

California WIC Program Presents



**WHO Growth Charts
& Related Risks**
Facilitator's Guide

August – September 2012



Who:	Who is this training designed for? All staff who provide counseling or enter data into ISIS
What:	What is this training about? To help staff prepare for changes related to adopting the World Health Organization's (WHO) growth charts for children 0-24 months old. The objectives of the training are for staff to: <ul style="list-style-type: none"> • Explain why CA WIC is transitioning to the WHO growth charts for 0-24 month olds. • Explain differences between the WHO charts and the CDC charts we are using now. • Describe changes to existing risk codes and identify new risks. • Use helpful approaches when assessing risks and counseling participants. • Practice what to do when the information we have differs from the health care provider's information. <p>The Facilitator's Guide provides directions, instructions and actual training content. The instructions are written to assist the trainer in facilitating specific segments. The directions give step-by-step procedures for conducting each training activity. Learner centered activities have been incorporated.</p>
Why:	Why is this training required? The United States Department of Agriculture (USDA), Food and Nutrition Services (FNS) has mandated that all WIC programs use the WHO growth charts October 1, 2012.
Duration:	Approximately 2 hours
Materials:	Trainee Workbook Growth Guides (if your agency plans to use these) Pens or Pencils

Preparation:

- 1) Decide if your agency will use the Growth Guide included on the website and in the PowerPoint slides. Many agencies have found that using a tool like this one makes talking about weight issues much easier for staff. If you do decide to use this tool, staff will feel more comfortable with it if they get to practice using it.
- 2) Consider how much time to spend discussing what words to use when talking about weight. Since different cultures may have different approaches to this, you may wish to allow time for staff to explore how this may vary with different groups.
- 3) Think about how comfortable your staff are with the participant-centered techniques of “explore/offer/explore” and “reflection”. The training suggests that staff use these when dealing with the sensitive topic of weight gain. You may wish to review these techniques with staff.
- 4) Designate a partner to help with the role play on how to talk with participants about weight.

NOTE: The text of the role play is included in the workbook to let staff follow along as it is read aloud. You can choose to omit this page if you prefer staff to listen to the role play rather than read along with it.

- 5) Review the four scenarios:
 - a. High weight for length
 - b. Underweight
 - c. At risk of underweight
 - d. Short stature NOTE- this last is a high risk codeNOTE: You may assign different case studies for each group to work on. You may need to allow more time, if you would like staff to practice more than one scenarios

We suggest the following way to have staff work on these scenarios:

- 1) having small groups work on these step by step – then review each step with the large group.
- 2) after going over a scenario have staff practice the same scenario in pairs.

Slide 1



Say: This in-service will help prepare you for some of the changes that will take place in the way WIC follows how infants and children are growing. These changes will start October 1st.

Slide 2

Objectives

- Why the WHO charts (0<24mos)
- Compare CDC & WHO charts
- Changes to existing risks & new risks
- Assessing & counseling participants
- When provider's info differs from WIC

Say: By the end of the in-service, you will be able to:

Explain why CA WIC is changing to the WHO growth charts for 0-24 month olds. Explain differences between the WHO charts and the CDC charts we are using now.

Describe changes to existing risk codes and identify new risks.

Use helpful approaches when assessing risks and counseling participants.

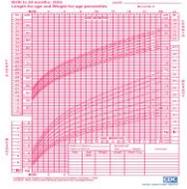
Practice what to do when the information we have differs from the health care provider's information.

Our goal is to successfully implement the new WHO growth charts in ISIS by October 1, 2012.

Slide 3

Background

- Growth charts follow growth over time
- Data used to determine if length and weight are “on-track”

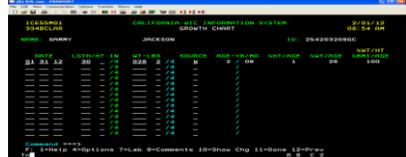


Say: Growth charts are used to follow a child’s growth (length or height, weight) over time (age). They help us evaluate and compare a child’s growth with other children at that same age. They also may suggest ways we can work with the family to improve their child’s health. Also, they help us see trends that may be taking place in the whole state or country such as, an increase in childhood obesity.

