding? What do you think about that?"*
- *"If you've had problems with breastfeeding, how have you handled them?"*
- *"If anyone has had a problem such as a plugged duct, breast infection, an illness, etc., can you share how you handled it?"*

***Alternate Feedings/Expressing Breastmilk:**

- *"What do breastfeeding mothers do when they're going to be away from the baby during a time when the baby will need to be fed?"*
- *"In what kind of situations might mothers need to express their milk?"*
- *"How do you feel about leaving your baby with someone else (such as a caregiver, husband, grandmother, etc.)? What do you think will happen?"*
- *"What do you do when you want (or need) to leave your baby behind?"*
- *"What are some ways of expressing breastmilk?"*
- *"What have you heard about:*
 - *hand-expressing breastmilk?*
 - *breastpumps?*
 - *using formula?*
 - *giving the baby a bottle?"*
- *"Which method of expressing milk has worked best for you or someone you know?"*
- *"Where have you been able to find breastpumps? How much do they cost?"*
- *"If you have ever expressed milk, about how much were you able to express at one time?"*
- *"Can anyone describe what frozen breastmilk looks like?"*
- *"How long can breastmilk be stored in the refrigerator? In the freezer?"*
- *"What are some ways to thaw out frozen breastmilk?"*

***Substance Use/Abuse**

- *"What are some of the things you've heard that get passed into breastmilk?"*
- *"What are the effects of (discuss substances such as cocaine, crack, speed, heroin, alcohol, marijuana, nicotine, caffeine, and over-the-counter medicines) on babies who are breastfed?"*
- *"What have you heard about using drugs while breastfeeding?"*
- *"What kinds of things would you consider to be drugs?"*
- *"What have you heard about mothers who:*
 - *drink beer?*
 - *wine?*
 - *hard liquor?"*
- *"How do you feel about mothers who:*
 - *smoke cigarettes?*
 - *smoke marijuana?*
 - *take pills?*
 - *use cocaine or crack?*
 - *use other drugs?*
 - *take prescribed or over-the-counter medicines?"*
- *"What about breastfeeding mothers who do these things?"*
- *"What is a safe amount of: beer? wine? hard liquor?" (and so on, as above...)*
- *"What have you heard you should do if you get sick? What kinds of medicines do you think are okay to take while breastfeeding?"*

***Breastfeeding Older Infants:**

- *"When do you think you might stop breastfeeding? What are your reasons?"*
- *"When do you feel is a good time to wean a baby?"*
- *"When is a child too old to be breastfed? Reasons?"*
- *"What do you know about what others have done (family, friends, neighbors...)?"*
- *"Does anyone have any suggestions about weaning?"*
- *"What have you heard are some of the differences between weaning from a bottle and from the breast?"*
- *"How do you handle nursing in public?"*
- *"What have you found to be advantages/drawbacks about nursing an older infant?"*

- *"What happens when a nursing baby gets teeth?"*
- *"Has anyone here ever tandem nursed (nursing both an infant and the older sibling) or known anyone who has? What can you tell us about it?"*

***Mother's Nutritional Needs:**

- *"What have you heard about:*
 - *what breastfeeding mothers must eat?*
 - *what breastfeeding mothers cannot eat?"*
- *"What have you heard are good foods for breastfeeding moms?"*
- *"How does the food a mother eats affect her milk supply?"*
- *"How do you feel about what you are while you were pregnant?"*
- *"How do you feel about what you're eating now; what you'd like to eat?"*
- *"What happens to you if you're not eating right? How does it affect your baby?"*
- *"Has anyone heard of certain food you're not supposed to eat while breastfeeding?"*
- *"Can anyone share some nutritious types of foods that are easy to fix and fit well into your schedule?"*
- *"How do you handle it if your baby seems fussy after eating? Do you think something you ate might have caused this?"*
- *"How much...*
 - *milk*
 - *fruits and vegetables*
 - *meat/protein*
 - *grains**...should you eat?"*
- *"How do you feel about drinking milk?"*
- *"What have you heard about dieting while breastfeeding?"*

4) Closing the Session.

- Summarize the key points of the discussion
- Close the meeting and thank everyone for coming and sharing with the group

POSTPARTUM DISCUSSION SESSION PP-1

TAKING CARE OF YOURSELF, AFTER THE BABY

POSTPARTUM DISCUSSION SESSION: PP-1

TAKING CARE OF YOURSELF, AFTER THE BABY IS BORN

ALTERNATIVE TITLES:

“The New Me”
“Body Beautiful”

OBJECTIVE:

The client will set a goal to take care of herself and to manage the change in her life as a result of the new baby.

BACKGROUND INFORMATION:

1. Study Guide (follows)
2. R.L. Duyff: *The American Dietetic Association's Complete Food and Nutrition Guide*, Chronimed Publishing, Minneapolis, 1996.
3. Eisenberg, Hathaway, and Merckoff: *What to Expect the First Year*, Workman, New York, 1989.

METHOD:

Involves participants in a facilitated group discussion.

MATERIALS NEEDED:

1. Foods for You After You Deliver
2. The Healthy Weigh
3. Suggestions from Nutrition Services Tennessee Department of Health To Decrease Fat Intake
4. Why Every Woman Needs Folic Acid

DISCUSSION TOPICS:

Session outline follows.

POSTPARTUM DISCUSSION SESSION PP-1

Session Outline:

1) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can also share with the group their baby's age, or gender.
- Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups."

2) Ask general, non-specific, open-ended questions to open up the session and focus the discussion:

- *"What has been one tough situation you've had since the baby was born?"*
- *"What is one change that has happened as a result of becoming a mom?"*
- *"What is one thing that you have done for yourself since the baby was born?"*
- *'What activities have you attempted while holding the baby?"*
- *"What do you think is the difference between dieting and healthy eating?"*

Team off and talk for one minute about yourselves and then introduce your partner to the group.

3) Continue the discussion by focusing on any of the following topics:

- Weight management: selecting a weight control program
- Food for stress management
- Getting a good night's rest
- Beauty and the Beast: food and self-esteem
- Food for the blues
- Food on the run: returning back to work or school
- Exercising with the baby
- Family planning and your diet

4) Closing the session.

- Summarize the key points of the discussion.
- Thank everyone for their participation.
- Close the meeting.

POSTPARTUM DISCUSSION SESSION PP-1
TAKING CARE OF YOURSELF, AFTER THE BABY

Study Guide

POSTPARTUM DISCUSSION SESSION: PP-1 BACKGROUND INFORMATION

A Good Night's Rest

Naps taken at the same time baby naps will become important. *Getting enough rest ensures a better milk supply for breastfeeding. Remind moms that night feedings are important and a common pattern for babies. Night feedings do not mean that the baby is not getting enough to eat or that cereal needs to be introduced.*

Take the opportunity to rest while the baby is breastfeeding or bottle-feeding. Not only does this provide an opportunity to rest, but also for bonding. Allow others to help with nighttime feedings, like going to get the baby.

