

# **ITCA WIC TRAINING PROGRAM**

## **Unit 9:**

### **Client Education**

**September 2011**

ITCA WIC Competencies

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## ***Instructions for Use***

1. Read each Section.
2. Complete the Self -Evaluation at the end of each section.
3. If you have trouble answering the questions, read the Section again until you understand or ask your director for more information.
4. Make arrangements with your director at the Skill Checks to demonstrate your ability to apply your knowledge in clinic.
5. After you complete all of the Self-Evaluations and Skill Checks, make arrangements with your director to complete the Unit Assessment.
6. Submit the original Unit Assessment to ITCA. Copies should be kept at the local agency.

## 9-1: WIC Rules and Regulations

### **Objectives**

After completing this section, you will be able to:

- Explain an overview the rules and regulations of WIC.
- Explain what a proxy is and what they are allowed to do.

### **Overview**

This section will explain what is required to review with clients at each certification appointment. It will also provide good practical information to clients. This section will review making appointments for clients, proxy information, certification periods, disqualification from WIC, transferring to another WIC program and client's rights. It is important that each client either has their rights and responsibilities explained to them or they read the form prior to signing.

## ***Appointments***

Clients should be scheduled for their next appointment with a time and date that is convenient to their needs and availability. Information on date, time and items needed at the next visit must be provided to the client. If a client cannot make an appointment, they should contact their clinic and reschedule or send the alternate caregiver or a proxy.

## ***Proxy***

Clients may send another person, other than themselves or the alternate caregiver, to pick up checks. This person is called a proxy. A proxy can be used once every six-month certification. A proxy can only pick up one month of checks and cannot receive nutrition education or recertify a client. In order to send a proxy, the client or a caregiver must sign a note allowing the proxy to pick up their checks. The proxy must bring the note, the client's identification folder and provide photo ID. The WIC staff must issue a proxy form to the proxy. If the proxy would like to use the checks at the store, they must bring the proxy form to the store in order to cash the WIC checks. The caregiver(s) may also use the checks in the store.

## ***Cashing WIC Checks***

The check cashing procedure outlined in the identification folders should be reviewed with clients along with the Vendor and Food List. This will be covered in detail in Knowledge Module Unit 10.

## ***Certification Periods***

Participants should be informed of their certification eligibility end date. This date is located on the client header in STARS. Once the certification expires, clients will either be recertified or be graduated from the program (ineligible.) The following situations result in ineligibility from the program:

- Non-breastfeeding woman after 6 months postpartum
- Child has turned 5 years of age
- Breastfeeding woman at one year postpartum
- Over income
- No longer resides in the service area

## ***Disqualification from the Program***

Clients may be disqualified from the program in the following situations:

- No longer meet residency or income requirements
- Abuse of the program
- Participation in more than one WIC program at a time
- Participation in WIC and the Commodity Supplemental Food Programs at the same time

## ***Transferring to Another WIC Program***

Clients should be informed that they can transfer to another WIC Program if they move. This includes another ITCA WIC Program, AZ WIC Program or other state WIC Program. If the client transfers to another non-ITCA WIC Program the client should request a verification of certification (VOC). A VOC is printed from the client's record in STARS. A VOC is proof of WIC eligibility and should be provided to the new WIC Program.

## ***Client Rights***

In addition to all of the WIC rules and regulations that should be covered at a client's certification visit, clients should also become aware of their rights as follows:

- Protection from discrimination on the basis of race, color, national origin, gender, age, or disability. Complaints of discrimination can be filed with USDA (address and phone number located on the back of the identification folder and at the bottom of the Rights and Responsibilities Form.)
- Provision of alternate means of communication of program information for persons with disabilities that require braille, large print, audiotapes, etc.
- Ability to request a fair hearing if participant feels he/she has been wrongfully determined ineligible or suspended from the program.



## 9-2: SUBSTANCE ABUSE EDUCATION

### **Objectives**

After completing this section, you will be able to:

- Provide substance abuse education to WIC clients.

### **Overview**

Although not the main focus of WIC, substance abuse education is a mandatory and important part of the WIC program. The specifics of when and who to give substance abuse education to are provided in detail.

## **Substance Abuse Education**

**CONFIDENTIAL**

Educating clients about the dangers of substance abuse and referring clients with substance abuse problems to appropriate programs is an important role of the WIC program. This type of education can prevent problems such as premature birth, Fetal Alcohol Syndrome, miscarriage, and congenital birth defects. Substance abuse education should follow the following guidelines:

**WHO** is educated?

All WIC clients at the first new certification, at each pregnant certification and as needed during the remaining enrollment with WIC. The caregiver of an infant or child will also receive this education.

**WHAT** are they told?

Education should include information about the dangers of substance abuse, referral to appropriate services if needed, and review of the ID folder.

**WHEN** is the follow-up?

If a WIC client is referred to a substance abuse program, ask if she contacted the program during her next visit. This should be documented in the referral screen of the database and further follow-up should be recorded in the client's chart.

## **Self-Evaluation**

1. Read the section on substance abuse in the ID folder

True or False:

2.  If a WIC client states that she does not use drugs or alcohol at her first new certification, she does not need to receive substance abuse education.
3.  A WIC staff person refers a mother abusing alcohol to an alcohol abuse prevention program. The next time she sees the mother, she should not ask if the client contacted the referral program due to confidentiality issues.
4.  You are certifying an infant. Since the infant cannot and does not use drugs or alcohol it is not necessary to provide substance abuse education.

## 9-3: NUTRITION EDUCATION

### **Objectives**

After completing this section, you will be able to:

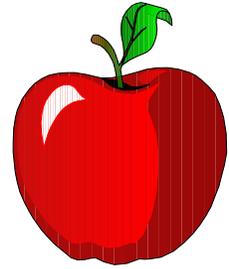
- Explain the Food Guide Choose My Plate.
- State the basic nutrients that are provided by WIC foods, explain their importance and identify good food sources of these nutrients (iron, protein, vitamins A and C, calcium and folate.).
- Assess a client's diet according to Food Guide Choose My Plate recommendations and make appropriate suggestions for improvement.

### **Overview**

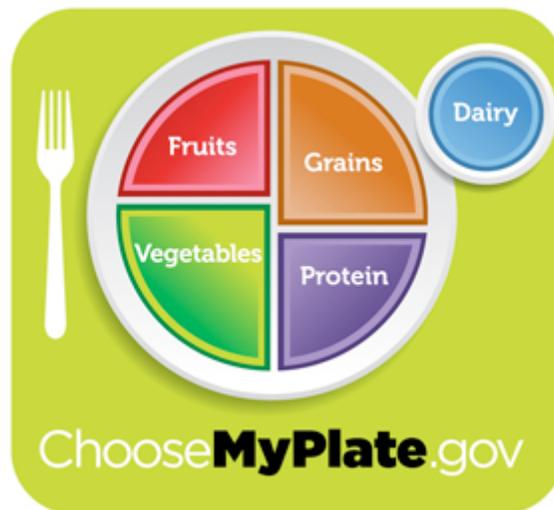
Nutrition education provided to clients should be simple, accurate and specific to each client's needs and wishes. This unit goes over basic nutrition concepts that will be used when counseling clients. The unit discusses the food groups, their serving sizes, the major nutrients they contribute and the main role each plays in nutritional health. You will learn tips on providing nutrition education to clients using WIC handouts.

## Nutrition Education

WIC provides nutritious foods to mothers, infants and children in order to improve their health. However, it is not enough to just provide good food without teaching good eating behaviors. When clients leave the WIC program they should be better able to make good decisions that will benefit themselves and their family. In order to ensure this, WIC staff should provide basic nutrition education on the following topics:



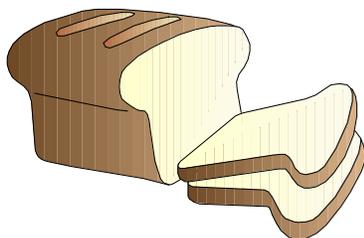
## Food Guide Choose My Plate



Following the recommendations of the Food Guide Choose My Plate will help people meet their nutrient needs while limiting foods with little nutritional value. As you can see half the plate is made up of fruit and vegetables and should be the base of a healthy diet. Grains and protein foods make up the other half of the plate. While dairy makes up only a small portion of the diet, since it can be high in fat and calories, it is an important source of protein, vitamins and minerals. Not pictured on Choose My Plate are fats, oils and sweets, which should be used sparingly. The five food groups displayed on My Plate illustrate the importance of eating a variety of foods in order to achieve a balanced diet.