Slide 4

Activity: Group Discussion

1. How do you currently use the ISIS height and weight summary screen?
2. How do you explain percentiles to parents?



ACTIVITY – 2-3 minutes

Say: At WIC, we use the child’s growth information on a daily basis.

Instruct Staff: Refer to Workbook, Activity 1: Please take a minute to discuss at your tables how you currently use the ISIS height and weight screen and how you share the percentiles with parents.

(Optional methods: Pair share, small groups, self reflection)

After a few minutes or so **invite** a few staff to share their thoughts.

Slide 5

Why change to new growth charts?

- Breastfeeding Friendly
- Childhood Obesity
- Health Care Providers
- USDA requirement



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Say: Why are we changing to new growth charts?

1st – as you will see in a few minutes – the new growth charts are more “breastfeeding friendly”.

2nd – these new charts also should help us focus on preventing childhood obesity.

3rd – the whole country is in the process of changing to these new charts – so eventually everyone else will be using them.

4th – most importantly – USDA has mandated that we must start using these charts by October 1st.

Slide 6

What is the C.D.C. ?



6

Say: Before we go on, you hear us talk a lot about CDC and WHO - so let’s explain what these are. The “CDC” is the Centers for Disease Control and Prevention. It’s a national agency with the goal of keeping Americans healthy and safe.

Slide 7

What is the W.H.O. ?



7

Say: The “WHO” is the “W.” “H.” “O.” or World Health Organization. It is part of the United Nations and represents nearly all countries in the world. It’s kind of like the international version of the CDC.

Slide 8

History of CDC Growth Charts

- Only used in U.S.
- Describe growth of children in U.S.
- WIC currently uses for age 0-5 years



8

Say: In 2000, the CDC released growth charts, which are only used in the U.S. The information to make the charts was collected in the U.S. in the 70s and 80s when dads looked more like this! These are the current growth charts in ISIS, used for all 0-5 year olds.

Slide 9

Problems With CDC Growth Charts

- Inconsistent data
- Didn't consider things affecting growth
- Few breastfed infants



(WIC will still use CDC charts for ages 2-5)

9

Say: The CDC growth charts have a lot of problems. The data wasn't collected in a consistent way. They didn't consider things that could affect the child's growth, like length of pregnancy, child's birth weight, at what age the child started getting supplemental foods, or if there was a smoker in the house. And they included very few breastfed babies – so they were mainly getting information about formula fed children. As it turns out, formula fed babies and breastfed babies do grow differently, as we will see shortly!

Later on we will talk about 2-5 year olds, and we'll explain why WIC will still use the CDC growth charts for those children.

Slide 10

History of WHO Growth Charts

- International
- Standardized weighing and measuring
- Many measurements of same child
- Ideal environments:
 - exclusive or predominant breastfeeding
 - access to health care and immunizations
 - no smoking
 - no preemies or twins



Say: In 2006, the World Health Organization (WHO) released new growth charts for children from birth to age 5. They first did a study of how children grow in different countries, which was very different from how the CDC made their growth charts.

First – it was based on children all over the world - as you'll see in a moment. Second – they carefully standardized how they weighed and measured each child. Third – they followed each child for many years – so they could see how they grew as they got older. Finally – children in the study needed to be in ideal environments: exclusively or predominantly breastfed, have access to health care and immunizations, no maternal smoking before or after birth, and single term birth.

Slide 11

History of WHO Growth Charts

- Oman
- Brazil
- U. S.
- Norway
- India
- Ghana



Say: Here are the 6 countries that participated in the study. You can see this includes children from North America, South America, Europe, Asia, Africa, and the Middle East.

The data from the United States was collected in Davis, CA!