Self Esteem and Postpartum Blues

With the birth of the baby the focus switches from the mom to the baby. This frequently causes the mom to experience feelings such as being part of the background, feelings of inadequacy, feelings of guilt, mourning for the "old you", unhappiness over your appearance, and lack of support. Things for them to do include:

- *Getting out of the house.*
- *Asking for help with the house.*
- *Asking for help with the baby or other children.*
- *Talking about their feelings of not being appreciated.*
- *Looking their best so they can feel their best.*
- *Getting active.*
- *Making some time for themselves.*
- *Getting together with other new moms they know and comparing their new "way of life".*

Exercising After the Birth of a Baby

If a woman had a normal delivery and is in good health, they can usually follow a simple exercise program. If they have any concerns, recommend they ask their physician.

Babies are great for exercising. Most babies love lying on mommy's chest during calisthenics sessions; snuggling in a baby carrier while she pedals a stationary bike, works a rowing machine, skiing machine, or treadmill; and being pushed in a stroller or carriage while mommy walks or jogs. Infants should not be bounced while you jog or propped up on a bike if the baby can't sit independently.

Guidelines for safe and sane exercise:

- Stick to a schedule.
- Don't rush.
- Start slowly.
- Avoid competitive sports.
- Do muscle toning exercises.
- Do five minutes of warm ups.
- Cool down at the end of the sessions.
- Be careful not to get up too quickly because of possible dizziness.
- Avoid vigorous exercise in hot weather or when you have a fever.
- Drink plenty of fluids before and after (water is best).
- Stop exercising immediately and notify your doctor if you experience any of the following symptoms:
 - pain
 - dizziness
 - pubic pain
 - nausea
 - back pain
 - faintness
 - blurred vision
 - difficulty walking
 - shortness of breath
 - palpitations (your heart seems to tremble, flutter, or race)
 - Sudden increase in vaginal bleeding (if brown or pink lochia turns red after exercise, you are over doing it).

Family Planning

Ask a Nurse or Nurse Practitioner to help with this session, if possible. One of the most important things for new moms to think about is that they can get pregnant before they have a period. The body needs to recover from a pregnancy before starting another one. There are many adjustments a woman must go through when a baby enters the world, and time for this is important. Teenager's bodies usually need longer for recovery because they are still growing and need adequate quantities of nutrients.

Some methods of birth control could affect nutritional status. Please check with Nurse Practitioners for any updated information.

POSTPARTUM DISCUSSION SESSION PP-2

**POSTPARTUM NUTRITION NEEDS AND
THE IMPORTANCE OF FOLIC ACID**

POSTPARTUM DISCUSSION SESSION: PP-2

POSTPARTUM NUTRITION NEEDS AND THE IMPORTANCE OF FOLIC ACID

ALTERNATIVE TITLES:

“What is Folic Acid and Why is it Important?”

OBJECTIVE:

WIC participants will discuss the importance of folic acid and how it relates to positive birth outcomes. The participants will discuss food sources of folic acid.

BACKGROUND INFORMATION:

1. Study Guide (follows)
2. MMWR, September 13, 2002 (10 year progress report since the 1992 PHS recommendation regarding folic acid and prevention of birth defects.)

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

1. Why Every Woman Needs Folic Acid Pamphlet
2. Folic Acid Everyday – Make it a Habit bookmark

DISCUSSION TOPICS:

Session outline follows.

POSTPARTUM DISCUSSION SESSION PP-2

Session Outline:

8) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves.
- Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups."

9) Ask general, non-specific, open-ended questions to open up the session and focus the discussion:

- *"What do you know about folic acid?"*
- *"Do you currently take any vitamin or mineral supplements? Which ones? How often?"*
- *"What happens when you don't get enough folic acid?"*
- *"Who needs folic acid? And when?"*
- *"Why is it so important for women to take folic acid before getting pregnant?"*
- *"How do you know how much folic acid is in different foods? Or in vitamin pills?"*
- *"If you eat breakfast, what do you usually have to eat?"*
- *"Which of the WIC approved breakfast cereals have 100% of the daily value for folic acid that you need?"*
- *"Can you suggest different ways to get enough folic acid everyday?"*
- *"Can anyone suggest some foods that are good sources of folic acid?"*
- *"Does anyone have any quick and easy ideas for using folic acid rich foods at mealtime and/or for snacks?"*
- *"Can you suggest foods or snacks that you like that are also good sources of folic acid?"*
- *"What kinds of things help you remember to take a vitamin pill every day? Or eat a breakfast cereal with 100% daily value for folic acid every day?"*
- *"What happened before most people knew they needed more folic acid than they get from diet alone?"*

- *"Why do some people say they won't take vitamin pills?"*

10) Closing the session.

- Summarize the key points of the discussion.
- Thank everyone for their participation.
- Close the meeting.

POSTPARTUM DISCUSSION SESSION PP-2

**POSTPARTUM NUTRITION NEEDS AND
THE IMPORTANCE OF FOLIC ACID**

Study Guide

POSTPARTUM DISCUSSION SESSION: PP-2 BACKGROUND INFORMATION

What Is Folic Acid and Why Is It Important?

Folic Acid is a B vitamin necessary for DNA production and cell division. It is known to help prevent certain birth defects, known as neural tube defects (NTDs). Spina bifida and anencephaly are the two most common types of NTDs.

Folic acid is sometimes called Folate. Technically, folic acid refers to the synthetic form of the vitamin and folate refers to the form found naturally in food. Folic acid has greater bioavailability.

Folic acid also assists blood cell production -important during normal health as well as in pregnancy to avoid anemia, and it may help with normal placental function and fetal growth. Recently, the contribution which folic acid makes towards health maintenance has been recognized in research demonstrating a possible role in preventing heart disease, stroke, and certain cancers.

The Institute of Medicine (IOM) recommends that all women of reproductive age consume 400 mcg of synthetic folic acid daily, in addition to eating a healthy diet.

The recommendation is for **all** women of childbearing age because:

- NTDs usually occur in the baby before the mother even knows she is pregnant.
- Many pregnancies are unplanned.
- It is difficult to get adequate folic acid from diet alone.

Where? Oh! Where is Folic Acid?

Women should eat foods naturally rich in folate, such as dark green leafy vegetables, orange juice, dried peas, beans, and lentils; however, taking a daily dietary supplement (a multivitamin or pill containing 400 mcg folic acid) is an easy and effective way to enrich the diet. Additionally, many WIC approved cereals are fortified with 100% of the recommended daily value of folic acid, providing an excellent option to supplements.