## The Grain Group

The grain group is an important source of complex carbohydrates, iron, B vitamins, folate and fiber. From the grain group, WIC provides options for certain cereals, whole wheat bread, brown rice and corn tortillas as part of the food package. All of the WIC cereals are fortified with vitamins, minerals and iron. Some of the cereals offered by WIC are also a good source of whole grains. The other whole grain foods - brown rice, whole wheat bread and corn tortillas - provided by WIC contain more of these nutrients than their enriched versions. Whole grains and fortified grains contain iron which is a very important nutrient for women and children because it helps prevent anemia and infection. Whole grains also contain folate, which is added in large amounts to some WIC cereals. Folate is used by the body to make healthy blood and nerve cells. Pregnant women and women who have just given birth need extra folate. Folate decreases the risk of spine and brain birth defects.



The amount of grains needed per day depends on a variety of factors. For children it depends on age, gender and physical activity level. For pregnant and breastfeeding women it depends on weight, activity level, trimester of pregnancy and whether partially or fully breastfeeding. At least half of daily recommendations of grains for everyone should come from whole grains. The daily recommendation for children 2 years old is 3 ounce equivalents and 3-5 ounce equivalents for children 3-4 years old. Pregnant and Breastfeeding women daily recommendation is 6 – 10 ounces per day. For example, a pregnant woman of normal weight before pregnancy who gets 30 – 60 minutes of moderate activity would need 9 ounces of grains per day in her 2<sup>nd</sup> trimester. Another pregnant woman with the same activity level, in the same trimester, but is overweight would need 10 ounces of grains per day. For more information or to see your recommendations go to [www.choosemyplate.gov](http://www.choosemyplate.gov)

What is an ounce?

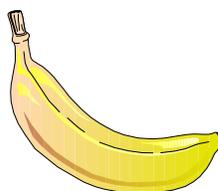
Ounces are the same size no matter the age, gender or activity level of a client. Children may have ½ or less of the ounce equivalents at each meal and snack. For example 1 cup of dry cereal is equal to 1 ounce. A 2 year old child might have ½ cup of the cereal for breakfast, thus consuming ½ an ounce of the 3 recommended ounces per day.

<b>GRAIN</b>	<b>Amount equal to 1 ounce of grains</b>	<b>Common portions and ounce equivalents</b>
Bread (whole wheat*, multi-grain, white, wheat)	1 slice	
Cooked cereal (oatmeal* or hot wheat)	1/2 cup	
Dry cereal (shredded wheat*, toasted oats*, wheat and bran flakes*, corn flakes)	1 cup	
Fry Bread	½ small (5")	1 small (5") = 2 ounces
English Muffins (whole wheat*, original/plain, sourdough)	½ a muffin	1 muffin = 2 ounces
Muffins (bran, corn, plain)	1 small (2 ½")	1 large (3 ½")
Bagel (whole wheat*, plain, egg)	¼ large or 1 "mini"	1 large = 4 ounces
Tortillas (whole wheat*, corn*, flour)	1 small (6")	1 large whole wheat or flour (12") = 4 ounces
Rice (brown*, white)	½ cup	1 cup = 2 ounces
Pasta (whole wheat*)	½ cup	1 cup = 2 ounces
Crackers (100% whole wheat*, saltines, snack crackers)	5-7	

**\*Items are whole grain options**

## The Fruit Group

The fruit group is an important source of vitamins, particularly vitamins A and C. Some fruits are also a source of folate (oranges and pineapple) and/or fiber. The WIC fruit and vegetable checks may be used to obtain any eligible fresh fruit. Infants 6-12 months receive jarred baby fruit. In addition WIC provides juices (to women and children) that are high in vitamin C and sometimes folate (i.e. orange juice). Vitamin C is important for fighting infections and helps the body to use iron. Children age 2 need 1 cup of fruit each day and 3-4 year olds need 1 – 1 ½ cups per day depending on physical activity. Pregnant and breastfeeding women need 2 ½ - 4 cups of fruit each day, depending on breastfeeding frequency, trimester of pregnancy and weight. It is recommended that most of these servings come from whole fruit rather than juice.



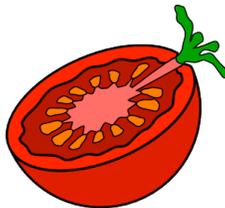
What counts as a cup of fruit?

FRUIT	Amount equal to a ½ cup	Amount equal to 1 cup
Apple	1/2 cup sliced or chopped	1/2 large (3.25") 1 small (2.5") 1 cup sliced or chopped
Applesauce	1 snack container (4 oz)	1 cup
Banana	1 small (less than 6" long)	1 cup sliced 1 large (8" – 9" long)
Cantaloupe or honeydew	1 medium wedge	1 cup diced or melon balls
Grapes	16 seedless grapes	32 seedless grapes 1 cup whole or cut-up
Grapefruit	½ medium (4" diameter)	1 medium (4" diameter)
Orange	1 small (2 3/8" diameter)	1 large (3 1/16" diameter) 1 cup sections
Peach	1 small (2" diameter)	1 large ( 2 ¾" diameter)
Pear	½ cup sliced or diced, raw or cooked	1 medium 1 cup sliced or diced, raw or cooked
Pineapple	½ cup chunks or slices, raw or cooked	1 cup chunks or slices, raw or cooked
Plum	1 large	3 medium 2 large

		1 cup sliced raw or cooked
Strawberries	½ cup whole, halved or sliced, fresh or frozen	About 8 large 1 cup whole, halved or sliced, fresh or frozen
Watermelon	6 melon balls	1 small wedge (1" thick) 1 cup diced or balls
Canned fruit (peaches, pears, mixed, pineapple, mandarin oranges)	1 snack container ½ cup diced or sliced, drained 1 half	1 cup diced or sliced, drained 2 halves
Dried fruit (raisins, prunes (dried plums), apricots)	¼ cup dried fruit 1 mini box 1 small box of raisins (1.5 -2 oz)	½ cup dried fruit
100% fruit juice (orange, apple, grape, grapefruit)	½ cup	1 cup

## ***The Vegetable Group***

Like fruit, vegetables are an important source of vitamins (particularly A and C) and are rich in folate and fiber. The WIC fruit and vegetable checks may also be used to obtain any eligible fresh vegetables. Tomato juice is also available to children. Infants 6-12 months receive jarred baby vegetables. Vitamin A is needed to keep skin healthy and helps with night vision. Children age 2 need 1 cup a day. Children age 3-4 need 1 to 1 ½ cups a day depending on their level of physical activity. Pregnant and breastfeeding women need about 2-4 cups of vegetables a day, depending on breastfeeding frequency, trimester of pregnancy and weight.



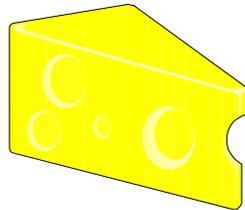
What counts as a cup of vegetables?