Slide 12



WHO Growth Charts

Feeding requirements:

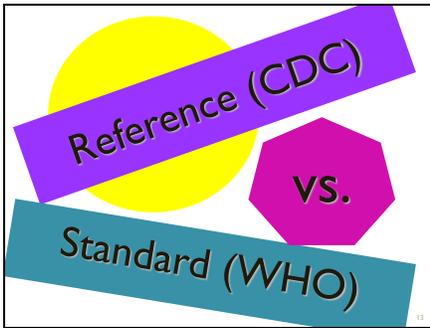
- Exclusive BF \geq 4 months
- Solids at 6 months
- Continued BF \geq 12 months

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Say: Let's look at the feeding requirements for the children in the WHO study. You can see that to be included in this study mothers and babies had to be:

- Exclusive/predominant breastfeeding \geq 4 months
- Introduce solid foods at 6 months
- Continue breastfeeding \geq 12 months

Slide 13



Reference (CDC)

VS.

Standard (WHO)

13

Say: One of the most important differences between the CDC growth charts and the WHO growth charts is the difference between a **reference** and a **standard**.

Slide 14

Reference
Describes how things **are**



14

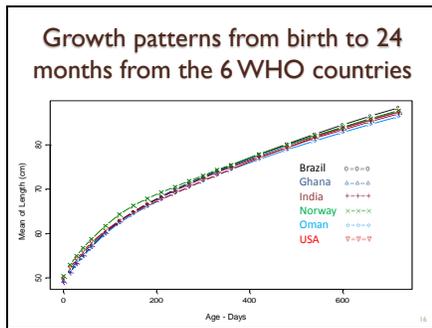
Say: A **reference** describes how children have grown at a particular time and place, gives a point of comparison, does not make a value judgment. It can be good or bad, healthy or unhealthy. If a lot of the children are overweight, then the reference will be for heavier children, even if that is not the most healthy thing.

Slide 15



Say: A standard is the ideal – how things should be.

Slide 16



Say: Here is a comparison from the WHO study of how the children grew in length in the 6 countries.

Going across is the children's age in days.

Going up is the children's length.

And the 6 different lines are the averages for each of the different countries.

Ask: What do you notice about these lines? (wait for responses)

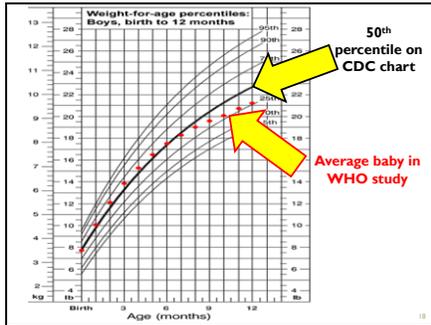
Say: The study concluded that there was no significant difference between the way children in the different countries grew.

Slide 17



Say: The WHO study showed that children in different countries throughout the world will grow similarly if they are in the ideal environment (clean, safe and smoke free), with the ideal nutrition (breastfeeding with appropriate complementary feeding), and the ideal care (access to immunizations and medical care) this equals optimal growth.

Slide 18



Say: This chart shows how the average boy baby in the WHO study grew compared to the CDC chart. You can see the age in months at the bottom and the weight on the left. The curved lines are the percentiles for growth (in weight for age). The red dots show the weights of the average boy baby as he grew.

You can see how at first the average baby in the WHO study, who was breastfed, grows close to the dark line in the middle which is the 50th percentile. After about 6 months though, the average breastfed baby gains weight more slowly, so by the time he is 1 year old, he is at about the 25th percentile. This shows that the old CDC charts expect babies to be heavier than they really should be.

Slide 19

Differences Between WHO and CDC Charts

- WHO standards = Optimal growth
- Based on breastfed infants in ideal conditions
- WHO cutoffs at 2nd and 98th percentiles (for 0-24 months)

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Say: In summary, the WHO growth study measured optimal or best growth. The children were breastfed and were healthy and living in ideal conditions.

Based on this the scientists in charge of the WHO growth standards decided that it's appropriate to use more extreme cutoffs for abnormal growth, for children measured on the WHO charts. The new cutoffs are at the 2nd and 98th percentiles on the WHO charts.

