

# **Module E:**

# **INFANT NUTRITION**

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## OVERVIEW

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### Introduction

This module provides information about the nutrition and health status of infants.

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### Learning Objectives

After completing this module you will be able to:

- Describe normal growth and development of infants.
  - List factors influencing growth and development of infants.
  - Identify baby behaviors to help mothers understand baby's needs.
  - Identify breastfeeding as the foundation of good infant feeding practices.
  - Describe expected feeding skills for given ages.
  - Recognize appropriate and inappropriate feeding practices.
  - Describe common infant feeding concerns and identify solutions to these problems.
  - Describe guidelines for formula preparation.
  - List key recommendations for infant health care, safety, and concerns.
  - Identify indicators of nutritional need and specify conditions for an infant's WIC eligibility.
  - In a case study situation, assess an infant's growth pattern, biochemical, clinical and dietary status.
  - In a role-play situation, interview the caregiver of an infant, assess the infant's nutritional status, prioritize needs and provide individual education.
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## GROWTH & DEVELOPMENT

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### Growth

Growth is an increase in the physical size of the body.

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### Development

Development is the process of learning new skills or maturing.

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### Stages

Infants go through several stages of development as they grow. These stages involve physical, mental, and social changes.

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### Chart

The chart on the next page lists and describes development for the infant's first 12 months.

This is only a guideline. Every baby is different. Some babies will develop at a slower pace while others will develop more quickly.

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**GROWTH & DEVELOPMENT** *(continued)***Developmental Milestones of Infancy**

Age	Description
<b>Birth-4 months</b>	<ul style="list-style-type: none"> <li>• Locates mother's breast, latches onto the areola/ nipple, and sucks to nurse and/or sucks from a bottle</li> <li>• Begins to trust parent/caregiver</li> <li>• Responds to voices</li> <li>• Lifts head slightly</li> <li>• Gurgles, coos, and squeals</li> <li>• Cries to communicate</li> <li>• Holds head up to look</li> <li>• Rolls from back position to side</li> <li>• Begins to laugh</li> <li>• Lifts head up</li> <li>• Rolls from front position to side</li> <li>• Sits with support</li> <li>• Reaches for objects</li> </ul>
<b>4-6 months</b>	<ul style="list-style-type: none"> <li>• Turns head freely</li> <li>• Rolls over from front position to back</li> <li>• Wiggles on floor</li> <li>• Reaches for and grasps objects</li> <li>• Babbles and tries to mimic sounds</li> <li>• Turns head toward speaker</li> </ul>
<b>Approximately 6 months</b>	<ul style="list-style-type: none"> <li>• Eats soft foods from a spoon</li> <li>• Rolls over both ways</li> <li>• Sits unsupported</li> <li>• Begins to crawl</li> <li>• Stands if supported by furniture or person</li> <li>• Uses palm of hand to pick up objects</li> <li>• Drinks from a cup</li> <li>• Gets first teeth</li> <li>• Begins to feed self</li> <li>• Experiments with sounds</li> <li>• Responds to name</li> </ul>
<b>6-9 months</b>	<ul style="list-style-type: none"> <li>• Crawls</li> <li>• Climbs on furniture</li> <li>• Walks with help</li> <li>• Uses fingers and thumb to pick up object</li> </ul>
<b>9-12 months</b>	<ul style="list-style-type: none"> <li>• Explores by touching</li> <li>• Feeds self</li> <li>• Begins to use spoon</li> <li>• Begins to understand phrases</li> <li>• Says simple words</li> <li>• Understands "no"</li> </ul>

## GROWTH & DEVELOPMENT *(continued)*

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### Reflexes Affect Feeding

Early feeding skills are greatly affected by an infant's reflexes.

A reflex is an automatic response, usually a movement occurring when a part of the body is touched or stimulated.

Parents and caregivers should be aware of the infant's natural reflexes and use these to guide feeding practices.

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### 4 Reflexes

There are several reflexes affecting movement of the infant's mouth which can influence feeding. These are:

- Rooting reflex
  - Tongue thrust reflex
  - Suck-swallow pattern
  - Gag reflex
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### Chart of Reflexes

The chart on the next page describes these four reflexes in more detail.