<b>VEGETABLE</b>	<b>Amount equal to a ½ cup</b>	<b>Amount equal to 1 cup</b>
Broccoli		1 cup chopped or florets 3 spears 5" long raw or cooked
Raw leafy greens (collards, mustard greens, turnip greens, kale, spinach, romaine and other lettuce, endive, escarole)	1 cup raw leafy greens	1 cup cooked 2 cups raw
Carrots	1 medium carrot About 6 baby carrots	1 cup, strips, slices, or chopped, raw or cooked 2 medium 1 cup baby carrots (about 12)
Pumpkin		1 cup mashed, cooked
Sweet potato		1 large baked (2 ¼" or more diameter) 1 cup sliced or mashed, cooked
Squash (Winter, summer, zucchini)	½ acorn squash, baked = ¾ cup	1 cup cooked, cubed, sliced or diced
Corn, yellow or white	1 small ear (about 6" long)	1 cup 1 large ear (8" to 9" long)
Green peas		1 cup
Bean sprouts		1 cup cooked
Cabbage		1 cup, chopped or shredded, raw or cooked
Cauliflower		1 cup pieces or florets, raw or cooked 1 cup, diced or sliced, raw or cooked
Celery	1 large stalk (11" to 12" long)	1 cup, diced or sliced, raw or cooked 2 large stalks (11" to 12" long)
Cucumbers		1 cup raw, sliced or chopped
Green or wax beans		1 cup cooked
Bell peppers	1 small pepper	1 cup chopped, raw or cooked 1 large pepper (3" diameter, 3-¾" long)
Mushrooms		1 cup raw or cooked
Onions		1 cup chopped, raw or cooked
Tomatoes	1 small raw whole (2 ¼ ") 1 medium canned	1 large raw whole (3") 1 cup chopped or sliced, raw, canned, or cooked
Tomato or mixed vegetable	½ cup	1 cup

juice

## The Dairy Group

Milk and milk products are the major source of calcium in most diets. Calcium is important for building and maintaining strong teeth and bones. Milk products also contain some protein and vitamins A and D (when fortified.) WIC provides milk and cheese from the dairy group. Soy milk and tofu are provided as alternatives for clients with nutrition or religious restrictions against dairy. It is important for adults and children above the age of two to choose low-fat dairy products in order to avoid excessive fat and calorie intake. Therefore, WIC provides whole milk for children one to two years of age and low-fat milk or fat free to all aged two and above. Children age 2 and older need 2 cups of milk or other dairy sources each day. Pregnant and breastfeeding women need 3 cups of dairy each day.

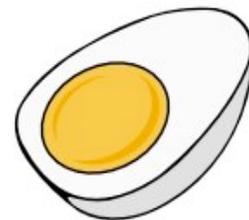


What counts as a cup from the dairy group?

<b>DAIRY PRODUCT</b>	<b>Common portions and cup equivalents</b>	<b>Amount equal to 1 cup</b>
Milk	$\frac{1}{4}$ cup evaporated milk = $\frac{1}{2}$ cup	1 cup 1 half-pint container $\frac{1}{2}$ cup evaporated milk
Yogurt	1 small container (6 oz) = $\frac{3}{4}$ cup 1 snack size container (4 oz) = $\frac{1}{2}$ cup	1 regular container (8 oz) 1 cup
Cheese	1 slice of hard cheese (cheddar, mozzarella, Swiss, parmesan) = $\frac{1}{2}$ cup 1 cup cottage cheese = $\frac{1}{2}$ cup 1 slice of processed cheese (American) = $\frac{1}{3}$ cup milk	1 $\frac{1}{2}$ oz hard cheese $\frac{1}{3}$ cup shredded 2 oz processed $\frac{1}{2}$ cup ricotta 2 cups cottage
Milk-based dessert	1 scoop ice cream = $\frac{1}{3}$ cup milk	1 cup pudding made with milk 1 cup frozen yogurt 1 $\frac{1}{2}$ cups ice cream

## The Protein Group

These foods are important for the protein, iron and B vitamins that they provide. Protein is essential for growth and also helps to build muscle. As with all other food groups, it is a good idea to vary the choices among these foods. Each food has its own set of benefits which are unique. From the protein group, WIC provides peanut butter or dried beans (high in folate), eggs and canned fish (tuna, salmon, or sardines; available only to fully breastfeeding women). Children age 2 need 2 oz equivalents daily. Children age 3 – 4 need 2 – 5 oz equivalents depending on their level of physical activity. Pregnant and breastfeeding women need about 6-7 oz depending on breastfeeding frequency, trimester of pregnancy and weight.



A portion of meat roughly the size of your palm or a deck of cards is about 3 ½ - 4 oz.

What is an ounce of protein food?

<b>PROTEIN FOOD</b>	<b>Amount equal to 1 oz</b>	<b>Common portions and ounce equivalents</b>
Red meats	1 oz cooked lean beef, pork or ham	1 small steak (eye of round, filet) = 3 ½ to 4 oz 1 small lean hamburger = 2-3 oz
Poultry	1 oz cooked chicken or turkey, without skin 1 sandwich slice of turkey (4 ½ x 2 ½ x 1/8")	1 small chicken breast half = 3 oz ½ Cornish game hen = 4 oz
Fish	1 oz cooked fish or shell fish	1 can tuna, drained = 3-4 oz 1 salmon steak = 4-6 oz 1 small trout = 3 oz
Nuts and seeds	½ oz of nuts (12 almonds, 24 pistachios, 7 walnut halves) ½ oz of seeds (pumpkin, sunflower, squash, hulled, roasted) 1 tablespoon nut butter	1 oz of nuts or seeds = 2 oz  (Nut butters not recommended for children under 2)
Dry beans and peas	¼ cup cooked dry beans (i.e. black, kidney, pinto, white) ¼ cup cooked dry peas (i.e. chick peas, cowpeas, lentils, split peas) ¼ cup baked or refried beans  ¼ cup (about 2 oz) tofu 1 oz tempeh, cooked ¼ cup roasted soybeans 1 falafel patty (2 ¼" diam. or 4 oz)	1 cup split pea, lentil or bean soups = 2 oz     1 soy or bean burger patty = 2 oz

	2 tablespoons hummus	
Egg	1 egg	

## **Fats, Oils and Sweets**

Foods in this category provide “empty” calories to the diet with very little or no nutritional value. The problem with consuming too many foods high in fat and sugar is that they may replace other more nutritious foods in the diet. Although fats and sugars contribute to the taste of our food, small amounts can pack a whole lot of calories and little else! Therefore, foods in this category should be limited. Examples of foods in this category are butter, mayonnaise, cakes, donuts, hot dogs, sodas and sports drinks. Some foods do contain ‘good’ fats, supplying essential nutrients like Omega 3 fatty acids and are a part of a healthy diet. Examples of these foods are nuts, salmon and avocado.

## **Combination Foods**

Combination foods fit into more than one food group because they contain a mixture of foods. Examples include soups, casseroles, pizza, spaghetti with meat sauce, burritos and Indian tacos. In order to put combination foods into the correct food groups it is necessary to break the food down into individual ingredients and place those into the appropriate food group. For example, pizza is made up of the following ingredients: crust (grain group), sauce (minor - no food group), cheese (dairy group), and toppings (protein and/or vegetable group.) Remember, that even if a food seems to be from only one food group, there may be other food groups hidden. For example, anything fried will also include some fat from the limited extras. (Fried bread includes the grains and the fats groups).



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## Summary Table

<b>Food Category</b>	<b># Servings Age 2-4</b>	<b># Servings Women</b>	<b>Targeted Nutrients</b>	<b>Nutrient Role</b>
Grains	3 – 5 oz	6 – 10 oz	Iron Folate	Prevent anemia and infection Decreases risk of birth defects
Fruit	1 – 1 ½ cups	2 ½ – 4 cups	Vitamin C Folate	Fights infection & helps body use iron Decreases risk of birth defects
Vegetables	1 – 1 ½ cups	2 – 4 cups	Vitamin A Fiber	Keeps skin healthy & helps night vision
Dairy	2 cups	3 cups	Calcium	Builds and maintains teeth and bones
Protein	2 – 5 oz	6 – 7 oz	Protein Iron	Essential for growth and builds muscle Prevent anemia and infection
Fats, oils, and sweets	Limit	Limit	None	None

## ***Beginning the Nutrition Education***

Before beginning the nutrition education, it is important to determine what issues are important to the client and what they are willing to change. Suppose your client does not like any fruit and very few vegetables. During the nutrition assessment you discover her diet is high in meats, she regularly eats fried foods and fast foods and she drinks one or more sodas a day. She states that she is very interested in losing weight. Her nutrition education would be most effective if it focused on lowering the fat and sugar in her diet.

Before giving tips, first ask the client what she is currently doing, if anything, to try to lose weight. She should be congratulated and encouraged to continue any healthy changes she has made or is working on. You could then suggest additional tips to help her further.