In A Nutshell.....To Help Prevent Birth Defects

- Who?** All women who can become pregnant, even if they do not plan to!
- What?** 400 mcg of Folic Acid as a vitamin supplement or in a multiple vitamin every day. Or daily consumption of a breakfast cereal fortified with 100% folic acid.
- When?** Before becoming pregnant. This is because the neural tube forms before the end of the 4th week of pregnancy - before most women even know they are pregnant.
- Where?** Folic acid can be purchased at drug stores and grocery stores.
- Why?** To potentially reduce the incidence of neural tube defects (spina bifida) by 50-70%.
- How?** Taking a daily Folic Acid supplement or eating a breakfast cereal fortified with 100% folic acid are easy and effective ways to increase the amount of folic acid in the diet. Research clearly tells us now that the old teaching of vitamins being "unnecessary" is no longer true.

INFANT DISCUSSION SESSION I-1

TALKING ABOUT YOUR BABY

INFANT DISCUSSION SESSION: I-1

TALKING ABOUT YOUR BABY

ALTERNATIVE TITLES:

- “Development in the First Year”
- “Tell Us How Your Baby is Doing”

OBJECTIVE:

WIC participants/caregivers will receive information and support on nutrition and infant development.

BACKGROUND INFORMATION:

1. *Ellyn Satter series.*
2. M. Story, K. Holt, D. Sofka, eds.: *Bright Futures in Practice: Nutrition*, 2nd edition, National Center for Education in Maternal and Child Health, Arlington, VA, 2002.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

1. Feeding your Baby: Birth to 4 Months
2. Feeding Your Baby: 4 months to 1 year
3. Video: “A Healthier Baby by Breastfeeding” by Linda Smith, IBCLC
4. Spoon Feed for a Healthy Start
5. The ABC’s of Teaching Your Baby to Use a Cup
6. Oral Health for Infants and Children

DISCUSSION TOPICS:

Session outline follows.

INFANT DISCUSSION SESSION I-1

Session Outline:

1) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves.
- Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups"

2) Ask general, non-specific, open-ended questions to open up the session. For example:

- *"What concerns do you have about feeding the baby?"*
- *"How did your mother feed you?"*
- *"Should you feed your baby differently than your mother fed you?"*
- *"What would be the best advice you could give a new mother on infant feeding?"*

3) Possible Infant Discussion Topics (choose any of the following):

*This is just a listing of topics. To focus the session, use open-ended questions relating to each topic. A list of questions follows.

- Breastfeeding
- Colic
- Cow's Milk
- Cultural Feeding Practices
- Cup
- Dental Care (bottle abuse)
- Economical & Resourceful Food (Shopping) Practices
- Emotional Development
- Finger Foods
- Food Allergies
- Food Groups
- Homemade Baby Food
- Food Intake (Quantity)
- Food Preparation

- Food Safety
- Immunizations
- Infant Development
- Infant Instincts & Reflexes
- Infant States of Sleep & Wakefulness
- Interpreting & Acknowledging Infant Feeding Cues
- Mixing & Storage of Formula
- Overfeeding
- Parenting and Feeding Behaviors
- Premature Infants
- Preventing Illness
- Safety and Feeding your Child
- Sick Baby
- Special Needs Infants
- Teething
- Transitional Feeding
- Water Supply Safety & Fluoride Levels
- Weight Gain

4) Closing the session.

- Summarize the key points of the discussion.
- Close the session and thank everyone for coming and sharing with the group.

Specific Infant Discussion Topics:

*Breastfeeding:

- *"What do you think is the best way to feed your baby?"*
- *"Are all women able to breastfeed their babies?"*
- *"What might prevent a woman from breastfeeding?"*
- *"What kinds of special help do all new mothers and babies need?"*
- *"How can other family members best help you with the new baby?"*
- *"How are these needs different for breastfeeding mothers and infants as compared to bottlefed mothers and infants?"*
- *"How are they the same?"*

*Colic:

- *"What is colic?"*
- *"What can be done to help an infant with colic symptoms?"*
- *"What are some possible causes of colic?"*

*Cow's Milk:

- *"What age would you recommend cow's milk and why?"*
- *"What can happen if a baby is given cow's milk too early?"*
- *"How does cow's milk differ from breastmilk or formula?"*

*Cultural Feeding Practices:

- *"Are there any family traditions that have been passed down from one generation to the next concerning feeding your baby?"*
- *"What are some feeding practices you use with your child that have been influenced by your family customs?" (For example: herbal teas to relieve an upset stomach.)*

*Cup

- *"When should infants start drinking from a cup?"*
- *"Why do you think it's important that infants learn to drink from a cup?"*
- *"What are some ways parents can encourage babies to switch from a bottle to a cup?"*
- *"How long did it take your baby to become skilled at drinking from a cup?"*
- *"What are the pros and cons of having an older child drinking from a bottle?"*

***Dental Care (Bottle Abuse):**

- *"How many teeth do each of your babies have?"*
- *"When should care of baby's teeth begin?"*
- *"How do you clean your baby's teeth and gums?"*
- *"Give examples of things that should not be put in your baby's bottle."*

***Economical & Resourceful Food (Shopping) Practices:**

- *"What cost more, larger or smaller quantities?"*
- *"Do convenience foods cost more?"*
- *"Why should you make a shopping list?"*
- *"Can you use coupons with your WIC Check?"*
- *"Are generic brands not as good as other "name" brands?"*
- *"When is the best time to go shopping?"*
- *"Do you read food labels? Why or why not?"*

***Emotional Development:**

- *"What do you think of when you hear the phrase "emotional development?"*
- *"What do you think determines how well your baby develops emotionally?"*
- *"When do you hug, smile, talk or sing to your baby? Why are these activities important?"*
- *"What toys does your baby play with?"*
- *"When do you read to your baby?"*
- *"What other persons in your family interact with your baby? How does your baby respond to these people?"*
- *"What is the atmosphere like at meal times in your house? How does this atmosphere affect how well your child eats?"*
- *"What do you say to your child when he/she is doing something wrong?"*
- *"What are some things you do if your child does something real good?"*
- *"When your child feels bad, what do you do to cheer him/her up?"*
- *"How can you tell when your child is enjoying something?"*
- *"When you were younger, what did your parent or guardian do that make you feel important and special?"*

***Finger Foods:**

- *"When does a baby show readiness for finger foods?"*

- *"What would you consider a finger food?"*
- *"Why would you want your baby to eat finger foods?"*
- *"What would be an example of some good finger foods and some not-so-good finger foods?"*

***Food Allergies:**

- *"When are food allergies most common?"*
- *"What are some symptoms of food allergies?"*
- *"How long does it take for a reaction to take place after eating a certain food?"*
- *"What are some of the foods that cause allergies?"*
- *"How are food allergies diagnosed?"*
- *"What kind of help do parents need in order to help their infants with food allergies?"*

