

Talking Points for OB-WIC PowerPoint

(This is supplemental material FYI; it can be presented as time allows.)

What Is WIC: (Slide 8-12)

History of WIC:

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) began in 1972 to provide iron, calcium, vitamin C, vitamin A, and protein to low-income families, and has grown into the nation's premier public health and nutrition program.

Economic benefits of WIC:

- WIC is one of the most successful government programs, saving \$3.50 in medical costs for every dollar spent on the program. Breastfeeding decreases Medicare costs for infant illness/ER.
- The U.S. General Accounting Office conservatively estimates an overall annual savings of \$51 million in federal and state health care funds if WIC served all eligible pregnant women. For example, it costs \$544 a year for a pregnant woman to participate in WIC. By contrast, it costs the tax payers >\$22,000 per pound to nurture a low birth weight baby (less than 5.5 lbs) to the normal weight of 7 lbs. in a neonatal intensive care unit.

Outcomes:

- WIC reduces fetal deaths and infant mortality.
- WIC reduces low birth-weight rates and increases the duration of pregnancy.
- WIC improves the growth of nutritionally at-risk infants and children.
- WIC decreases the incidence of iron deficiency anemia in women and children. (Chronic anemia in the preschool years can lead to poor learning in the school years. WIC requests HEMATOCRIT AND/OR HEMOGLOBIN annually to assess the iron levels of participants and to counsel on ways to avoid or correct anemia).
- WIC strives to:
 - improve the dietary intake of pregnant and postpartum women
 - improve weight gain in pregnant women
 - help pregnant women participating in WIC to receive prenatal care earlier
 - have children enrolled in WIC receive regular medical care
 - help children have more up to date immunizations
 - help get children ready to start school free of anemia
 - prepare women for the next pregnancy, **intra-conception** health support
- Early enrollment in WIC is associated with:
 - Improved birthweights (Devaney et. al 1992, Abrams, 1993)
 - Reduction in pre-term delivery (Devaney et. al 1992, Abrams, 1993)
 - Reduction in small for gestational age deliveries (Ahluwalia,1998)
 - Reduced risk of small for gestational age delivery (Ahluwalia,1998)

Other facts about WIC:

- Approximately 100,000 people are on WIC in San Diego County, 25% of whom are women. There are 1.4 million participants on WIC in California.

WIC Food Packages Have Changed (Slides 14-15)

Reasons for food package change in October 2009:

- Changes have occurred in the major health and nutrition risks faced by WIC's target population, including diets lacking in whole grains, fruits, and vegetables.
- Short duration of breastfeeding (BF).
- Overweight and obesity in both women and children .
- Substantial shifts in the ethnic composition of the WIC population.

Food Package change details:

- All changes align with the 2005 Dietary Guidelines for Americans and recommendations of the American Academy of Pediatrics and the IOM.
- Breastfeeding mothers and babies receive the largest food package and for the longest time.
- Breastfeeding babies receive twice as much baby food at six months of age, including baby meat for iron.
- Moms who are only “token breastfeeding” (breastfeeding for non-nutritive purposes) at six months will no longer receive food for themselves, and their babies receive less baby food.
- Revised infant food packages—no juice; some jars of baby food, fresh bananas.
- Added fruits and vegetables. Promotion of Farmer’s Markets.
- The annual Farmer’s Market coupons and WIC monthly FI fruit and vegetable coupon are TWO DIFFERENT THINGS!
- WIC always had V- juice on the program for GDM moms to request.
- WIC never gave “unlimited juice, white bread, or high sugar cereals”.
- Added soy-based beverage and tofu as milk/cheese alternatives.
- Added whole grains (whole wheat bread, whole wheat and corn tortillas, brown rice, bulgur, oats, barley).
- Reduced some food allowances, including milk, eggs, and juice.
- Women may only get 2% or 1% low fat, or non-fat/fat-free milk.

Formula Info:

- The current formulas available on WIC are Enfamil Premium LIPIL, Enfamil ProSobee LIPIL, Enfamil AR LIPIL, and Gentlease LIPIL.
- All WIC formulas must contain adequate iron levels. WIC is not allowed to issue low-iron formulas, according to USDA regulations.
- WIC also issues coupons for Alimentum, Nutramigen, Enfacare, Neosure, and PediaSure when no other insurance source is available. Any other off-contract formula may take 2-6 weeks to arrive from Sacramento.

Misc.:

- WIC teaches participants how to cook with their new WIC foods and how to read labels.
- WIC encourages visits to the local Farmer’s Market.
- The new food packages and the Healthy Habits for Life campaign influenced healthier food choices by WIC participants.