For instance, suggestions could be offered on how to lower the fat content, or reduce the amount of unhealthy foods or drinks in her diet. Suggesting replacing some of the sodas with lower calorie beverages would be appropriate. You can ask the client which drinks she is willing to try instead of soda. If she is having a hard time coming up with her own ideas, you can offer a few suggestions.

Another option would be discussing the option of eating more of the vegetables that she likes, trying new ones or preparing them in a new way. These could possibly be substituted for some of the protein foods (meat) that were high in her diet. You could explain to the client how too many protein foods also add extra fat and calories to her diet.

Any of the suggestions above could be incorporated into the main part of the nutrition education session. Just remember to keep nutrition education simple. Try not to overwhelm clients with too much information. Focus on one main topic when possible, i.e. reducing soda intake OR limiting fried foods.

Say a client requires mandatory nutrition education or has a risk of concern, but shows interest in another topic. In this case, you could include both topics in the education. You can go over either topic in more detail at the next visit if necessary. For example, if the client above was anemic, the WIC staff person should be sure to include education on anemia. For this client, you could incorporate iron foods with weight loss by focusing on healthier sources of iron foods. The client could be encouraged to replace hamburgers, hot dogs, sandwich meats, with lean meats such as grilled chicken or lean ground beef. The mandatory education or risk can be saved for the next visit within the same certification.



## A General Approach to Nutrition Education

- |                               |   |
|-------------------------------|---|
| 1. <b>Establish a bond:</b>   | Is the client at ease and comfortable talking to you?                           |
| 2. <b>Gather information:</b> | What are the risks?   |
| 3. <b>Prioritize:</b>         | Which risks are highest? What are the issues/concerns the client has mentioned? |
| 4. <b>Individualize:</b>      | What is the client interested in changing? What does the client already know?   |
| 5. <b>Plan:</b>               | What would the client like to focus on for the next month?                      |
| 6. <b>Follow up:</b>          | Did the client reach her goals by the next visit?                               |

This approach can be used with any nutritional risk or concern. The first step, establishing a bond, should be accomplished before beginning the nutrition assessment. The second step, gathering information, was done by talking with the client and completing the nutrition risk questionnaire. Analyzing the results of the questionnaire helped you decide what was important for the client to change. You then tried to find out which of those areas the client would like to talk about. This completed the third and fourth steps above, prioritizing and individualizing the nutrition education. Finally, a plan was made with the client on how to work on making changes. It is important to allow the client to make their own plan and set their own goals in order to increase the likelihood that dietary changes will occur. The last step of following up would be done at the client's next visit.

**The WIC staff person's role is to encourage and offer suggestions for improvement, but the ultimate decisions and changes must come from the WIC client.**

### Example Conversation:

Read the conversation below. Keep in mind that the WIC staff person established a bond with the client before the discussion below occurred. The WIC staff person also identified the risks **Low Hemoglobin** and **Closely Spaced Pregnancies** before beginning the nutrition education. The client did not voice any other concerns or topics she wanted to discuss.



**WIC staff person:** How do you feel about trying to increase the iron in your diet in order to raise your low hemoglobin? Is it alright if we go over this handout “Boost Your Energy Level?”

---Handout is Reviewed---



**WIC staff person:** Looking at these foods that are high in iron, are there any that you already eat?



**PG client:** Yeah, I cook beans sometimes. I eat chicken sometimes too. Does that

count?



**WIC staff person:** Yes, poultry, fish and eggs are all high in iron. Do you see any other foods here that you like?



Yeah, I like some cereals. I like most meats too, but I don't like liver.



**WIC staff person:** That's okay, you can get iron from the foods that you do like. How do you feel about adding cereal to your regular diet?



**PG client:** Yeah, I guess I could do that. I used to eat it as a snack. I could start doing that again.



**WIC staff person:** Great. And do you like any of the WIC juices?



**PG client:** I like orange juice.



**WIC staff person:** Good, because drinking the orange juice with a bowl of cereal will help you absorb the iron. What do you think about having a little bit of orange juice with your cereal?



**PG client:** OK, I can do that.



**WIC staff person:** Great, that should help you start feeling more energized after a few days. You mentioned you sometimes eat beans and chicken, and you like most meats. It seems that you like many high iron foods. How difficult would it be to eat one of these other iron foods once a day?



**PG client:** I don't always have time to cook. But I can try to go for a turkey sandwich or a burger when I'm out.



**WIC staff person:** If you can do that, it would be a great start. Let's summarize and write down what you would like to work on before I see you again next month.

PG client comes up with the following with the WIC staff person's help:

1. Have cereal and orange juice every day.
2. Eat one other high iron food once a day

The next month the WIC staff person asks how well the client did on each of these goals. If the client was not successful, they review the handout again to find other ways to add iron to the client's diet.



critique your efforts.

## 9-4: Breastfeeding Education

### **Objectives**

After completing this section, you will be able to:

- Identify the advantages of breastfeeding for mother, baby and society.
- Identify barriers to breastfeeding and strategies for overcoming barriers.
- State the few instances when it is contraindicated to breastfeed and understand how to address these issues with clients.
- Identify the three components important for providing breastfeeding education.
- Explain breastfeeding positions..
- Understand the concept of breastmilk supply.
- Recognize symptoms of common breastfeeding problems and provide appropriate solutions to these problems using the Breastfeeding Assessment form.
- Describe the correct usage and maintenance of manual and electric breastpumps and explain the proper storage of breastmilk.

### **Materials and Supplies**

Before beginning with this section, you will need:

1. One copy of all breastfeeding related educational handouts/booklets.
2. Manual and electric (single-user and multi-user) breastpump demo kits
3. La Leche League Breastfeeding Answer Book
4. ITCA State Plan
5. Nutrition Assessment Questionnaire Key Ring
6. Maryland WIC Program Breastfeeding Kardex
7. Breastfeeding/Postpartum Post Card

### **Overview**

Breastfeeding education provided to clients should be simple, accurate and specific to each client's needs and wishes. This unit goes over basic breastfeeding concepts that will be used when counseling clients. The unit discusses breastfeeding benefits; common problems and barriers clients may face along with breastfeeding assessment and follow up procedures. You will learn tips on providing client specific breastfeeding education to clients using the WIC handouts and breastfeeding tools available.

## Breastfeeding Education



One of the missions of the Inter Tribal Council of Arizona WIC Program is to be a tribal resource for breastfeeding support and to provide effective leadership in local communities in the area of breastfeeding to improve the health of women, infants, and children. The National WIC Association (NWA) has stated the following:

*Breastfeeding has been shown to have significant advantages for women and infants. As health professionals have a responsibility to provide services designed to optimize the health of their clients, WIC health professionals are committed to encouraging breastfeeding as the preferred method of infant feeding. **Therefore, NWA calls for all WIC state and local agencies to aggressively promote breastfeeding.***

At the beginning of your career in WIC, it is important for you to gain an understanding of breastfeeding basics in order to become a breastfeeding advocate and supporter. Clients will be more comfortable asking questions and expressing concerns with staff that project a positive attitude about breastfeeding.

Before beginning this section, take a moment to assess **your** attitudes about breastfeeding. Read the questions in bold below and think about your answers before reading the paragraph beneath each question.

### ***Were you breastfed? Did you breastfeed your children?***

The health benefits of breastfeeding were not recognized until recently. In fact new benefits of breastfeeding are being recognized each year. In the past, medical professionals thought that formula was just as good as or better than breastmilk. In fact, some still think so! This misinformation, although unintentional, has led many mothers to choose to formula feed. If you, your family, and/or your friends never learned about the advantages of breastfeeding, now is your chance to learn and pass on the tradition of breastfeeding to others.

### ***If you breastfed your children, was it a positive experience?***

Every mother's breastfeeding experience is unique. In fact a mother with more than one child may have very different experiences with each child. For this reason, you should remain open minded when discussing breastfeeding with others. If you or someone you know had problems breastfeeding that were not resolved, the correct information and support were probably not available. This section will provide you with the knowledge to be able to offer this information and support to others.

