



## Early Infancy Webinar Questions and Answers

### **Questions about Field Testing:**

Q: In the field testing, did you notice any difference between first time moms and moms with other children?

A: First-time moms found the information extremely valuable. While moms with other children stated they knew the information, they also commented that there were things they had forgotten and new information they had learned, saying they still thought the class was worthwhile.

Q: Did participants find the class repetitive since they just had a Baby Behavior class prenatally?

A: While most agencies had not yet rolled out the prenatal class when we field tested, the two Baby Behavior classes have different focuses. The prenatal class focuses on **sleep** and **crying**. The infant enrollment class focuses on **cues**. The Baby Behavior research showed that Baby Cues education was most effective after the baby was born because then the information is concrete, not abstract.

Q: Is there any experience with agencies that are doing this with the Asian Population? They typically stay in the house for 30 days. More specifically, catching them (Vietnamese, Chinese) before the baby is past 4-6 weeks of age—since they are one of the lowest BF ethnic groups.

A: No, not specifically with populations that believe babies should stay in the house for 30 days. Your site may decide to schedule the education differently due to cultural practices. The class is most effective when babies are very young, but the information is still valuable at any age under 6 weeks.

Q: Have there been concerns raised by moms that their babies are being exposed to other babies (i.e. germ transfer)?

A: Some participants may be very cautious about exposing young babies to germs, and timing of the Baby Cues class may need to be adjusted when scheduled for these individuals. It appears that “millennial” moms expect to have a baby and return to their normal routine very quickly. Often a visit to the WIC clinic within two weeks of delivery is not their first trip out of the house.

## **Questions about Baby Behavior and Breastfeeding Support:**

Q: The staff at some of our sites provides intensive hands-on breastfeeding assistance which can take up to an hour per participant. We often have 2 or 3 moms at one time, all receiving hands-on help. I'm concerned that we will not be able to provide the best assistance under the time frame of the class.

A: If a woman comes in with significant breastfeeding difficulties requiring intensive hands-on breastfeeding assistance, she should be triaged and see a lactation consultant instead of attending the Baby Cues class. The Baby Cues education could be provided at another time.

Breastfeeding concerns that were not addressed in class can be answered afterward or while enrolling the baby. Refer to the example in the WebEx PowerPoint about how breastfeeding support time can be woven into the schedule.

Q: How do you think the group enrollment will impact the infant assessment requirement in the first 30 days?

A: An infant breastfeeding assessment, beyond the standard infant assessment as part of the infant enrollment, is ONLY required if the breastfeeding mom is requesting formula (WPM 600-01). Fully breastfeeding babies and fully formula feeding babies are not required to have an extensive infant assessment. This education addresses the misunderstanding of normal baby behavior that leads moms to think they do not have enough milk. The original Baby Behavior study resulted in a decrease in formula use.

## **Scheduling and Policy Questions:**

Q: If a site does approximately 100 new baby enrollments per month, a class size of 6-8 clients will require approximately 13-17 classes per month, which seems like a lot, doesn't it?

A: Yes, it does. However, each site will need to figure out the best class size for its situation. The recommendation is to size and arrange the class for optimum discussion.

Q: Do you have examples with less staff? At the most we have 2-3 WNAs in a clinic.

A: The guidance of 2 baby enrollments per WNA available after class is applicable for small clinics too. We encourage each site to tailor the schedule to fit their needs.

Q: What happens when Proof of Income is not brought in or other questions in ISIS cannot be answered until the participant is in front of the WNA? Data entry cannot be completed while class is conducted...

A: The Proof of Income, or any other missing documentation, would be handled in the same manner as any other certification or enrollment (WPM 210-03, WPM 210-06)—holds are placed and the missing documentation must be provided before enrollment is complete.

In the scheduling example shown, as much information as possible is collected from the participant before class begins. This information (proof of income, proof of address, birth weight, etc.) is entered into ISIS, and the record is suspended. The “suspend” function allows a different WNA to open the record and complete the enrollment. The ISIS questions would be asked, and the nutrition questionnaire would be reviewed individually, outside of class.

Q: If we enroll the infant and present Baby Cues class, EI04, do we still need to complete the INEP screen?

A: Yes, the INEP screen needs to be completed when the nutrition assessment is completed.

Q: If an infant is in the NICU is this class still required?

A: No, but the reason this education was not offered should be noted in comments.

Q: Will we still need to do a class before the mid-certification at 5-7 months? We usually teach the “Hold Me, Love Me, Feed Me” class at 3-4 months .

A: The “Hold Me, Love Me, Feed Me” class focuses on introduction of solids, which is part of anticipatory guidance for nutrition through the lifecycle. (WPM 400-02). This education should still be offered at 3-4 months. Refer to WPM 400-08 for policy on the number of required Nutrition Education Contacts. It is worth noting that as parents understand their babies’ cues, they are less likely to introduce solids early in an effort to help their babies sleep.

Q: Will we need to get state approval if we add to the class? ---such as shaken baby, introduction of solids, baby wearing...?

A: Additional subject matter should not be added to this class. The California Baby Behavior Campaign was a collaborative effort between California State WIC, UC Davis Human Lactation Center and Local Agency staff. The materials were extensively reviewed to maintain the accuracy and integrity of the original Baby Behavior research. If you have questions or concerns about the class design or flow, please contact Judy Sheldon or Valerie Haack and we would be happy to discuss it with you.

## **Questions about the Materials for Baby Cues Education**

Q: Are there new education materials for the Early Infancy education?

A: There are no new take-home education materials for **participants** attending the Early Infancy Baby Cues class. All participants will have received the Baby Behavior Booklet and DVD **prenatally**. If the participant is new to WIC, or for some other reason, did not receive the booklet and DVD, offer them after class.

The **class** materials include a DVD with video clips of babies (different than those used in the prenatal class), and two downloadable pieces: an agenda poster and a class handout.

Q: You alluded earlier to the fact that you were going to develop a flip chart for individual education. Is that planned for sure or are you still thinking about it?

A: Yes, one of the items we are planning to develop is a downloadable flipchart that will be used with the video clips for those agencies that don't have computers at every work station.

## **Questions Regarding Extranet**

1. Will you please provide step by step instructions on how to access the infant enrollment information on the Extranet?

A: See answer for 2 below.

2. Perhaps if all agencies will be needing access to this Extranet report regularly, it could be made a canned report?

A: Staff from the ISIS Testing & Modification Section is working on a step-by-step procedure which we will share when complete.

## **Provisional Infant Enrollment Using Telephone:**

Guidance regarding this will be posted as soon as possible.