***Food Groups:**

- *"What are the different food groups?"*
- *"Why do we need to eat foods from all the different food groups?"*
- *"What nutrients are found in the bread group? The vegetable group? The fruit group? The milk group? The meat group?"*
- *"What foods in the cereal, meat, dairy, fruit and vegetable groups does your baby eat now?"*
- *"Where do foods like peanut butter, lard, candy, and ketchup fit in? Should you give these foods to your baby? Are there other foods that shouldn't be given to a baby?"*
- *"What does your baby eat for snacks?"*

***Home-made Baby Food:**

- *"What are the advantages and disadvantages of making your own baby food?"*
- *"What are some utensils you need for making baby food?"*
- *"Why is it important to clean all utensils and your hands before preparing foods?"*
- *"How do you make baby food?" (For example: how do you make the meat you and your family are having for dinner into something your infant can eat?)*

***Food Intake:**

- *"How much should an infant eat?"*
- *"What determines how much an infant should eat?"*
- *"What is the starting point in determining infant food intake?"*
- *"What does a baby expend energy on?"*

***Food Preparation:**

- *"How long can you keep an opened jar of baby food? How should you store it?"*
- *"How do you store homemade baby food? How long can you keep homemade baby food in the refrigerator? In the freezer?"*
- *"If your baby eats directly from the container of baby food (instead of eating the food from a clean dish), what should be done with any food leftover in the jar? Why?"*
- *"Should microwave ovens be used to warm baby foods? Why or why not?"*

***Food Safety:**

- *"What do you think of when you hear the phrase "Food Safety?"*
- *"Why is it important to buy undented cans of food?"*
- *"How can you safely defrost foods?"*
- *"Why is it important to sterilize infant bottles and feeding utensils?"*
- *"Why is it important to keep cold foods cold and hot foods hot?"*
- *"How do you know when fish, chicken, or red meats are cooked thoroughly? Why is this important?"*

***Immunizations:**

- *"Why does your baby need immunizations?"*
- *"How do you know when your baby needs to be immunized?"*
- *"What are some side effects (reactions) to immunizations?"*
- *"What should you do about these side effects?"*
- *"How painful is the injection to the baby?"*

***Infant Development:**

- *"What types of skills does a baby develop in his/her first year?"*
- *"When do these skills develop?"*
- *"How did you feel when your baby learns new skills?"*

- *"What can parents do to help their infants develop the appropriate skills and at the appropriate pace?"*

***Infant Instincts and Reflexes:**

- *"What reflexes are babies born with?"*
- *"What is the rooting reflex?"*
- *"Can infants focus on objects? On moving objects?"*
- *"Can infants tell their mother's voice from the voices of other women? Have you noticed this with your infant?"*
- *"Can infants distinguish their mother's smell from that of other women?"*
- *"Can infants tell the difference between salty, sweet, bitter and sour tastes? Have you noticed this with your infant?"*

***Infant States of Sleep and Wakefulness:**

- *"What does your baby look like when asleep? Is his/her breathing regular or irregular? Does your baby move a lot?"*
- *"How long does your baby sleep each day?"*
- *"How long is your baby awake each day?"*
- *"Has the time that your baby sleeps and is awake changed as he/she has gotten older?"*

***Interpreting & Acknowledging Infant Feeding Cues:**

- *"How do you communicate with your baby?"*
- *"How does your baby communicate with you?"*
- *"How do you know when your baby needs to:*
 - *be changed?*
 - *be fed?*
 - *stop being fed?*
 - *be cuddled?*
 - *sleep?"*
- *"What might happen if an infant's messages are ignored?"*
- *"Why is understanding and responding to your infant's messages important?"*
- *"What does it feel like to be able to know what your baby wants or is trying to tell you? What does it feel like when you can't understand what your baby is trying to tell you?"*

- *"How does knowing what your baby is trying to tell you help during feeding?"*
- *"What is a good way to respond to a crying baby?"*

***Mixing & Storage of Formula:**

- *"What happens if you overfeed your baby?"*
- *"How can overfeeding happen?"*
- *"What do you think about your baby's weight? Too fat? Too thin? OK? Why?"*
- *"Who can you ask to find out if your baby is too fat or too thin?"*
- *"What are some things you can do to avoid over or underfeeding your baby?"*
- *"When your baby does not want to eat anymore at feeding time, but he's still got some formula or food left, what should you do?"*

***Parenting and Feeding Behaviors:**

- *"What are some of the enjoyable parts of parenting?"*
- *"What are some of the difficult parts of parenting?"*
- *"What do you do to handle the more difficult, or frustrating parts of parenting?"*
- *"What positive or happy experiences have you had feeding your baby?"*
- *"What negative or difficult experiences have you had feeding your baby?"*
- *"What habits, good or bad, do you as a parent feel that you or others have that influence your baby's lifelong eating habits?"*

***Premature Infants:**

- *"What would be some special concerns you have for feeding a premature infant?"*
- *"What are some challenges you've had in feeding your premature infant?"*

***Preventing Illness:**

- *"What are some preventative actions that you can take to keep your child from getting sick?"*
- *"How many immunizations has your child gotten so far? Why are these important?"*
- *"How often do you take your child to the doctor?"*

- *"How does smoke from others affect your baby? What can you do to protect your child from this smoke (passive smoke)?"*
- *"Why is it important to thoroughly cook meats, especially chicken?"*
- *"How can you tell if chicken is cooked thoroughly?"*
- *"If you are sick, what are some things you can do to keep your child from catching your illness?"*

***Safety and Feeding Your Child:**

- *"When you were pregnant, what were some things you did to make sure your baby had a safe environment inside of you?"*
- *"Have you baby-proofed your home? If so, how?"*
- *"What have you learned about infant safety now that you're a parent? What safety advice would you give other new parents if you could?"*
- *"Why are car seats necessary every time your infant travels in a car?"*
- *"What kind of car seat do you have? Do you put it in the front or back seat? To what age should children ride in car seats?"*

***Sick Baby:**

- *"How long should you wait before calling a doctor about a fever, rash, or bowel abnormality?"*
- *"When else should you call the doctor?"*
- *"What is a normal temperature and when is a fever dangerous?"*
- *"What are some common symptoms of sick infants?"*

***Special Needs Infant:**

- *"What are some concerns you have about your baby's health and feeding?"*
- *"What are some of the challenges of feeding a special needs child?"*
- *"Where can you get information or help on feeding a special needs child?"*

***Teething:**

- *"What are some signs that your baby is teething?"*
- *"What have you heard about teething causing fever or other infections?"*
- *"What can you do to make teething less painful for your infant?"*