***Do you feel comfortable discussing breastfeeding? Do you feel comfortable watching another woman breastfeed?***

As you will learn in this section, embarrassment is one of the barriers to breastfeeding. Many people find it uncomfortable to discuss breastfeeding, see another person breastfeed, or breastfeed in front of others. For WIC staff that may feel this way, it is important to realize that such feelings are fairly common at first. Frequent exposure to breastfeeding issues will help to overcome feelings of embarrassment as will the satisfaction of improving the health of mothers and infants through breastfeeding promotion. Learning to deal with the barrier of a mother's embarrassment will be covered later in this unit.

***Do you think your opinions on breastfeeding can influence the WIC clients you come into contact with?***

WIC staff can have a large impact on the decisions mothers make on how to feed their children. WIC is seen as a community nutrition and breastfeeding resource and clients will often ask the staff for advice on feeding issues. It is your responsibility to provide accurate information that has been documented in scientific literature. You must be able to support everything you tell clients with a reliable resource (such as WIC policy, textbooks, etc.) For this reason, avoid expressing your personal opinions and experiences to clients unless they have been reinforced through WIC training. Your opinions can definitely influence the breastfeeding decisions that WIC clients make. Remember that part of working for WIC is portraying the message that breastfeeding is the best way to feed an infant.

***On a scale of 1 to 10 (1= not very important and 10 = very important), how important do you feel breastfeeding is to the health of both mother and infant?***

Thinking about how you rate the importance of breastfeeding is a good way to start Breastfeeding Education training. Next to the question in bold above, write your number rating. (And be honest, this is for your eyes only.) If your answer is less than 9, hopefully your rating will increase by the time you are finished with this section. A good way to start is to review the many advantages of breastfeeding.



# Advantages of Breastfeeding

List as many advantages of breastfeeding to mother, infant, and society that you can think of below:

**Mother**



**Baby**



**Society**



Compare your lists to those on the following page. Place checks next to the items you had thought of and underline those that are new to you



## Mother

- Reduces risk of breast and cervical cancer
- Lowers risk of Type 2 diabetes
- Helps mother lose weight
- Aids in recovery from childbirth
- Reduces risk of bleeding after childbirth
- Saves money
- Helps mother to relax
- Improves bonding
- No need for mixing, measuring or heating
- Makes night feeding easier
- Reduces risk of pregnancy
- Baby's diapers smell better



## Baby

- Protects against disease
- Fewer ear infections and colds
- Provides the best nutrition for growth
- Protects against asthma and food allergies
- Promotes bonding with mother
- Breastmilk is easier to digest
- Promotes better brain and dental development
- Reduces risk of Sudden Infant Death Syndrome (SIDS)
- Reduces risk of obesity and diabetes



## Society

- Saves money
- Better for the environment because of less waste
- The baby may be easier to comfort
- Mothers take less time off from work
- Less healthcare costs
- Mothers and babies are healthier

If breastfeeding is better than using formula for the mother, infant, and society, why aren't more mothers doing it? One reason is that mothers don't know all of the advantages of breastfeeding. However, some mothers know that breastfeeding is better, but still choose to feed formula because of the barriers to breastfeeding that they face. These barriers and ways to deal with them are discussed in the next section.

## Barriers to Breastfeeding

As you did in the first exercise, make a list in the space below of the breastfeeding barriers that you are aware of. Compare your list to the one on the following pages and check the ones you thought of. Circle the items that you did not know about.

## Barriers

Behavior decisions are often made by weighing the benefits and costs of that behavior. For someone to be persuaded to adopt a behavior, they usually consider if the benefits outweigh the costs. Benefits related to breastfeeding may include things such as mother-infant bonding, improved health outcomes and saving money. Costs associated with breastfeeding may include factors such as embarrassment, social disapproval or time. Barriers can make mothers less likely to breastfeed. By helping mothers find solutions to perceived barriers to breastfeeding we can increase the likelihood that they will breastfeed. Below are some commonly mentioned barriers.



### #1 Mother's lack of confidence in her ability to breastfeed

Most people have heard certain myths about breastfeeding that could cause a mother to question her ability to breastfeed. Examples of these myths are as follows: some women's breasts are too small for breastfeeding, that it is very difficult to learn how to breastfeed, women with large breasts may suffocate their babies while breastfeeding, etc. None of these things are true, but you need to know how to answer a woman with similar concerns. If a woman is expressing a concern about her ability to breastfeed, you need to:

1. Identify her specific concerns.
2. Assure her that although many people believe the myth, now we know it isn't true.
3. Explain to her why the myth is false and reassure the mother that she **can** breastfeed.

If a mother tells you a reason she feels she cannot breastfeed and you are not sure if she is right you should:

1. Look up the information in the La Leche League Breastfeeding Answer Book or other resources and handouts in your clinic.
2. Ask your local agency Breastfeeding Lead. If you do not know who that is, take a moment to ask someone now.
3. Ask your local agency WIC Director.
4. Call the ITCA Breastfeeding Coordinator.

### #2 Mother's embarrassment about breastfeeding

Embarrassment when having to breastfeed in public or when family is present is a barrier

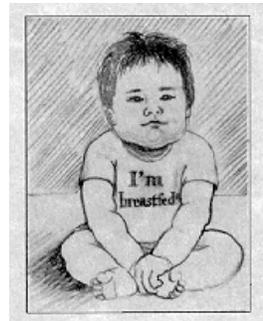
frequently identified by mothers. Provide reassurance that many women say that they would be embarrassed breastfeeding in front of others. If a mother is concerned about breastfeeding in front of other people, the WIC staff person should review ways to breastfeed discreetly. For example, placing a blanket over the mother's shoulder can prevent others from seeing her infant feeding or letting the mother know she can pull her shirt up from the bottom or unbuttoning her blouse from the bottom, rather than the top. The mother may appreciate seeing a video or handouts that picture women breastfeeding unnoticeably. You can also suggest that the mother practice feeding in front of a mirror so that she can see what other people will be able (or more importantly, not able) to see.

### **#3 Mother's concern that she will need to follow a strict diet or health practices**

Even when a mother's diet is inadequate, her breastmilk will continue to provide enough nutrients for her baby and will still provide better nutrition than formula. Eating healthy is important for the mother's sake in order to maintain her own health and well-being. It also will help her lose the weight she gained during pregnancy. However, a mother does not need to restrict her diet in any way for the sake of her baby. Babies do not usually react to specific foods in the mother's diet.

### **#4 Lack of support from family and friends**

New mothers value support from their family and friends in their infant feeding decisions. A mother concerned about the opinions of family and/or friends should be provided with information and handouts to share with them. Provide strategies on how the baby's father can be involved in ways that are appealing to dads, including playing with the baby, burping the baby after breastfeeding, cuddling the baby or holding the baby closely skin-to-skin. The WIC staff person could also offer to speak with family members or friends with questions at the next appointment or over the phone. Discuss with the mother how breastfeeding will help her to feel close to her baby and will give her confidence in herself. Encourage the mother to make her own decision about breastfeeding, as she is the only one who can provide her baby with breastmilk.



### **#5 The perception that the mother will not be able to make enough milk**

Lack of confidence underlies many of the barriers mothers face. WIC staff make a difference by affirming new mothers and building their confidence in their ability to breastfeed with anticipatory guidance. It is important to let mothers know the amount of milk she makes depends on how often the baby nurses. Breastmilk supply and demand will be covered in more detail later in this section. If a pregnant woman is concerned about whether she will have a sufficient milk supply, assure her that almost all women

produce enough milk for their babies. Then explain the breastmilk supply and demand concept as reviewed later in this unit.

Examples of statements that may indicate lack of confidence include:

- I don't think I'll make enough milk.
- I might "try" to breastfeed but can I get some formula just in case?
- My breasts are too small.
- Breastfeeding will be too hard.
- I'm afraid I won't have enough milk just like my mother.



## **#6 The perception that a mother cannot work or go to school and breastfeed**

Many mothers work or go to school and continue to breastfeed their infants. These mothers should be informed that they can use a manual or electric breastpump (provided by WIC at no charge) in order to continue to provide all the benefits of breastmilk to their infants while they are separated. Encourage the working mothers to talk with their supervisors during pregnancy about their plans to breastfeed. If a woman insists she will not be able to breastfeed once she begins working, she should be informed about the possibility of combining breastfeeding and formula feeding after she returns to work. (Some breastmilk is better than none.) She should also be encouraged to try breastfeeding initially as she could always change her feeding method later if needed.