Slide 20

Differences Between WHO and CDC Charts

- Fewer infants < 5th percentile on WHO charts
 - Fewer identified as underweight or Failure to Thrive
- More infants > 95th percentile on WHO charts
 - Formula-fed infants tend to gain weight more rapidly

20

Say: Here are some more differences that we'll find by using the WHO charts instead of the CDC charts:

Fewer infants will be below 5th percentile on WHO weight-for-age charts.

Fewer children will be identified as underweight or Failure to Thrive, especially from 6 to 23 months.

More infants will be above 95th percentile on WHO weight-for-length charts.

This will be especially true for formula-fed infants, who tend to gain weight more rapidly after 3 months and could be identified as overweight.

Slide 21

Recommended

WHO charts Birth < 24 mos	CDC charts 2 - 19 yrs
	
	

Say: Based on these findings, all the important organizations in the U.S. concerned with children's growth agreed that we should use the WHO growth charts for children from birth up to 2 years. These include: AAP (American Academy of Pediatrics), CDC, NIH (National Institutes of Health), AND USDA, which now requires WIC to use them.

Slide 22

Why CDC for 2+ years?

- 1) Similar Methods
- 2) CDC: 0-19 yrs vs. WHO 0-5yrs
- 3) Length  Height 

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Why did the CDC recommend using the current charts for older children?

- They felt that the methods used to create the CDC charts and WHO charts for older children were similar.
- Also, the WHO charts don't go beyond 5 years so health care providers will have to change to the current CDC charts at some time.
- At 2 health care providers need to use new charts anyway because we change from measuring length lying down (recumbent) to standing height.

So for children age 2 and older, WIC will continue using the growth charts we currently use. The new WHO charts will ONLY be used for children under 2 years of age.

Slide 23

What would you say?



In your own words **explain** the main **differences** between the CDC charts and the WHO charts, **and why** WIC is changing to the new charts (*for children under 2*)

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ACTIVITY - Time – 3-5 minutes

Instruct Staff: In your Workbook, Activity 2: Write down in your own words the differences between the CDC charts and the WHO charts, and why WIC is changing to the new charts. After – discuss this with a partner or in a group.

Slide 24

Q
&
A



24

Ask: What are your questions?

Slide 25

What's coming?



25

Say: Now let's talk about how this will affect what you do every day.

Slide 26

ISIS Changes - Minimal

IC45M01 CALIFORNIA WIC INFORMATION SYSTEM 11/02/12
 380VMART GROWTH CHART 10:48 AM

NAME: SAMANTHA MORAN ID: 941215314SM
 DOB: 05 05 12 WEEKS EARLY: __

BIRTHLENGTH: 19 2 /4 IN BIRTHWEIGHT: 06 LBS __ OZ SOURCE: C

GEST AGE

DATE	LGTH/HT IN	WT-LBS	SOURCE	AGE-YR/MO	% HT/AGE	% WT/AGE	WT/HT
05 05 12	19 2 /4	06 /4	C	/00	60	15	25
08 07 12	23 /4	10 3 /4	M	/03	28	8	10
11 01 12	25 2 /4	13 1 /4	M	/05	30	6	5

Command ==>
 F: 1=Help 4=Options 7=Lab 9=Comments 10=Show Chg 11=Done 12=Prev

Say: First, some good news - most of the changes in ISIS are behind the scenes and involve changing the percentiles. ISIS will automatically know what to do!

Slide 27

DATES of New(WHO) Lengths and Weights in RED Oct 2012 – March 2013

DATE	LGTH/HT IN	WT-LBS
05 05 12	19 2 /4	06 /4
08 07 12	23 /4	10 3 /4
11 01 12	25 2 /4	13 1 /4

Say: See that the date for Nov 11th is in red? This is to remind you that ISIS has switched from the CDC to the WHO charts.

This may help you when you talk to the parents about the child’s weight – in case they wonder why their child’s percentiles have changed so much so quickly.