***Transitional Feeding:**

- *"What is transitional feeding?"*
- *"When are babies ready for solid foods? What skills should babies have before they should be given solid foods?"*
- *"What's a good first solid food for babies?"*
- *"In what order should other foods be given?"*
- *"What are finger foods? When is a baby ready for finger foods?"*
- *"What are some examples of finger foods that could cause choking?"*
- *"What's the best way to introduce new foods to babies?"*
- *"What are some signs that your child may be allergic to a food? What should you do?"*
- *"What do babies (under 1 year old) need in addition to eating solid foods?"*
- *"Why should babies be given a variety of foods?"*
- *"Why should you only start 1 new food at a time when introducing new foods to your baby?"*
- *"What are some foods that shouldn't be given to an infant?"*
- *"What advice would you give to other parents about transitional feeding? What worked well for you? What didn't work well?"*

***Water Supply Safety and Fluoride Levels:**

- *"What is your main source of water?"*
- *"What does safe water mean to you?"*
- *"Has anyone had their water tested to determine if it's safe?"*
- *"How did you go about having it tested?"*
- *"What minerals does your water contain?"*
- *"How can you kill bacteria in your water to make it safer?"*
- *"What happens to minerals when water is boiled?"*
- *"Is bottled water safe? What is distilled water?"*
- *"Does your water have fluoride in it? Why do cities add fluoride to the water supply?"*
- *"Why is it important to know if your water is fluoridated?"*

***Weight Gain:**

- *"What is appropriate weight gain for infants?"*
- *"What factors will influence birth weight?"*
- *"What factors will influence infant weight gain?"*
- *"How can you tell if your baby is gaining enough or too much weight?"*

CHILD DISCUSSION SESSION C-1

FEELING GOOD BY EATING RIGHT

CHILDHOOD DISCUSSION SESSION: C-1

FEELING GOOD BY EATING RIGHT

ALTERNATIVE TITLES:

- “Healthy Eating, Ages 2-5”
- “Kid Power”
- “Growing Healthy Youngsters”
- “Sensible Eating During Childhood”

OBJECTIVE:

WIC participants/caregivers will receive information on childhood feeding issues through a group discussion.

BACKGROUND INFORMATION:

1. *Ellyn Satter series.*
2. M. Story, K. Holt, D. Sofka, eds.: *Bright Futures in Practice: Nutrition*, 2nd edition, National Center for Education in Maternal and Child Health, Arlington, VA, 2002.

METHOD:

Involves participants in a facilitated group discussion. For this particular session, several “Alternative Methods” are listed following the session outline.

MATERIALS NEEDED:

1. The Strength of Iron
2. Foods for Your Child 1-3 Years
3. Foods for Your Child 4-6 Years
4. Watching Your Child’s Weight
5. Protect Your Family from Lead
6. Oral Health for Infants and Children
7. Helping Your Child Gain Weight

8. 5 A Day...For Better Health!! NutraNote
9. Is Your Child A Picky Eater?
10. Food Guide Pyramid
11. Milk Recipe Book
12. Cheese Recipe Book
13. Egg Recipe Book

DISCUSSION TOPICS:

Session outline follows.

CHILDHOOD DISCUSSION SESSION C-1

Session Outline:

1) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their names, their children's names and ages, or other information you think of.
- Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups."

2) Ask general, non-specific, open-ended questions to open up the discussion and to elicit clients' concerns, as well as strategies for addressing their concerns during the discussion:

- *"Has anyone heard about the Food Pyramid?"*
- *"How do you try to work variety into your diet?"*
- *"How do the portion sizes you receive in restaurants compare with those you usually eat at home?"*
- *"What are the barriers you see to eating a wider variety of foods?"*
- *"What role does variety play in the diet?"*
- *"If you could have more time or money to spend on your diet, what would you choose and why?"*
- *"What can you do when you eat away from home to try to follow the Food Pyramid?"*
- *"What creative ways have you used to work more fruits and vegetables into your children's' diets?"*
- *"When you pick a restaurant to go to, what is important?"*

3) If needed, help refocus the discussion on any of the following topic areas or specific issues:

- **Food Pyramid**
 - Servings sizes
 - Foods within the Pyramid
 - Pyramid review
 - Leader nutrients
 - Variety
 - Barriers to Following the Pyramid
 - Expense
 - Time
 - Cooking Skills

- **Points of Purchase**
 - Fast Foods and Restaurants
 - Being away from home
 - Quick, simple recipes
 - Plan your leftovers

- **Smart Buying** (See alternative method 1, following)
 - Coupons
 - Brand names
 - Impulse buying
 - Unit pricing
 - Where to shop
 - Reading the ads
 - Nutrition Labels
 - Meal Planning

- **Self Esteem Exercise**
 - Define yourself as a healthy eater.

4) Closing the session.

- Summarize the key points of the discussion.
- Thank everyone for their participation.
- Close the meeting.

ALTERNATIVE METHOD #1 FOR SESSION C-1:

The weekly grocery ad flyer is a great way to plan menus and assist the client in staying within a budget.

The weekly grocery flyer can be used to present The Food Guide Pyramid in a practical way. Here are some questions to help guide the discussion about food groups, planning menus, and family eating goals:

- *"What are some foods on the grocery sale flyer that are included in the bread & cereal group, the milk group, the fruit group, the vegetable group, and the meat group?"*
- *"What foods do you think are an especially good value?"*
- *"How much do you need to buy to feed your family a serving size?"*
- *"What are some foods on the Pyramid that your family likes and how do you serve them?"*
- *"How do you normally plan your family menus?"*
- *"Compare snack food with fruits and vegetables. Show how expensive the snack foods are per serving."*

ALTERNATIVE METHOD #2 FOR SESSION C-1: "Can you help me?"

These case studies are examples of situations our participants find themselves in. By solving these case studies, they may find possible solutions to some of their food-related questions.

Note: The following case study may be used or participants may want to give their own example.

CASE STUDY 1

My family eats a lot of hamburger and starches because I can't afford to buy leaner cuts of meat to feed seven people. We also have started relying on snack foods such as potato chips because it is cheaper than cheese and Kool-Aid because it is cheaper than apple juice. I don't have time to analyze menus, make shopping lists and hop from store to store for special sales. Nor do I have time to prepare elaborate meals. What can I do?

Topic leading questions:

- *"What are other meats and high protein foods that are priced about the same as hamburger?"*
- *"What are some recipes that your family prepares with these high protein foods?"*
- *"How can we make hamburger less fatty? How can we reduce the fat content when we prepare hamburger and other meats?"*
- *"What other recipes can be fixed with hamburger for variety?"*
- *"Are starches such as potatoes, rice, noodles, and tortillas good for us? Why or why not?"*
- *"What are some other snack foods that cost less than potato chips?"*
- *"What are some other beverages that a child could have with snacks?"*

CASE STUDY 2

I want to feed my kids aged 3 and 6 a "power packed" dinner or at least a balanced one. They eat breakfast and lunch at the baby sitters and when they get home with me they are starved. I don't have an hour to fix them something fancy; I need meals that are fast, kid pleasing, and good for them. Do you have any suggestions?