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**GROWTH & DEVELOPMENT** *(continued)***Descriptions of Infant Reflexes**

Reflex	Description
<p><b>Rooting Reflex</b> occurs when the infant is touched on the cheek, lips, or side of the mouth. The infant moves her/his head in the direction of the touch and opens her/his mouth. (Rooting may also occur when the mother's nipple is directly in front of the infant's mouth.)</p>	<ul style="list-style-type: none"> <li>• Occurs in infant from birth to 3 months</li> <li>• Helps infant nurse by allowing her/him to seek out and grasp a breast</li> <li>• Makes it difficult to feed the infant from a spoon or cup</li> <li>• Is NOT present for about 2 hours after eating or when the infant is urinating</li> </ul>
<p><b>Tongue Thrust Reflex</b> occurs when the lips are touched causing the tongue to push forward.</p>	<ul style="list-style-type: none"> <li>• Occurs in infant from birth to 4 months</li> <li>• Helps infant nurse</li> <li>• Makes it difficult to feed the infant from a spoon or cup</li> </ul>
<p><b>Suck-Swallow Pattern</b> occurs when the tongue and lower lip are touched.</p>	<ul style="list-style-type: none"> <li>• Occurs in infant from first few days of life to several months</li> <li>• Allows the infant to swallow and breathe at the same time</li> <li>• Gives infant a strong forceful suck when nursing</li> <li>• Makes it difficult to feed the infant from a spoon or cup</li> </ul>
<p><b>Gag Reflex</b> occurs when the back half of the tongue or roof of the mouth is touched.</p>	<ul style="list-style-type: none"> <li>• Occurs from birth throughout life</li> <li>• Weakens in infant at 6 months</li> <li>• Protects the infant from choking</li> <li>• Makes it difficult for the young infant to feed from a spoon or to eat foods with a lot of texture</li> </ul>

## **GROWTH & DEVELOPMENT** *(continued)*

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### **Factors Influencing Growth & Development**

An infant's growth and development are affected by:

- Genetics
- Environment
- Behavior
- Disease

The chart on the next page describes how these factors affect growth and development.

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## GROWTH & DEVELOPMENT *(continued)*

### Factors Influencing Growth & Development

#### **Genetics (Inherited Characteristics)**

An infant's genes directly influence her/his:

- Body type
- Height
- Some health conditions and diseases

*For example, an infant of short stature may be short because her/his parents are short.*

#### **Environment (the “Outside World”)**

Environmental factors include:

- Nutrition
- Housing and sanitation
- Health care
- Care given by parent(s) or caregiver(s)

If these are not adequate, the infant may not grow normally.

*For example, a breastfed infant usually develops into a healthy toddler. However, an infant fed formula containing lead may have some developmental problems.*

#### **Behavior**

Behaviors of the pregnant woman can affect the infant's growth and development.

*For example, heavy smoking and drug use can reduce fetal growth and the infant's birth weight.*

#### **Disease**

Diseases may affect growth and development.

*For example, persistent asthma may affect the growth of the infant.*

**GROWTH & DEVELOPMENT** *(continued)***Definition of Birth Weights****Information taken from the Pediatric Handbook**

Description	Abbreviation	Range
Very low birth	VLBW	<3 lbs, 5 oz or $\leq$ 1500 grams
Low birth weight	LBW	< 5 lbs, 8 oz or $\leq$ 2500 grams
Normal birth weight	NBW	5.5-9.0 lbs
High birth weight	HBW	$\geq$ 9.0 lbs or $\geq$ 4000 grams

**Learning Activity 1**

To help you learn more about the growth and development of infants, you may want to try **Learning Activity 1** found at the end of this module.

## BREASTFEEDING INFANTS

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### Breastfeeding the Foundation of Good Feeding Practices

The American Academy of Pediatrics (AAP) considers breastfeeding the foundation of good feeding practices. Breast milk is the intended food for a baby. For this reason, and many others, WIC promotes and supports breastfeeding.

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### First 30 Days Breastfeeding Policy

WIC supports a mother's decision to breastfeed by not issuing formula to an infant who is breastfed during the first 30 days of life until a complete evaluation of the infant's feeding and growth is done along with the appropriate education. [WPM 600-01](#)

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### Breastfeeding the first 6 weeks of birth

Providing breastfeeding education and support during the first 6 weeks is important in helping the mother and infant have a successful breastfeeding experience.