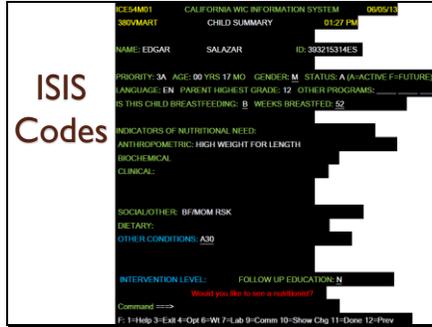
This red highlighting will be in ISIS starting Oct 1st through the end of March 2013.

Please note that ISIS will not be able to convert percentiles from previous measurements, which used the old CDC growth charts, to new percentiles using the WHO growth charts.

Remember – this is only for children under 2!

Ask staff what questions they have about this.

Slide 28



Say: Also, ISIS will automatically assign the new codes.

Slide 29



Say: Because the WHO charts will be used ONLY for children from 0-24 months, there are more changes for them than for older children. This is an overview of the changes for 0-24 month old children.

You can follow along, page 3 of your Workbook.

Slide 30

A10: Underweight (0<24 months)

CURRENT	NEW
≤ 5th percentile weight for length	≤ 2nd percentile weight for length

Say: The cutoff for Underweight will change from ≤ 5th percentile to ≤ 2nd percentile weight for length.

Fewer children aged 0-24 months will be identified as underweight. This could avoid unnecessary work-ups and interventions, such as supplementation for breastfed babies.

Slide 31

All: At Risk of Underweight
(0<24 months)

CURRENT	NEW
>5 th and ≤ 10 th percentile weight for length	> 2 nd and ≤ 5 th percentile weight for length



31

Say: The cutoff for At Risk of Underweight will change from >5th percentile and ≤ 10th percentile weight for length to > 2nd percentile and ≤ 5th percentile.
Again fewer children will be identified as at risk.

Slide 32

A30: High Weight for Length
(0<24 months)

CURRENT	NEW
N/A	≥98 th percentile weight for length

New Risk Code



32

This is a new risk, for infants and toddlers who are at or over the 98th percentile weight for length. We know that some of them may be at risk for growing up to be heavier than they really should be. Others may easily grow into their weight – so that as they get taller they get a bit thinner. We want to check if the child is getting enough activity and not having a lot of high fat or sweet foods, or excessive formula or milk or juice. We also may want to discuss portion sizes. We know this can be a sensitive topic and we will discuss how to talk about this with parents shortly.

Slide 33

A31: Short Stature (0<24 months)

CURRENT	NEW
<10 th percentile length for age	≤2 nd percentile length for age (& now <i>high risk</i>)
	

Say: The cutoff for Short Stature has changed. Short stature is often normal. When looking at stature it's important to consider the parents' heights. However, short stature can also be a sign of malnutrition, or a wide variety of medical conditions. Just because the parents are short doesn't mean that their child should also be short. It's important to review the growth chart and other information to help identify issues contributing to the child's short stature. If the child is falling off his curve, a referral should be made to the pediatrician for follow up. This is why we have made this risk a "high risk".

Slide 34

A32: At Risk of Short Stature (0<24 months)

CURRENT	NEW
N/A	>2 nd percentile and ≤ 5 th percentile length for age
	

New Risk Code

Say: Also, there is now a risk called At Risk of Short Stature. This is a new risk in ISIS but will not be a high risk.

Slide 35



Ask: What are your questions?

Slide 36

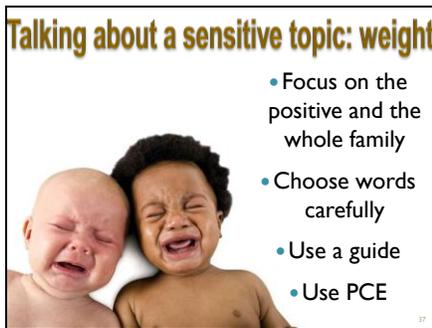


Say: We know the issue of weight gain can be a sensitive subject for many people, and we always want to be respectful of our families.