## **#7 The perception that breastfeeding is painful**

Fear of pain can keep mothers from considering breastfeeding, and could be a factor in early weaning. For this reason, informing mothers what to expect and how to prevent pain is crucial. A mother with this concern should be reassured that breastfeeding does not hurt if it is done correctly and WIC will teach her how to correctly position the baby so that nursing will not hurt. (Refer to the section on latch-on and positioning later in this unit.)

## **#8 The perception that breastfeeding will cause the mother to lose her freedom**

If a mother can take her infant with her, the milk is ready the moment the baby is hungry. Unlike formula feeding, breastmilk is always ready and there is nothing to prepare. A mother concerned about loss of freedom should be reassured that she can be separated from her infant by expressing breastmilk for others to feed until she returns. (Refer to the section on breast pumps and breastmilk storage.) New mothers may benefit from hearing strategies other mothers have found for making breastfeeding work in their busy lives.

## **#9 The perception that other family members will be left out**

Taking care of an infant involves much more than feeding him/her. Other family members can help give baths, dress, change diapers, and play with the baby. Once families learn how important breastmilk is for an infant's development, they will be proud to know their baby is being breastfed.

## **#10 The perception that breastfeeding will spoil the baby**

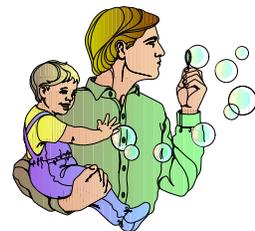
Some mothers mistakenly assume breastfeeding will make their children too dependent. Breastfeeding does not spoil infants, in fact quite the opposite occurs. The close bonding between a mother and breastfed infant allows the baby to feel more secure. Breastfeeding allows for emotional stability during a time of fast growth and development that may promote greater self-esteem and independence later in life.

## **#11 The perception that breastfeeding will make a woman's breasts sag**

Breasts will get larger during pregnancy in preparation for breastfeeding regardless of whether or not the mother decides to breastfeed. Breast tissue will return to normal after breastfeeding. Women concerned about how breastfeeding will affect their bodies should be informed that breastfeeding will help them return to their pre-pregnancy weight faster.

## **#12 Lack of knowledge among health care professionals**

Women often receive inaccurate information about breastfeeding from their doctors, nurses and other health care professionals. Sometimes women are told they should not breastfeed when they can. Another barrier occurs when breastfeeding problems are not fixed due to the lack of knowledge among some health care providers. WIC staff should carefully correct any misinformation previously provided to clients. Handouts or copies from books documenting the correct information should be given to clients to share with the individual that misadvised them.





## ***Dealing with Breastfeeding Barriers***

When discussing breastfeeding with a pregnant woman who is unsure if she will breastfeed, the first thing WIC staff should do is **determine what her specific concerns are**. Often her concern will be one of the barriers reviewed above. Breastfeeding education should not be the same for every WIC client. These educational contacts should focus on the concerns of each client. It is extremely rare that a woman should be advised not to breastfeed. Situations in which a woman should not breastfeed are called “breastfeeding contraindications” and only occur in rare instances.

*The best way to identify barriers: Listen to mothers*



## ***Breastfeeding Contraindications***

### Contraindications:

---

- Positive HIV/AIDS status
- Any illegal drug use
- Excessive alcohol use (as defined in the ITCA State Plan)
- Infants with special needs (galactosemia, intestinal lactase deficiency)
- Human T-Cell Leukemia virus, type 1 (still requires research)

### Not currently contraindicated, but possibly unsafe practices:

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- Smoking
- Excessive caffeine intake

### Temporary Contraindications:

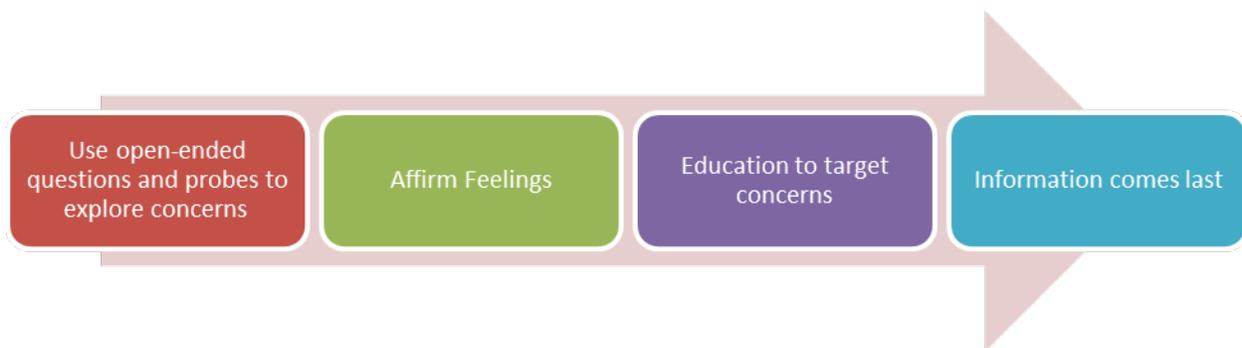
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- Medications that are unsafe for infants (If an alternative safe medication cannot be used, lactation should be sustained and reinitiated after treatment)
- Untreated*, symptomatic tuberculosis : "If it is safe for a mother to have contact, it is also safe to breastfeed"
- Untreated* hepatitis
- Untreated* Lyme Disease
- Herpes lesion on breast
- Infectious Varicella-zoster (Chicken Pox)
- Therapeutic doses of radiopharmaceuticals

## Steps to Providing Breastfeeding Education

Communication skills are vital no matter what your role in WIC. This section addresses effective ways to talk with mothers and build a connection with them to build meaningful dialogue.

### Tools for Connection: Active Listening Skills



### Step One: Open-Ended Questions

- Help mothers feel safe sharing thoughts and feelings
- Avoid making clients feel interrogated
- Have no right or wrong answer
- Build trust and openness

#### Examples of open-ended questions

- WHAT
  - What has your mother told you about breastfeeding?
  - What paperwork did you bring with you today?
- HOW
  - How do you feel about breastfeeding?
  - How is breastfeeding going?
- TELL ME
  - Tell me why you feel you will need formula.
  - Tell me about a typical day at your house.

## Digging for More Information

Most people do not give complete answers to the questions they are asked. You must find out more information to effectively choose the education that you will use for each particular mother. Probes are a follow-up to your open-ended questions.



There are four key probes that can help you find out more from a mother:

- Extending Probe: asks the mother to extend her answer and give more detail.

*Examples:*

- *What else have you heard about that?*
- *How do you feel about what she said?*
- *Tell me more about that.*

- Clarifying Probe: used to be sure you clearly understand her meaning by what she says.

*Examples:*

- *Do you mean breastfeeding will be painful?*
- *What part of breastfeeding do you think will be most uncomfortable?*
- *Are you concerned breastfeeding will be embarrassing to you or to someone who might see you?*

- Reflecting Probe: reflects the mother's words back to her so she can hear what she said.

*Examples:*

- *So you're saying you don't think you can breastfeed?*
- *You think your mother won't approve of breastfeeding.*
- *So you're saying that you don't think you are making enough milk.*

- Redirecting Probe: helps you change the subject or direction of your conversation with a mother. It can help you get back to the subject of breastfeeding if she has wandered off topic.

*Examples:*

- *I can see you're worried about your finances, and we're going to give you some names of people who can help before you leave. Other than that concern, what other concerns do you have about breastfeeding?*
- *I can see how worried you are about making enough milk. Other than that concern, tell me some things you enjoy most about breastfeeding?*

## Step Two: Affirm Feelings

It is very tempting to rush ahead and give information to mothers once we think we know what her concerns are. Remember, though, that mothers are not ready to hear that information until they feel you have heard their opinions first.

- Affirmation is a short, simple statement that lets a mother know her feelings are okay.
- Affirmation reassures the mother that her feelings are not unusual and that you are not shocked to hear them.