During the first week of breastfeeding here are some tips you can offer to a mother:

- Breastfeed as soon as possible after birth
  - Putting baby skin-to-skin helps babies' breastfeed and gain weight faster
  - Breastfeed 8-12 times in a 24-hour period
  - Babies' stomachs are small. Baby will let you know how long they want to breastfeed
- 

### Risks of Formula Feeding

Many mothers discover during individual education sessions the benefits of breastfeeding. *(Refer to local Agency procedures in regards to how to handle breastfeeding mothers who need formula for medical reasons)*

Giving formula during the first 30 days

- Decreases the mother's ability to produce milk
  - Decreases the chance the mother will continue to breastfeed
- 

### Cluster Feeding

Cluster feeding happens when an infant goes through a growth spurt. It is normal to expect the infant will want to be at the breast more often during these times. Common cluster feeding times occur during growth spurts.

- 2-3 weeks
  - 6 weeks
  - 3 months
  - 6 month
- 

Refer to the [WIC Breastfeeding Peer Counseling Manual](#) to learn more about breastfeeding concerns.

## INFANT FEEDING PRACTICES

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### Infant Feeding

Infant feeding is extremely important for an infant's growth and development. Due to rapid growth, an infant needs more calories and nutrients for her/his size than at any other time in her/his life.

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### Infant Feeding Recommendations

According to the Academy of Pediatrics and American Dietetic Association:

- Offer iron rich foods first, other foods may be introduced without regard to a specific order.
  - Pay attention to progression of textures.
  - Water not recommended before 6 months, if no solids have been introduced.
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### Feeding Charts

The next pages list:

- Ages at which certain foods may be introduced into the infant's diet.
  - Common discussion topics.
  - Common feeding skills shown.
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## INFANT FEEDING PRACTICES *(continued)*

### Introduction of Food by Age

Age	Food	Feeding Skills
<b>Birth – 4 months</b>	<ul style="list-style-type: none"> <li>• Breastmilk</li> <li>• If not breastfed, infant formula with iron</li> </ul>	<ul style="list-style-type: none"> <li>• Need to eat about 8-12 times or more in 24 hours</li> </ul>
<b>4-6 months</b>	<ul style="list-style-type: none"> <li>• Breastmilk</li> <li>• If not breastfed, infant formula with iron</li> </ul>	<ul style="list-style-type: none"> <li>• Need to eat about 6-8 times or more in 24 hours</li> </ul>
<b>approximately 6 months</b>	<ul style="list-style-type: none"> <li>• When ready, WIC recommends offering baby cereal, first plain rice cereal, then oatmeal or barley baby cereal as good sources of high iron</li> </ul>	<ul style="list-style-type: none"> <li>• Look for signs of readiness to eat solid foods</li> <li>• Teach the baby how to use cup with water</li> </ul>
<b>6-9 months</b>	<ul style="list-style-type: none"> <li>• Smooth, strained or pureed high iron foods such as <u>cooked</u> meats, beans, egg yolk</li> <li>• Smooth or pureed tofu, cottage cheese, plain yogurt, vegetables, fruit, rice, noodles</li> <li>• Do not add salt or sugar</li> <li>• Progress food textures according to development smooth, mashed, chopped, tiny pieces</li> <li>• Offer a variety of food</li> <li>• No juice is needed</li> </ul>	<ul style="list-style-type: none"> <li>• Begin to chew</li> <li>• Let baby begin to feed self</li> <li>• Grasp and hold things</li> </ul>
<b>9-12 months</b>	<ul style="list-style-type: none"> <li>• Offer finger foods, chopped and small pieces of food such as:               <ul style="list-style-type: none"> <li>○ mild cheeses</li> <li>○ ground meats</li> <li>○ toast</li> <li>○ crackers (unsalted)</li> <li>○ soft tortilla</li> <li>○ soft peeled fruit</li> </ul> </li> <li>• As baby eats more solid foods they will drink less milk or formula</li> </ul>	<ul style="list-style-type: none"> <li>• Let baby feed self with spoon or hands</li> <li>• Let baby sit at table with family</li> <li>• Using cup</li> </ul>
<b>12 months</b>	<ul style="list-style-type: none"> <li>• Egg whites</li> <li>• Whole cow's milk</li> <li>• Juice</li> </ul>	<ul style="list-style-type: none"> <li>• Let baby feed self, using spoon</li> <li>• Able to swallow soft table foods</li> </ul>