(Slides 17-22) GWG: Also See Dr. Yvette Lacoursiere's NWA Presentation*

- A recurring complaint WIC participants have is that the obstetrician said a woman with a high pregravid BMI and high prenatal weight gain was “fine” during the physical exam.
- WIC uses the pregravid weight/height as the determinant for BMI, calculated automatically in our computer system.
- Obstetricians should also ask overweight/underweight women if they are drinking high amounts of milk/juice throughout the day, and recommend a decrease. Encourage water for thirst.
- Obstetricians can request an in-service on Motivational Interviewing Techniques from the WIC Program for their staff.
- Because families have the potential to be on the WIC Program for five years until the child is disqualified, WIC has a window for promoting periconceptional nutrition and is a gateway to interconception nutrition and the Reproductive Life Plan of the mother. (Michael Lu, 2011 CWA)
- Physical Activity recommendations per ACOG Committee 2006:
 - Absolute Contraindications
 - Significant heart disease or restrictive lung disease
 - Incompetent cervix, multiples, 2nd & 3rd trimester bleeding
 - Previa, PROM, PTL or preeclampsia
 - Relative Contraindications
 - Anemia, arrhythmias, poorly controlled DM 1, BMI >40

- Underweight, IUGR
- Poorly controlled HTN or thyroid disease
- Precautions
 - Bleeding or loss of fluid
 - CP, SOB, dizziness, or headache
 - Calf pain, swelling or muscle weakness
 - Preterm labor
 - Decreased FM

WIC Encourages Breastfeeding (Slides 23-31)

WIC has been a leader in encouraging, promoting and supporting breastfeeding for the last 20 years.

- Statewide, WIC's fully breastfeeding rates have increased from 12.6% in March 2009 to 24.6% (because of education in preparation for the food package changes in October 2009!).

If anybody wants more info on the WIC Baby Behavior education:

- The San Diego County Breastfeeding Coalition offered Grand Rounds at Rady and a workshop last August for CMEs that featured Jane Heinig from UC Davis and her work on interpreting Baby Behavior. Her work is partially funded by State WIC. All WIC staff in California are receiving training on ways to engage parents into understanding/interpreting their babies cues and needs.
- Avoid bottles of breast milk or formula for the first 3-4 weeks to teach the baby how to breastfeed and to teach the body how much milk to produce.
- **Newborns** will want to breastfeed 12-14 times every 24 hours around the clock without any pattern, just random cluster feedings.
- Newborns have a tummy the size of a grape! After a week, it is only the size of a ping pong ball.
- Babies do not need cereal in bottles to help them sleep.
- Waking and sleeping frequently helps newborn's brains develop better.
- Newborns have a random feeding schedule—watch the baby and not the clock.
- Babies go through a growth spurt at 2-3 weeks and again at 6 weeks, and do not need formula—just some extra time at the breast for extra calories and to signal the brain to increase milk supply.
- Remind moms that most of their concerns are just part of normal breastfeeding.
- Remind moms that after fully breastfeeding on demand for 4-6 weeks, it all gets much easier! They will then be “old Pros.”
- Treat the first 30 days postpartum as the “10th Month” when mom and baby are still together 24/7 and breastfeeding ad lib to establish the milk supply and to teach baby how to attach without nipple confusion and TO BOND!

All prenatal participants on the WIC Program have access to CLEs for one-on-one planning about how they will feed their infant, as well as 1-2 breastfeeding classes **if they enroll early enough.**

- Postpartum breastfeeding moms are seen one-on-one when they enroll their baby and in support groups after that.
- All moms may request to be seen by a CLE or, if available, an IBCLC. They may also call WIC to ask BF questions as needed.
- The BF DVD and book given to prenatal moms are available in several languages.
- A limited supply of Medela Lactina pumps (hospital grade double electric pumps) are available for loan when fully breastfeeding infants must be separated from their mother or when there are medical problems (i.e. NICU, mother's surgery).

- A lesser grade double electric pump called the Medela WIC-in-Style (valued at approx. \$240) may be given for free to moms who are fully breastfeeding at six to eight weeks postpartum, not taking any WIC formula, and are back to work/school at least 32 hours/week.
- Manual pumps, called Medela Harmony pumps, are available for stay-at-home moms who need occasional respite pumping.
- Slides 23-25—"Provider Encouragement of Breastfeeding: Evidence from a National Survey"; Michael C. Lu, et al; Obstetrics & Gynecology 2001
- Slide 27—Yvette's reference?
- Slide 28—Los Angeles and Orange County WIC's survey of 5000 WIC participants
- Slide 30—"a lot" defined as 12-14 times per 24 hours
- Slides 34-35—"Impressions/Comments" as a communication tool between OB and WIC

ACOG partnered with WIC, AAP, and AAFP to request from Congress in March 2010: \$15 million per year in line-item funding to promote breastfeeding and to protect and support breastfeeding mothers, stating **"Lack of breastfeeding increases the risk of a wide variety of acute and chronic diseases in children and adults. Research shows that suboptimal breastfeeding duration is an important contributor to our nation's epidemic of childhood obesity."**