Ask: What do you already do that works well for you when talking with families about weight gain?

Listen: To several responses from staff.

Slide 37



Say Some things that may help you when talking about weight include focusing on the positive behaviors, focusing on the whole family not just the child, carefully choosing the words we use to discuss weight, using a growth guide to share with parents, and using a participant-centered education approach.

Slide 38



Say: When dealing with weight issues for children we especially want to focus on the positive. The goal should be for a child to “grow into” their weight. Another thing we can discuss is portion size and baby feeding cues. Also we want to focus on the healthy behaviors that could be done rather than the current ones that are less healthy. For all children, focus on substituting fresh fruits and vegetables instead of high fat snacks, water or low fat milk instead of sweet drinks, and physical activities instead of screen time.

Slide 39



Say: Also, studies show that when talking about a child’s weight it helps to focus on what the FAMILY can do, not just focus on the child. This includes family meal times, having parents involved in physical activity, deciding as a family to limit less healthy foods and increase healthier choices.

Instruct staff: Refer to Page 4 of the Workbook Activity 3

Ask staff what of these they can see themselves using with participants

Ask staff what questions they have.

Slide 40



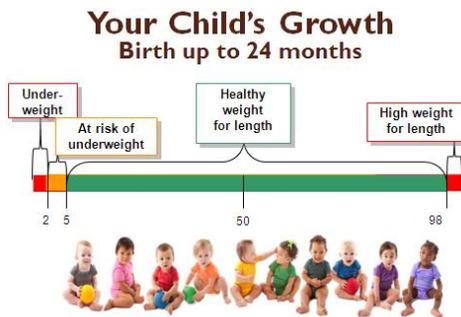
ACTIVITY - Time - 5 - 10 or more minutes

Say: What words do you think might be helpful to avoid using when discussing weight? What are some better choices? If you work with non-English speakers, what are the words in other languages that are good to avoid, and which ones are better to use instead?

Instruct staff: Refer to Page 5 of your Workbook – Activity 4

Ask staff to share their ideas

Slide 41



Say: Here is a Growth Guide handout that many WIC staff have found helpful when discussing weight. You can explain to the parent that most children are in the green area for their weight for their length (healthy weight). Then show the parent where their child's weight for length falls on the chart. Explain to the parent if their child's weight is considered "underweight", "at risk of underweight", or "high weight for length". Then you can ask the parent what they think about this.

NOTE THIS IS OPTIONAL FOR YOUR AGENCY

Slide 42

Use PCE to discuss weight

Explore – Open the conversation with an open-ended question

Reflect – Their thoughts or feelings

Offer – Brief important information

Explore – What they think about this information

Say: Also, many of the techniques in participant-centered education can help make these conversations easier. These include explore/offer/explore and reflection.

Instruction: Invite staff to look at **page 6** in their workbooks. **Review** the 4 steps of explore, reflect, offer, explore.

Ask: What questions staff may have about these.

NOTE: If your staff are not familiar with Explore/Offer/Explore or Reflection, you may want to spend more time helping them learn about these techniques.

Slide 43



Say: Now watch this role play that will demonstrate using these approaches. In this role play you will see us use sensitive language, the Growth Guide, explore/offer/explore and reflection.

Scenario Topics
<ul style="list-style-type: none">• High weight for length• Underweight• At risk of underweight• Short stature (HIGH RISK)

ACTIVITY - Time – 20-30 minutes

Say: Now you will get a chance to try using these approaches in situations you find in WIC. Use the role play as a guideline to help think about how you would have this discussion. Each scenario has ISIS screens that follow it.

Instruction: Refer to scenarios found on pages 8-15 in the workbook in activity 5.

High weight for length

Underweight

At risk of underweight

Short stature (high risk) NOTE: This may be only appropriate for the nutritionists

Consider assigning different scenarios to different groups – one case study per group. Instruct staff to read the scenarios and answer only the first question, “How would you start the conversation with this family.” Give them 4-5 minutes for this and then go over their thoughts.