## COMMON INFANT DISCUSSION TOPICS

### Common Discussion Topics

Discussion Topic	Explanation
<p><b>Holding the baby</b></p> <p>Always hold the baby when feeding with a bottle.</p> <p>Encourage skin to skin contact for all infants.</p>	<p>Holding the baby promotes mother-baby bonding, and helps the mother notice when her baby is getting full.</p> <p>Do not:</p> <ul style="list-style-type: none"> <li>• Prop the bottle</li> <li>• Feed in an infant seat</li> <li>• Leave baby alone with a bottle</li> </ul>
<p><b>Bottle Use</b></p> <p>Give the baby only breast milk or iron-fortified formula till they is about 6 months of age.</p> <p>Use bottles only for formula, breast milk or water.</p> <p>Give the baby a bottle at feeding times only.</p> <p>Propping a bottle is <i>not</i> recommended.</p>	<p>During the first year giving the baby different types of milk other than breast milk or formula may cause allergies, intestinal irritation, bleeding or anemia.</p> <p>Examples are below:</p> <ul style="list-style-type: none"> <li>• Cow's milk</li> <li>• Goat's milk</li> <li>• Raw milk</li> <li>• Evaporated milk</li> <li>• Sweetened condensed milk</li> </ul> <p>Using bottles for cereals and pureed foods does not improve baby's sleep. It may delay learning feeding skills, cause digestive problems and choking. It also may cause excessive weight gain.</p> <p>Allowing baby to fall asleep with a bottle containing cereal, fruit drinks; soda or sugar water can cause baby bottle tooth decay.</p> <p>If necessary, only allow the child to fall asleep with a bottle containing pure water.</p> <p>Propping a bottle can lead to choking, ear infections, overfeeding or a lack of human contact.</p>

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**COMMON INFANT DISCUSSION TOPICS** *(continued)***Common Discussion Topics** *(continued)*

Discussion Topic	Explanation
<p><b>Introduction of Solid Foods</b></p> <p><b>Signs of Readiness to Introduce Solid Foods</b></p> <ul style="list-style-type: none"> <li>• Sits with support</li> <li>• Good head and neck control</li> <li>• Shows they want food by opening their mouth</li> <li>• Puts fingers or toys in mouth</li> <li>• Closes their lips over the spoon</li> <li>• Show tongue control</li> <li>• Shows they do not want food by turning their head away</li> <li>• Keeps food in their mouth and swallows it</li> <li>• Able to indicate the feeling of fullness, likes, dislikes</li> </ul>	<p>Infants should have only breast milk/formula during the first 6 months of life. Parents should wait until the baby is showing <u>all</u> signs of readiness to consume solids before introducing solids.</p> <p>Early feeding of solids may cause allergies, choking, diarrhea, or constipation; reduce breast milk production; and/or stress the baby's kidneys.</p>
<p><b>Introducing the Cup</b></p> <p><b>Time for a Cup</b></p> <ul style="list-style-type: none"> <li>• Introduce cup around 6 months of age, using water at first</li> <li>• Gradually increase the use of cup and decrease bottle feeding</li> </ul>	<p>Bottle use after 12 months can delay development and cause tooth decay, anemia, ear infections and weight gain.</p> <p>* Read <a href="#">Time for a Cup</a> handout to learn more.</p>
<p><b>4 Stages of Food</b></p> <ul style="list-style-type: none"> <li>• Smooth</li> <li>• Mashed</li> <li>• Chopped</li> <li>• Tiny pieces of food</li> </ul>	<p>The progression of the 4 stages of food is important for the growth and development of the infant. Giving any solid foods when an infant is not ready can cause choking.</p>

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**COMMON INFANT DISCUSSION TOPICS** *(continued)***Common Discussion Topics** *(continued)*