Topic leading questions:

- *"What are some examples of prepare-ahead meals that your family likes?"*
- *"Does anyone here have this same situation?" What do you do?"*
- *"What does a meal need to be balanced?"*
- *"What fast meals does your family like that include foods from the Pyramid?"*

CHILD DISCUSSION SESSION C-2

DEVELOPMENTAL STAGES

CHILDHOOD DISCUSSION SESSION: C-2

DEVELOPMENTAL STAGES

ALTERNATIVE TITLES:

- “Feeding the Toddler”
- “Food for the Terrific Twos”
- “Your Toddler’s Developmental Readiness”

OBJECTIVE:

The client will name and discuss ways of offering appropriate foods based on their child’s developmental stage.

BACKGROUND INFORMATION:

1. *Ellyn Satter series.*
2. M. Story, K. Holt, D. Sofka, eds.: *Bright Futures in Practice: Nutrition*, 2nd edition, National Center for Education in Maternal and Child Health, Arlington, VA, 2002.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

1. Foods for Your Child 1-3 Years
2. Foods for Your Child 4-6 Years
3. Is Your Child A Picky Eater?
4. Milk Recipe Book
5. Cheese Recipe Book
6. Egg Recipe Book

DISCUSSION TOPICS:

Session outline follows.

CHILDHOOD DISCUSSION SESSION C-2

Session Outline:

1) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their names, their children's names and ages, or other information you think of.
- Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups."

2) Ask general, non-specific, open-ended questions to open up the discussion and to elicit clients' concerns, as well as strategies for addressing their concerns during the discussion:

- *"What is a favorite food that your child eats and enjoys at this particular time in his or her life?"*
- *"What is a food that your child does not eat?"*
- *"How old are your children and what are their favorite foods to eat right now?"*
- *"What are your child's specific eating habits?"*
- *"What foods does your child avoid?"*
- *"Do you fix any certain foods for your child that they eat especially well?"*
- *"What foods do you order for your children in a restaurant and why?"*
- *"Are there any foods you don't think your child should have because of his age and what are they?"*
- *"Do you know any foods that children might choke on?"*
- *"How do you make meal time more comfortable for your child?"*
- *"Can your child use one utensil better than another?"*
- *"What are some things you have learned from others about feeding children?"*
- *"What do you consider your responsibilities at mealtime, and what are your child's?"*

- *"Has anyone had a child who insisted on eating only one thing for a long time?" What was it and how long did it last?"*
- *"How do you try to control what your child eats?"*
- *"What is something you noticed recently about your child's eating skills that might have changed?"*

Ask participants to give ages of their children and describe something their children do that is funny or even confusing.

3) If needed, help refocus the discussion on any of the following topic areas or specific issues:

- Food appearance and textures
- Comfortable physical setting
- Utensils
- Cups and plates
- Being tired and over-stimulated
- Distractions
- Experience that fit developmental stages

4) Closing the session.

- Summarize the key points of the discussion.
- Thank everyone for their participation.
- Close the meeting.

CHILD DISCUSSION SESSION C-3

TOOTH OR CONSEQUENCES - A HEALTHY MOUTH

CHILDHOOD DISCUSSION SESSION: C-3

TOOTH OR CONSEQUENCES - A HEALTHY MOUTH

ALTERNATIVE TITLES:

“Taking Care of Your Child’s Teeth”
“Dental Health for Children”

OBJECTIVE:

Clients will learn proper techniques for good dental care.

BACKGROUND INFORMATION:

1. Study Guide (follows)
2. Channing I. Bete Co., Inc., “*About Tots and Tooth Care*”. Available from the Dental Health Program, Cabinet for Health Services, Frankfort, KY. Phone: 502-564-3246.
3. “*Kentucky Smile Curriculum*”, Dental Health Program, Cabinet for Health Services, Frankfort, KY.
4. M. Story, K. Holt, D. Sofka, eds.: *Bright Futures in Practice: Nutrition*, 2nd edition, National Center for Education in Maternal and Child Health, Arlington, VA, 2002.
5. Hamilton, Whitney, Sizer: *Nutrition Concepts and Controversies*, 3rd edition. West Publishing, St. Paul, MN, 1988.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

8. Oral Health for Infants and Children

DISCUSSION TOPICS:

Session outline follows.

CHILDHOOD DISCUSSION SESSION C-3

Session Outline:

1) Opening the session.

- Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves. They can give their names, their children's names and ages, or other information you think of.
- Icebreaker Exercise - optional, see earlier section of "Facilitating WIC Discussion Groups."

2) Ask general, non-specific, open-ended questions to open up the discussion and focus the discussion on any of the following topics:

- *"Why is dental care important for children?"*
- *"What helps to get children to brush their teeth regularly?"*
- *"What prevents children from brushing their teeth regularly?"*
- *"Why are primary teeth important?"*
- *"Why are teeth and gums important?"*
- *"How do you feel if you forget to clean your teeth?"*
- *"How do you feel after you clean your teeth?"*
- *"How would things be different if you had no teeth?"*
- *"How do you feel when the dentist says you have cavities?"*
- *"I want to take care of my teeth and gums because...?"*

3) If needed, help refocus the discussion on any of the following topic areas or specific issues:

- Primary teeth
- Teeth cleaning
- Tooth brushing techniques
- Flossing
- Nutrition and dental health
- Dental plaque

- Dental cavities
- Gingivitis
- Fluoride
- Sealants

4) Closing the session.

- Summarize the key points of the discussion.
- Thank everyone for their participation.
- Close the meeting.

CHILDHOOD DISCUSSION SESSION C-3
TOOTH OR CONSEQUENCES - A HEALTHY MOUTH

Study Guide

CHILDHOOD DISCUSSION SESSION: C-3
BACKGROUND INFORMATION

DENTAL HEALTH

Introduction

Having healthy teeth is an important part of good health. Good dental care consists of proper cleaning, teaching your children about healthy food choices, and making regular dental care a habit.

Primary Teeth

Primary teeth are important for chewing properly, enjoying food, speaking clearly, providing space in the jaw for permanent teeth, and preventing decay. Decay in a baby tooth can lead to decay in permanent teeth at a later time. Primary teeth begin to come in when a baby is about 6 months old.