Next give staff 2 minutes to answer question 2 “What questions would you ask to learn more about the child” and debrief.

In a similar fashion have staff spend about 2 minutes each on questions 3, 4, and 5, pausing after each question to debrief.

After working as a group, consider having staff pair up to role play a scenario.

TRAINER’S NOTE: Decide ahead of time how many scenarios you want your staff to try. You may consider assigning different tables/pairs different scenarios. Also, decide which staff you would want practicing the scenario for short stature.

Slide 45



Ask: What are your questions?

Slide 46



Say: When we first start using the WHO charts we will have some children that will start out using the CDC charts and then we will switch them to the WHO charts.

In most cases you may not see a big change. However, sometimes the WHO charts may make the child's length or weight for length seem like it has changed a lot. For example – a child that was a bit heavy using the old CDC chart the last time could be now at a higher percentile for weight for length using the WHO chart at the next visit.

Slide 47



Say: So far we've only discussed children from birth to 24 months. Now we will talk a bit about the 2-5 year olds.

Slide 48

2-5 years: *Mostly same as now*

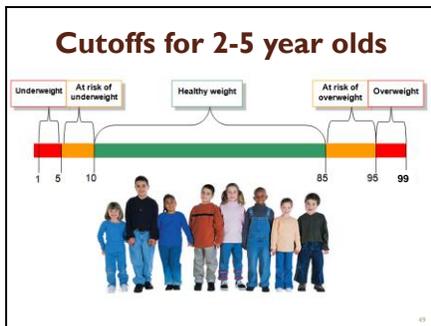
- CDC growth charts
- Cutoffs for:
 - Underweight
 - At risk of underweight
 - Overweight
 - At risk of overweight

What about us?

Say: Luckily there are not many changes for these children!

We will use the same CDC growth charts that we have been using, and the same cutoff percentiles for most of the risks, including, underweight, at risk of underweight, overweight, and at risk of overweight

Slide 49



Say: Here's a picture showing the cutoff percentiles for 2-5 year olds, for underweight and overweight. Again, these won't change!

Slide 50

2-5 years: Risk Code Changes

- Short Stature
- At Risk of Short Stature

So what's new?

Say: Now let's go back to your Workbook, page 3 and look at a few things that **will** change for 2-5 year olds.

These are: Short Stature and At Risk of Short Stature.

Slide 51

A31: Short Stature (2-5 years)

CURRENT	NEW
<10 th percentile height for age	≤5 th percentile height for age (& now high_risk)

Say: Like for children under 2, the cutoff for Short Stature has changed for children over 2 as well, but it is the 5th percentile height for age. Also, short stature is now considered high risk for the same reasons as for children under 2.

Slide 52

A32: At Risk of Short Stature (2-5 years)

CURRENT	NEW
N/A	>5 th percentile and ≤ 10 th percentile height for age

New Risk Code

Say: Also, the new risk called At Risk of Short Stature also applies for children age 2-5. This will not be a high risk condition.

Slide 53

What happens when a child goes from <24 months to ≥24 months?



Growth Bumps Ahead!

Say: There's one other thing to be aware of. When a child goes from under 24 months to over 24 months, the percentiles on the growth charts may move around a bit. That is, a child who had been at a healthy length or weight might now appear differently.

What could cause this?

Slide 54

What happens when a child goes from <24 months to ≥ 24 months?

I. Growth charts change



Say: First, at this age we will switch the growth charts we are using.

Slide 55

What happens when a child goes from <24 months to ≥24 months?

2. Cut-offs change

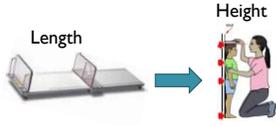
< 24 months	→	≥24 months
Underweight ≤2 nd percentile	→	Underweight ≤5 th percentile
High Weight for Length ≥98 th percentile	→	Overweight ≥95 th percentile
Short Stature ≤2 nd percentile	→	Short Stature ≤5 th percentile

Say: Second, we'll be using different cutoff percentiles.