Discussion Topic	Explanation
<p><b>Reading Feeding Cues</b></p> <p>When infant is hungry:</p> <ul style="list-style-type: none"> <li>• Rooting Reflex</li> <li>• Hand to mouth activity</li> <li>• Small fussing sounds</li> <li>• Infant looks like they are about to cry*</li> </ul> <p>* Infants cry for many reasons</p> <p>Feed the baby until they is full and/or has had enough to eat. The baby will show this by:</p> <ul style="list-style-type: none"> <li>• Stopping eating</li> <li>• Turning her/his head</li> <li>• Pressing her/his lips together</li> <li>• Crying when food is offered</li> <li>• Spitting food out</li> </ul>	<p>Do NOT force a baby to eat more when they have shown signs of fullness. This may distort the internal hunger cues and lead to obesity.</p>
<p><b>Weaning from the Bottle</b></p> <p>Baby should be weaned off the bottle by 12 months.</p> <ul style="list-style-type: none"> <li>➤ At around 9-10 months start cutting down the number of bottles a day and replace with a cup.</li> <li>➤ Interest the baby in something other than the bottle such as a stuffed toy or blanket.</li> <li>➤ Give your child healthy snacks between meals instead of a bottle.</li> <li>➤ Give a bottle with a small amount of water before bedtime, if needed.</li> </ul> <p>Resource: <a href="#">AAP's Patient Education Online   Weaning to a Cup</a></p>	<p>Weaning from the bottle will be a process and starts when your child starts eating solid foods. Start by replacing the feedings the infant is least interested in and after several days or weeks, replace another feeding until all bottles have been eliminated.</p> <p>If weaning is delayed, baby may fill up on milk from the bottle and not get enough of the other good foods needed to grow.</p>

## COMMON INFANT DISCUSSION TOPICS *(continued)*

### Common Concerns & Solutions

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#### **Common infant Concerns**

There are several common infant concerns. Be familiar with them so you can assist parents/caregivers in identifying solutions.

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#### **Chart of Concerns & Solutions**

The chart on the next page lists some common infant feeding problems and possible solutions.

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**COMMON INFANT DISCUSSION TOPICS** *(continued)***Common Concerns & Solutions**

<b>Concern</b>	<b>Solution(s)</b>
<p><b>Allergies</b></p> <p>Sensitivities to certain substances may result in:</p> <ol style="list-style-type: none"> <li>1. Rash</li> <li>2. Hives</li> <li>3. Vomiting</li> <li>4. Diarrhea</li> <li>5. Congestion</li> <li>6. Wheezing</li> <li>7. Sometimes death</li> </ol>	<ul style="list-style-type: none"> <li>• Breastfeed</li> <li>• Use iron-fortified formula if not breastfeeding</li> <li>• Delay solids until at least the 6<sup>th</sup> month</li> <li>• Introduce 1 food at a time (every 3-5 days) in small amounts</li> <li>• Avoid allergenic foods (i.e. egg whites, wheat, nuts, fish, citrus, shellfish, peanuts, peanut butter, cow's milk, soy, and tomatoes) until after one year.</li> </ul>
<p><b>Baby Bottle Tooth Decay</b></p> <p>Tooth discoloration and dental caries caused by inappropriate use of bottle, or sippy cup may result in:</p> <ul style="list-style-type: none"> <li>• Pain</li> <li>• Inflamed gums</li> <li>• Poor food intake</li> </ul>	<ul style="list-style-type: none"> <li>• Only use breastmilk, formula or water in a bottle</li> <li>• Clean baby's gums and/or teeth daily with a wet cloth after feeding</li> <li>• Introduce cup around 6 months of age</li> <li>• If needed, put water in bottle at bedtime</li> <li>• Restrict bottle to feeding times</li> <li>• Wean from bottle by 12 months</li> <li>• Do NOT: <ul style="list-style-type: none"> <li>○ allow baby to suck on a bottle or sippy cup continuously during the day</li> <li>○ put baby to bed or nap with a bottle</li> <li>○ have baby suck a pacifier dipped in sugar, honey or syrup</li> <li>○ give sweetened drinks</li> <li>○ let infant play or do other activities with bottle in mouth</li> </ul> </li> </ul>