- Affirmation builds her confidence and self-respect.
- Affirmation may help her relax and feel safe, which in turn builds trust in you and your information.
- After she is affirmed, she is more likely to be ready to share more information with you and to hear the education you want to share.

*Ways to Affirm:*

- Let her know you share her experience or feeling.
- Show her she's not alone.
- Read between the lines.
- Shine the spotlight on what she is doing well.
- Show her how she is a good mother

*Examples of Affirmation:*



**PG client:** My breasts are too small. The baby will starve.



**WIC staff person (affirmation):** I felt that way too.

---



**PG client:** I'm afraid breastfeeding will be too painful.



**WIC staff person:** I've heard other women say that.

---



**PG client:** I have to go back to work right after my baby is born.



**WIC staff person:** It must be hard to think about leaving your baby so soon.

---



**PG client:** My mom says the baby will be too hard to take care of if I breastfeed.



**WIC staff person:** It sounds like your mother is concerned about you.

### Step Three: Education

Once you have explored a mother's concerns through open-ended questions and probes, and the mother's feelings and experiences have been affirmed or validated, she is ready to be educated. The education should not be in the form of a lecture.

*Adults learn best when you:*

- Target info to the mother's concerns or interest
- Feed information in small bites
- Give her just two or three simple options
- Keep it simple
- Reinforce the information

### Keep in mind...

- Once the client has made the decision to breastfeed, an educational contact on breastfeeding basics (Breastfeeding How To's) should be conducted later in pregnancy prior to their delivery date. (See the next section on breastfeeding basics.)
- It is suggested that WIC staff attempt a breastfeeding follow-up contact approximately three days after the client's delivery date if the client has not yet contacted WIC to enroll the infant. Speaking with a client soon after delivery may help to discover breastfeeding problems prior to the infant's certification visit.

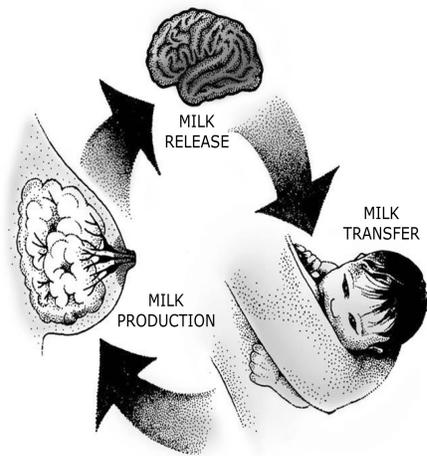


## Breastfeeding Basics

Giving mothers simple explanations about how the breast works will help them build confidence in their ability to make milk for their baby.

### 1. Breastmilk Supply and Demand

A simple way to talk about milk production with a new mother is to show that their breasts are similar to a production “factory”. When the demand is high, a factory produces enough products to meet the demand. When the demand is low, the factory slows down until the demand is high again. Therefore, the more an infant breastfeeds, the more milk the mother will make. This concept is called supply and demand.



The hormone that causes milk production, prolactin, is released when the nipple is stimulated during breastfeeding. The hormone that allows the milk to be released, oxytocin, is released when the baby sucks and when the mother is in contact with things that reminds her of her baby. This hormone can be inhibited by stress, infrequent feedings, physical or emotional pain, embarrassment, and exhaustion. It is important to look for these problems if a mother is having difficulty with let-down (releasing her milk.)

Breastfeeding mothers need to learn that the key to breastmilk production is feeding frequently and on demand, whenever the baby is hungry. They should avoid replacing feedings at the breast with formula or other foods, avoid putting the infant on a feeding schedule and should breastfeed often, typically 8 or more times in a 24 hour period for newborns.

## 2. Correct Latch-on and Positioning

Review the breastfeeding education booklet for clients, “Breastfeeding: Keep It Simple” by Amy Spangler. Pay close attention to the section, ‘Beginning to Breastfeed’. Now read the following sections in the La Leche League Breastfeeding Answer Book:



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1. Positioning pages 64-70
2. Latch-On pages 72-

Make sure to review these materials carefully, as they will be included in the final review for this unit.

## Common Breastfeeding Problems

Review the breastfeeding education booklet “Breastfeeding: Keep It Simple”. Pay attention to the section ‘Taking Care of Yourself’. Be familiar with this material for the final review.

Notice that common breastfeeding problems are not included in the steps to providing breastfeeding education. Breastfeeding is an art that requires learning, but educators should avoid making the process seem difficult or complicated while teaching it. If a pregnant woman is given information on solving breastfeeding problems before she breastfeeds or before problems arise, she may become worried that all of the potential problems will happen to her. A better approach is to provide information on solving breastfeeding problems only when those problems arise. Information on preventing problems is emphasized as part of breastfeeding basics without calling attention to the fact that the information will prevent common problems. (For example, educating on feeding on demand, proper positioning and latch-on will prevent the most common problems of engorgement and sore nipples.)

## ***Breastfeeding Assessment & Follow-Up***

Complete a Breastfeeding Assessment for all new breastfeeding mothers at certification and all breastfeeding education contacts thereafter. All pregnant WIC clients should be contacted approximately a week after their estimated delivery date in order to identify and solve breastfeeding problems as soon as possible. The local agency breastfeeding lead is responsible for making sure the follow-up phone calls are completed for the pregnant WIC clients. The Breastfeeding Assessment Questions can be found on the Nutrition Assessment Questionnaire key ring. The questions can be used along with the Maryland WIC Program Breastfeeding Kardex.

## ***Breastpumps and Breastmilk Storage***

Review Section Two (Breastfeeding Equipment Policies) of Chapter Three in the ITCA State Plan. Note that all breastpumps are intended only for exclusively breastfeeding mothers.

Review the section, 'Returning to Work or School' in the Breastfeeding: Keep It Simple Book. Finally review the instructions that come with the manual and electric breastpumps and practice piecing together the whole breastpump. Once again, make sure to review these materials carefully, as they will be included in the final review for this unit





7. Name two contraindications to breastfeeding.
8. List the three main steps to providing breastfeeding education.
9. **True or False:** If the answer is false, change the statement to make it true.

\_\_\_\_\_ The less an infant breastfeeds, the less milk the mother will produce.

\_\_\_\_\_ How to solve breastfeeding problems should be discussed with PG participants intending to breastfeed.

\_\_\_\_\_ Breastfeeding infants should be put on a schedule to breastfeed at least every 2 hours.

\_\_\_\_\_ It is very common for a breastfed infant to have a reaction to something in the mother's diet.

**Multiple Choice:**

10. Breastfed babies need
  - a. Extra water, especially in hot places
  - b. Supplemental formula until the mom's milk comes in
  - c. Vitamin and mineral supplements
  - d. Only breastmilk
11. If a breastfeeding mother asks your advice about a medication and your breastfeeding resources tell you the medication may have harmful effects on the baby, you should:
  - a. Tell the mother to stop taking the medication immediately.
  - b. Tell the mother to stop breastfeeding and give her advice on how to wean the baby.
  - c. Explain to the mother that you are not qualified to give advice about medication, but

you can share information with her so that she is better able to talk to her doctor about her feelings regarding breastfeeding.

12. You are counseling a pregnant woman about breastfeeding and she tells you that she doesn't want to breastfeed because her mother and sister didn't have enough milk. How would you counsel her?
- Tell her that is ridiculous. Her sister and mother just didn't know anything about breastfeeding.
  - Tell her that a lot of women just say that because they don't really want to breastfeed.
  - Tell her that it is understandable that she is concerned, but unlike things such as diabetes and hair color, breastfeeding is not hereditary. You can help by showing her how to breastfeed so she will have plenty of milk to feed her baby.
  - Tell her that their doctors probably told them that because most doctors don't know anything about breastfeeding.

13. Freshly expressed breastmilk can be stored for

- 2 weeks in the refrigerator and up to 6 months in the freezer.
- Up to 5 days in the refrigerator and up to 6 months in the freezer.
- 3 days in the refrigerator and 1 month in the freezer.
- 1 day in the refrigerator and 1 month in the freezer.