Teeth Cleaning

Dental care should begin even before an infant's first tooth appears. Clean the baby's gums with a clean, damp washcloth or gauze at least once a day after feeding. This will help remove bacteria and plaque, and will also help the infant get adjusted to having their mouth cleaned.

Begin cleaning primary teeth as soon as they appear. Be sure gums are also cleaned. A child-sized toothbrush or washcloth should be used. Tooth brushing is a health habit children need to learn. Have children brush after all meals and snacks especially before bedtime. It is important that the parents set an example by brushing their own teeth after they eat.

Tooth Brushing Technique

Brushing the teeth removes plaque from the outer, inner, and chewing surfaces of the teeth.

1. Hold the toothbrush beside the teeth, with bristle tips at a 45-degree angle against the gum line.
2. Move the brush back and forth with short (half a tooth wide) strokes several times, in a gentle scrubbing motion. Brush the outer and inner surfaces of all teeth in this manner.
3. Chewing surfaces should also be brushed vertically and make several up and down strokes with the front part of the brush. Brush gently with very short strokes and enough pressure so that the bristles are felt against the gums.

Flossing

Begin by flossing your child's teeth at about age 2 or as soon as their teeth begin to touch. By age 8, a child can usually floss alone. A dentist should be consulted on proper techniques to flossing. Incorrect flossing can harm gums.

Nursing Bottle Mouth

This condition results when a baby sleeps with a bottle of milk, juice, or sweetened liquid, or sleeps all night at the breast. The liquid collects in the mouth and the sugar in the liquid bathes the teeth, leading to tooth decay. A baby should not be put to sleep with a bottle of anything but water. Do not let the baby sleep all night at the breast.

One should begin teaching your infant to drink from a cup at 6 months of age. Teeth and gums should be cleaned daily. A child may cry when you try to take the bottle away. A child may be comforted with music, a favorite toy, reading to the child, giving the child a back rub or holding/rocking the child.

Good Nutrition

Adequate nutrients are needed to help the mouth and teeth develop properly, especially protein, calcium, zinc, vitamins A, C and D, and fluoride. Where local water supplies are not fluoridated, direct applications of fluoride to the teeth may be necessary. Daily foods and snacks should be provided from each food group.

Plaque

Plaque is a soft, sticky, colorless film that occurs on the teeth. Plaque is made of harmful bacteria and is the major cause of tooth decay and gum disease. Plaque can be removed by brushing daily.

Dental Cavities

Cavities are a bacterial infection. Cavities occur when there is plaque, sugars, and starches on teeth that are cavity prone. The bacteria in plaque produce acids when foods containing sugars or starches are eaten. These acids can destroy tooth enamel. Plaque promotes the acid that breaks down the enamel on teeth forming a cavity. Bacteria then invade the dentin (the body of the tooth) and assists in destroying the entire tooth.

Gingivitis

A most frequent sign of gingivitis is inflamed (red and swollen) gums that bleed easily, especially when brushing the teeth. The primary cause of this periodontal disease is plaque. Plaque builds up along the gum line, irritating the gums and making them tender and likely to bleed. Daily brushing can help in avoiding gum disease.

Fluoride

Fluoride occurs naturally in water supplies, although there is variation in the amount, depending on the water source and area. Fluoride can be obtained by using toothpaste containing fluoride, or your dentist may suggest fluoride applications depending on the condition of the teeth. Fluoride assists in building strong teeth and makes teeth more resistant to cavities. However, fluoride can be harmful if excessive amounts are consumed; teeth can appear spotted with white opaque areas.

ACKNOWLEDGEMENTS FROM THE TENNESSEE WIC PROGRAM

This manual is a true example of synergy. Large portions were copied directly from the New Mexico manual, "Facilitator's Guide for Nutrition Education - Listen, Share, Support" and also from Kentucky's adaptation of New Mexico's manual. In addition, thanks can be given to professionals here in Tennessee for creating our own adaptation. Jane Baxter, who served as curriculum consultant, Betsy Haughton, who guided the evaluation process, Tim Gill, our media creator, and Laurie Stanton who provided research and writing skills are certainly to be commended.

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Overview

The purpose of WIC nutrition education is to share knowledge about eating for good nutrition and health during pregnancy, infancy, and early childhood. Ideally, nutrition education through WIC should also facilitate behavioral changes to help participants eat a more healthful diet. The Tennessee WIC Program serves a total of 152,809 participants, including 19,999 pregnant women, 3378 breastfeeding women, 42,386 infants under age 1, and 71,231 children from ages 1-5. Across all age groups, the most frequent reason for WIC certification is inadequate diet. Anecdotally, most Tennessee WIC participants consume at least 3-5 “fast-food” meals per week, and their diets lack fruits, vegetables, and low-fat dairy products. Obesity is a growing problem in the nation and our state; in 2001, an average of 10.9% of WIC participants in Tennessee were considered overweight for height. Anemia also continues to afflict Tennessee WIC participants. In 2001, an average of 10.2% of Tennessee WIC participants had low hemoglobin levels. WIC does, however, make a difference. In a participant survey conducted in Tennessee in the fall of 2001, approximately 46% of participants reported that they had changed eating habits as a result of WIC nutrition education. These facts indicate a need for revitalized nutrition education to help WIC participants in Tennessee continue to improve their knowledge and choose a more healthful diet.

A more client-based approach to education can be achieved in which educators act as facilitators of behavioral change. A client-based, behavioral approach to nutrition education has been proven effective in facilitating dietary change. Unfortunately, nutrition education is often educator-based. It is based on the educator’s perceptions of the participant rather than on the participant’s actual needs. To facilitate behavioral change in participants, nutritionists must seek first to understand eating habits from the participant’s paradigm, discover which stage of change the participant is in, and counsel accordingly. The five stages of change (precontemplation, contemplation, preparation, action, and maintenance) are part of any long-lasting personal behavior change. This model for behavioral change can be helpful in designing, delivering, and evaluating interventions to help people adopt more healthful eating plans.

In 2000, the Tennessee Department of Health received a 3 year WIC Special Project Grant from the U.S. Department of Agriculture, Food and Nutrition Service. This grant supports the Food and Nutrition Service’s Revitalizing Quality Nutrition Services (RQNS) in the WIC program initiative. The first year of the grant involved training to improve the WIC clinic environment. During Year 2 of the grant project, training is offered using the five stages of change to help staff

become facilitators of change rather than simply conveyors of nutrition information. This training helps educators understand the science of behavioral counseling and enhances their skills in communication and effective listening so that they can more effectively provide knowledge the participant needs to make their own changes to improve their health.

During Year 3 of the project, mentors will be trained to reinforce the client-based concepts of behavioral change learned during the facilitator training. Research has shown that continuous reinforcement, along with participatory, “hands-on” experience, is an effective tool in adult learning. Additionally, job satisfaction tends to be higher among those who have had a mentor and/or have been a mentor for another employee. For this reason, trained mentors will work on-site with staff to continually reinforce concepts and provide “real-world” guidance.