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## COMMON INFANT DISCUSSION TOPICS *(continued)*

### Common Concerns & Solutions *(continued)*

Concern	Solution(s)
<p><b>Choking</b></p>	<ul style="list-style-type: none"> <li>• Discuss how to move through the 4 stages of food.</li> <li>• Cut hot dogs and meat sticks into long strips.</li> <li>• Cut round foods such as grapes and cherries in half and remove seeds.</li> <li>• Remove bones from meats.</li> <li>• Cook hard fruits and vegetables until soft.</li> <li>• Have baby sit up while eating.</li> <li>• <b>ALWAYS</b> watch baby while they eats.</li> </ul> <p>Do NOT:</p> <ul style="list-style-type: none"> <li>○ give hard foods such as raw carrots, nuts, popcorn, hard candy, grapes, raisins, seeds,</li> <li>○ give sticky foods such as peanut butter or soft bread</li> <li>○ give foods such as marshmallows (they can swell in the throat)</li> <li>○ feed cereal in a bottle</li> </ul>

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## COMMON INFANT DISCUSSION TOPICS *(continued)*

### Common Concerns & Solutions *(continued)*

Concern	Solution(s)	
<p><b>Colic</b> (extreme discomfort in the digestive tract)</p> <p>Reference: <i>The American Academy of Pediatrics The Complete and Authoritative Guide: Caring for your Baby and Young Child birth-to Age 5</i>                      Steven P. Shelov, MD., M.S., F.A.A.P., editor in chief. Robert E. Hannemann, MD, F.A.A.P., associate medical editor, 2005.</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><b>Take baby to doctor to make sure baby does not have another problem.</b></p> </div> <ul style="list-style-type: none"> <li>• Experts are not sure why these crying spells occur due to colic. Infants may be sensitive to some sort of stimulation.</li> <li>• If breastfed, suggest mother try eliminating certain foods from her diet such as:                             <ul style="list-style-type: none"> <li>○ Milk products</li> <li>○ Caffeine</li> <li>○ Other potentially irritating food</li> </ul> </li> <li>• Motion and body contact helps reassure the baby</li> <li>• Lay the baby tummy down and rub her back. Sometimes the pressure on the tummy will help reduce pain. Colic usually disappears by 3-4 months.</li> </ul>	
<p><b>Normal Infant Stool Descriptions</b></p>	<p><b>Type of Poop</b></p>	<p><b>Indication</b></p>
	<p>Black &amp; Sticky</p>	<p>Normal for the first bowel movement (<i>meconium</i>)</p>
	<p>Brownish to Greenish</p>	<p>Normal for a breastfed infant <b>in</b> the 1<sup>st</sup> week                      Normal for a formula fed infant</p>
	<p>Yellowish &amp; Seedy</p>	<p>Normal for a breastfed infant <b>after</b> the first week or so.</p>
	<p>Soft</p>	<p>Normal for a breastfed infant.</p>
	<p>Firm</p>	<p>Normal for a formula fed infant</p>
	<p>Watery</p>	<p>Diarrhea</p>
	<p>Hard &amp; Pebbly</p>	<p>Constipation</p>