14. Match the following terms with the correct definition.

- |                           |  |
|---------------------------|--|
| 1. _____ Mastitis         | (a) Breasts become larger, heavier, and a little tender 2-6 days after birth.(normal)                |
| 2. _____ Plugged Ducts    | (b) Breast swelling, tenderness, warmth, redness, and throbbing pain due to infrequent feedings      |
| 3. _____ Engorgement      | (c) Tender localized spot, redness, or sore lump with no fever                                       |
| 4. _____ Fullness         | (d) Inflammation due to an infection and usually accompanied by a fever - localized redness and heat |
| 5. _____ Thrush (Candida) | (e) A fungus causing nipple pain, burning, or itching  |

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Score: \_\_\_\_\_ /96 points

Percent correct: \_\_\_\_\_

## Unit 9: Client Education

### Final Review

DIRECTIONS: Circle the correct answer.

**(3 points each)**

1. Addresses and phone numbers to file discrimination claims are found:
  - a. On the ID folders
  - b. On the Rights and Responsibility form
  - c. On the WIC checks
  - d. a and b
  - e. All of the above
  
2. How much dairy does a 2 year old child need each day?
  - a. 3 cups
  - b. 1/2 cup
  - c. 2 cups
  - d. 1 cup
  
3. One way to encourage successful breastfeeding is by:
  - a. Not limiting feeding time or frequency
  - b. Giving a pacifier so the mother can rest
  - c. Giving a bottle until the mother's milk comes in
  - d. Not feeding more than every 3 hours so that the baby is hungry before being fed
  
4. Which of the following is one serving of bread for an adult:
  - a. A sandwich with two slices of bread
  - b. A whole bagel
  - c. One slice of French toast
  - d. 8 crackers
  
5. How many food categories would be included in a peanut butter and jelly sandwich?
  - i. One

- ii. Two
  - iii. Three
  - iv. Four
6. How much of the grains eaten should be whole grains?
- a. 25%
  - b. Most of them
  - c. 50%
  - d. None – white grains are enriched, so it is not necessary to eat whole grains.
7. Which of the following drinks should children have unlimited access too?
- a. Lowfat milk
  - b. Water
  - c. 100% juice
  - d. All of the above
8. A good position for mothers who have had C-sections or are feeding twins is
- a. Cradle hold
  - b. Football hold
  - c. Lying down
9. Which of the following is a sign of **incorrect** latch-on and position?
- a. Mother and baby are tummy to tummy
  - b. Baby's nose is against mother's breast
  - c. Baby's mouth is open wide before he is latched on
  - d. The baby only has a little bit of the dark part of the breast (areola) in it's mouth
10. Which statement about engorgement is true?
- a. It occurs when mothers delay feeding
  - b. Mothers with engorgement need to see a doctor for medication
  - c. It can be treated by applying firm pressure to the breast
11. Which of the following are important to do during pregnancy in order to successfully breastfeed?
- a. Pull and tug on the nipples to toughen them up
  - b. Rub nipples with oils and lotions so they stay soft
  - c. Use a breastpump to practice
  - d. None of the above
12. What should a mother do to make sure she would make enough milk?
- a. Drink extra fluids
  - b. Feed her infant as often as he/she is hungry
  - c. Drink 4 glasses of milk a day
  - d. Follow a special diet for breastfeeding women
13. Breastfeeding women should not eat/drink the following:

- a. Donuts, ice cream, cookies, and cake
  - b. Alcohol
  - c. Salt
  - d. Spicy foods
14. Breastfeeding newborns should nurse
- a. About every 4 hours
  - b. On a schedule - every 2 hours
  - c. On demand - about 6-8 times/day
  - d. On demand - about 8 or more times/day
15. Breastfeeding Assessment (follow-up) phone calls should be made to all pregnant WIC participants approximately:
- a. 2-3 days before their estimated delivery dates.
  - b. 2-3 days after their estimated delivery dates.
  - c. 2-3 days after they certify their infants on WIC.
  - d. 2-3 weeks after their estimated delivery dates.
16. Which of the following could be the appropriate nutrition education topic for a four-year-old child with the following nutritional risks: Overweight and Routinely Feeding Sugar Drinks?
- a. Healthy Drinks
  - b. Limit TV
  - c. Limit Juice
  - d. Concerns of the caregiver
  - e. All of the above
  - f. a and c
17. Which of the following could an appropriate nutrition education topic for a pregnant teen with the following nutritional risks: Pregnancy at a Young Age and Low Maternal Weight Gain.
- a. High Iron Foods
  - b. Calorie Boosters
  - c. Closely Spaced Pregnancy
  - d. Folic Acid

**DIRECTIONS:** Write in the correct answer. 'F' for False or 'T' for True. **(2 points each)**

18. \_\_\_\_\_ A proxy may be used two times in a six-month period.
19. \_\_\_\_\_ The client can use checks in the store that have been picked up by a proxy.
20. \_\_\_\_\_ A proxy cannot be used during an initial certification, but can be used for a recertification visit.
21. \_\_\_\_\_ The check cashing procedure is outlined in the ID folders given to clients and

therefore does not need to be reviewed with clients at time of certification.

22. \_\_\_\_\_ When assessing what a client typically eats, you should be more concerned about foods than beverages consumed.
23. \_\_\_\_\_ Milk is a good source of iron.
24. \_\_\_\_\_ Adults need 3 servings of milk a day, while children only need 2 cups per day.
25. \_\_\_\_\_ Fruits and vegetables are good sources of Vitamins A and C.
26. \_\_\_\_\_ Adults should have more servings of fruit and vegetables combined in one day than any other food group.
27. \_\_\_\_\_ Adults do not need as much calcium because they are no longer growing.
28. \_\_\_\_\_ If a client has a concern, for example their child does not eat fruit or vegetables, but has the risk of Routinely Drinking Sugar Drinks, the risk should be the topic of education for that visit.
29. \_\_\_\_\_ If a WIC client states that she does not use drugs or alcohol at her first new certification, she does not need to receive substance abuse education.
30. \_\_\_\_\_ A WIC staff person refers a mother abusing alcohol to an alcohol abuse prevention program. The next time she sees the mother, she should not ask if the client contacted the referral program due to confidentiality issues.
31. \_\_\_\_\_ WIC clients should be involved in choosing their own nutrition education goals / ways to meet those goals.

**(5 points)**

32. Place the following steps to nutrition education in order from 1-5:
  - \_\_\_\_\_ Prioritize the client's risks and issues or concerns the client has..
  - \_\_\_\_\_ Make a plan: what would like client like to focus on for the next month.
  - \_\_\_\_\_ Establish a bond: put the client at ease and allow them to feel comfortable.
  - \_\_\_\_\_ Individualize: focus the nutrition education on what the client is interesting in changing and what does the client already know.
  - \_\_\_\_\_ Gather information: Identify the client's risks.

**(4 points)**

33. Name four benefits of breastfeeding.

|  
**(6 points)**

34. Name two barriers to breastfeeding and describe how you would talk to a mother about them. (Use another sheet if necessary.)

# Answer Key: Skill Evaluations

## 9-1 WIC Rights and Responsibilities

1. Observe
2. Call to reschedule  
Send a proxy  
Send the alternate caregiver
3. Non-breastfeeding woman after 6 months postpartum  
Child has turned 5 years of age  
Breastfeeding woman at one year postpartum  
Over income  
No longer resides in the service area
4. No longer meet residency or income requirements  
Abuse of the program  
Participation in more than one WIC program at a time  
Participation in WIC and the Commodity Supplemental Food Programs at the same time
5.
  - a. 1
  - b. ID and ID folder
  - c. ID folder and Rights and Responsibilities Form
  - d. VOC

## 9-2 Substance Abuse Education

2. F  
F  
F

## 9-3 Nutrition Education

See Nutritionist or WIC Director

## 9-4 Breastfeeding Education

- 1-6. Review with Director or Nutritionist
7. Any contraindications listed in this unit.
8.
  - a. Step One: Open-ended Questions
  - b. Step Two: Affirm Feelings
  - c. Step Three: Education
9.
  - a. True
  - b. False
  - c. False
  - d. False
10. D
11. C

- 12. C
- 13. B
- 14.
  - 1. D
  - 2. C
  - 3. B
  - 4. A
  - 5. E