Nutrition staff state-wide have identified counseling skills and improving clinic environment as ongoing training needs. This training project will address both of these issues, thereby helping staff to strengthen nutrition education in Tennessee at the local clinic level. Through a series of 3 trainings over the 3-year grant period, this project will help to improve staff attitudes and self-satisfaction, improve customer service relationships, increase skills in behavioral counseling and evaluation, and encourage client-based education, thereby revitalizing the quality of nutrition services in WIC in Tennessee.

NUTRITION EDUCATION/ OUTREACH MATERIALS
Tennessee Department of Health
Nutrition Services/WIC
January, 2003

ABC'S OF TEACHING YOUR BABY TO USE A CUP, PKG/100 715-02-00DH0094

ABC'S OF TEACHING YOUR BABY TO USE A CUP (Spanish), PKG/100 715-02-00DH0104

BE SNACK WISE, PK/200 715-02-00DH0100

BE SNACK WISE (Spanish), PKG/100 715-02-00DH0106

BREASTFEEDING IS BEST (Bilingual), PK/100 715-02-00DH0095

BREASTFEEDING: BABY'S BEST START, PKG/50 715-02-00DH0015

BREASTFEEDING: BABY'S BEST START (Spanish), PKG/50 715-02-00DH0093

DRUGS, ALCOHOL, TOBACCO NO FRIEND (Bilingual), PKG/200 395-51-00DH0038

FEEDING YOUR BABY BIRTH-4 MO., PKG/200 715-02-00DH0024

FEEDING YOUR BABY BIRTH-4 MO. (Spanish), PKG/100 (Central Office)

FEEDING YOUR BABY 4 MO.-1 YR., PKG/100 715-02-00DH0023

FEEDING YOUR BABY 4 MO.-1 YR. (Spanish), PKG/200 (Central Office)

FOLIC ACID EVERY DAY MAKE IT A HABIT BOOKMARK (Central Office)

FOLIC ACID EVERY DAY MAKE IT A HABIT BOOKMARK, (Spanish) (Central Office)

FOOD FOR A HEALTHY MOTHER AND BABY, PKG/200 715-02-00DH0006

FOOD FOR A HEALTHY MOTHER AND BABY (Spanish), PKG/100 715-02-00DH0066

FOODS FOR AFTER YOU DELIVER, PKG/100 715-02-00DH0084

FOODS FOR AFTER YOU DELIVER (Spanish), PKG/100 715-02-00DH0091

FOODS FOR YOUR CHILD 1 - 3 YEARS, PKG/100 715-02-00DH0086

FOODS FOR YOUR CHILD 1 - 3 YEARS (Spanish), PKG/100 715-02-00DH0092

FOODS FOR YOUR CHILD 4 - 6 YEARS, PKG/100 715-02-00DH0088

FOODS FOR YOUR CHILD 4 - 6 YEARS (Spanish), PKG/100 715-02-00DH0101

FOOD GUIDE PYRAMID, PKG/100 715-02-00DH0042

FOOD GUIDE PYRAMID, (Spanish), PKG/100 715-02-00DH0081

HELP YOUR CHILD GAIN WEIGHT, PKG/200 715-02-00DH0008

NUTRANOTES 5-A-DAY FOR BETTER HEALTH, PKG/200 395-51-00DH0063

NUTRANOTES 5-A-DAY FOR BETTER HEALTH (Spanish), PKG/100 395-51-00DH0074

NUTRANOTES CHILD IS A PICKY EATER, PKG/200 395-51-00DH0047

ORAL HEALTH FOR INFANTS AND CHILDREN, PKG/100 715-02-00DH0083

ORAL HEALTH FOR INFANTS AND CHILDREN (Spanish), PKG/100 715-02-00DH0089

PROTECT YOUR FAMILY FROM LEAD, PKG/100 715-02-00DH0076

PROTECT YOUR FAMILY FROM LEAD (Spanish), PKG/100 715-02-00DH0080

RECIPE BOOK, CHEESE, PKG/100 715-02-00DH0097

RECIPE BOOK, CHEESE (Spanish), PKG/100 715-02-00DH0108

RECIPE BOOK, EGGS, PKG/100 715-02-00DH0096

RECIPE BOOK, EGGS, (Spanish), PKG/100 715-02-00DH0107

RECIPE BOOK, MILK, PKG/100 715-02-00DH0098

RECIPE BOOK, MILK, PKG/100 715-02-00DH0109

RELIEF FOR COMMON PREGNANCY DISCOMFORT (Bilingual), PKG/200 715-02-00DH0017

SHOP AND SAVE (Bilingual), PKG/100 715-02-00DH0068

SPOON FEED FOR A HEALTHY START, PKG/250 715-02-00DH0078

SPOON FEED FOR A HEALTHY START (Spanish), PKG/100 715-02-00DH0082

STORING BREASTMILK (Bilingual), PKG/200 (Central Office)

10 WAYS TO GET YOUR KIDS TO EAT FRUITS AND VEGETABLES (Bilingual),
PKG/200
715-02-00DH0072

THE HEALTHY WEIGH, A GUIDE TO NUTRITION AND WEIGHT MANAGEMENT,
PKG/100
715-02-00DH0071

THE HEALTHY WEIGH, A GUIDE TO NUTRITION AND WEIGHT
MANAGEMENT(Spanish), PKG/100 715-02-00DH0105

THE STRENGTH OF IRON, PKG/200 715-02-00DH0025

THE STRENGTH OF IRON (Spanish), PKG/100 715-02-00DH0073

VITAMIN C, PD/50 715-02-00DH0003

WATCHING YOUR CHILD'S WEIGHT, PKG/200 715-02-00DH0067

WATCHING YOUR CHILD'S WEIGHT (Spanish), PKG/200 715-02-00DH0069

WHY EVERY WOMAN NEEDS FOLIC ACID (English) PKG/100 715-02-00DH0070

WHY EVERY WOMAN NEEDS FOLIC ACID (Spanish) PKG/100 715-02-00DH0079

WIC FOOD WHEN YOU NEED IT MOST, PKG/200 715-02-00DH0010

WIC FOOD WHEN YOU NEED IT MOST (Spanish) PKG/200 715-02-00DH0090

WIC: WHAT DOES WIC PROVIDE, PKG/200 715-02-00DH0102

WIC: WHAT DOES WIC PROVIDE (Spanish), PKG/200 715-02-00DH0103

WIC WORKS, LET US HELP (PAMPHLET), PKG/100 715-02-00DH0054

WIC WORKS, LET US HELP (PAMPHLET) (Spanish), PKG/100 715-02-00DH0077