Slide 56

What happens when a child goes from <24 months to ≥24 months?

3. How length or height is measured changes

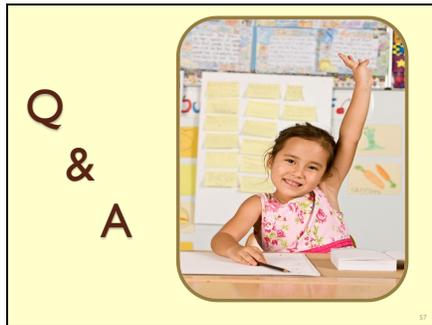


The diagram illustrates the change in measurement method at 24 months. On the left, a child is lying on a flat surface, and the word 'Length' is written above. A blue arrow points to the right, where a child is standing next to a height measurement scale, and the word 'Height' is written above.

Say: Third, at age 2 children should be measured standing up instead of lying down. This will make the measurement for height slightly less than the measurement for length.

Sometimes these things together may make it look like the child's weight or height has changed more than you might expect since the last measurement. These are just things to be aware of, if you have a child that has a big change in percentiles since he or she turned 2!

Slide 57



Ask: What are your questions?

Slide 58

Who is using WHO charts?

- Over 100 countries
- AAP (American Academy of Pediatrics)
- CHDP (Child Health and Disability Prevention Program) starts soon
- Health care providers

Say: WIC is not the only program starting to use the WHO growth charts. In fact, more than 100 countries already use these charts.

In the US the AAP has recommended for all pediatricians to use the WHO charts (as mentioned before!).

Here in California, CHDP (the Child Health and Disability Prevention Program) is developing a provider training module for their providers.

Also, other health care providers are switching over to the WHO charts. Some have already changed, some will change about the same time as WIC, and others will change after we do. In fact many of our participants may already be seeing a provider that has already started using the WHO growth charts.

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What if?

What if...
the information about growth from the provider's office is different from the information we give?



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ACTIVITY - Time - 5 minutes

Say: What if the participant's medical provider isn't using the WHO charts, or if the provider says something about how the child is growing which is different from what we would say?

Ask: What would you do?

Say: One thing you can do is to check the child's weight and length or height again yourself.

If it looks like our information is still different from the provider's information, there are ways to say this respectfully and carefully.

Instructions: Refer to page 16 of your Workbook Activity 6. With your partner or in your groups, look at these suggestions and discuss what you think about them. What would you say?

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Ask: What are your questions? How do you feel about the upcoming changes?

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Say: As a last thought, the work we are doing with the WHO charts is very timely. This article that came out in the Wall Street Journal July 24th talks about the importance of the WHO growth charts to support breastfeeding. The Headline says, "Is Baby Too Small? Charts Make it Hard to Tell." The article talks about several babies who seem to be growing too slowly if they were compared to the CDC charts.

The article says: *"breast-fed babies may look like they aren't gaining weight adequately on the CDC chart, even though they are following a typical growth curve on the WHO version...that could prompt some pediatricians and mothers to abandon breast-feeding unnecessarily."*

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Say: This is the picture of one of the babies from the article *"I feel like women who breast-feed are constantly fighting to do what's best for their babies. Her baby, Lockhart dropped from the 50th to the 10th percentile on the CDC chart in May. A pediatrician said Lockhart needed to gain weight urgently and that supplementing with formula was the only option."*

Luckily for Lockhart, her mom opted to nurse her more often instead supplementing. As of July she was still doing fine. She was still at the 10th percentile on the CDC chart but at the 25th percentile on the WHO chart.

But not all moms may feel so confident of themselves and their ability to breastfeed – especially many of our WIC moms. Many may decide to supplement or stop breastfeeding entirely.

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Say: By switching to the WHO charts we are helping babies continue to breastfeed and helping cut down on the numbers that grow into overweight adults. And we all can play an important part in these efforts.