## COMMON INFANT DISCUSSION TOPICS *(continued)*

### Common Concerns & Solutions *(continued)*

Concern	Solution(s)
<p><b>Constipation</b> (difficult bowel movements due to hard stools or no bowel movement in 2-3 days) may be due to:</p> <ul style="list-style-type: none"> <li>• Lack of movement/ activity</li> <li>• Incorrectly mixed formula</li> <li>• Not drinking enough liquids</li> <li>• Excess intake of formula</li> <li>• Introduction of solids before 6 months of age</li> <li>• Use of some medications</li> </ul>	<p>Breastfed infants usually do not get constipation. There may be causes other than diet. Do not switch to formula if the infant is breastfed. Refer them to the MD if parent is doing either of the following more than once/week:</p> <ul style="list-style-type: none"> <li>• If &lt; 6 months offer 2 fluid oz of water twice a day</li> <li>• If &gt; 6 months water or diluted juice</li> <li>• If formula feeding                             <ul style="list-style-type: none"> <li>○ follow formula preparation instructions</li> <li>○ offer appropriate amount of formula</li> <li>○ do not overfeed</li> <li>○ do not switch to low iron formula</li> </ul> </li> <li>• Put warm wash cloth on stomach</li> <li>• Allow baby to be active</li> <li>• Check with your doctor</li> <li>• Refer to handout: <i>Is Your Child Constipated</i></li> </ul>
<p><b>Diarrhea</b> (large volume, more frequent than usual, loose or watery stools) may be due to:</p> <ul style="list-style-type: none"> <li>• bacteria</li> <li>• food/milk allergy</li> <li>• infection</li> <li>• rapid or overfeeding of formula</li> <li>• not enough water in formula</li> <li>• early introduction of solids</li> <li>• excess sugar in diet</li> <li>• antibiotics</li> </ul>	<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 10px;"> <p><b><i>See doctor or nutritionist immediately.</i></b></p> </div> <ul style="list-style-type: none"> <li>• Continue to breastfeed infant</li> <li>• Continue to feed baby</li> <li>• Give plenty of water and watch for signs of dehydration, such as:                             <ul style="list-style-type: none"> <li>○ fatigue</li> <li>○ few tears when crying</li> <li>○ fussy</li> <li>○ cool, discolored hands and eyes</li> </ul> </li> </ul>

## COMMON INFANT DISCUSSION TOPICS *(continued)*

### Common Concerns & Solutions *(continued)*

Concern	Solution(s)
<p><b>Overfeeding</b></p>	<ul style="list-style-type: none"> <li>• Infant’s stomach is usually the size of the infant’s fist.</li> <li>• Being aware of the infant’s behavior will help recognize feeding cues.</li> <li>• When baby cries, first check to see what is bothering her/him. Do NOT automatically offer the baby a bottle. He may drink it even if he is not hungry. (<i>Read <a href="#">Crying and Sleeping (English)</a>. State WIC handout for more information on crying.</i>)</li> <li>• It is OK for a breastfeeding mother to offer the breast when her baby cries. If he is not hungry he can turn away from the breast. Or, he can suck lightly on the breast for comfort without making the milk start flowing.</li> <li>• Allow baby to be active (such as crawling).</li> </ul> <p>Do NOT:</p> <ul style="list-style-type: none"> <li>○ Force baby to finish all the milk in a bottle or food in a dish.</li> <li>○ Use food to reward, bribe, or comfort the baby.</li> <li>○ Put cereal in the bottle.</li> </ul>
<p><b>Poor Intake</b> may result in:</p> <ul style="list-style-type: none"> <li>• Low weight</li> <li>• Poor growth</li> <li>• Infections</li> </ul>	<div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p><b><i>See doctor or nutritionist</i></b></p> </div> <p style="text-align: center;">Follow infant feeding recommendations.</p>
<p><b>Spitting Up</b> may be due to:</p> <ul style="list-style-type: none"> <li>• Too much food in stomach</li> <li>• Too much air in stomach</li> <li>• Bottle nipples with enlarged holes</li> <li>• Improper positioning of baby</li> </ul>	<ul style="list-style-type: none"> <li>• Stop feeding when baby seems full</li> <li>• Use only good condition bottles and nipples</li> <li>• Hold baby at a 30° angle when feeding</li> <li>• Burp baby every few minutes when breastfeeding or every couple of ounces when formula feeding</li> <li>• Limit baby’s motion during or after feeding</li> </ul> <p><small>*It is common for a baby to spit up. Parent should be concerned when baby is projectile vomiting, and/or losing weight.</small></p>
<p><b>Fussy baby may be due to:</b></p> <ul style="list-style-type: none"> <li>• Growth spurt-common at:             <ul style="list-style-type: none"> <li>○ 10-21 days</li> <li>○ 6 weeks</li> <li>○ 3 months</li> <li>○ 6 months</li> </ul> </li> </ul>	<p>Feed breastfed babies on demand.</p> <p>Milk production will increase to meet the baby’s needs if mom watches for the baby’s feeding cues.</p>

## FORMULA FEEDING

### Breastfeed Whenever Possible

**Babies should be breastfed whenever possible.** (The American Academy of Pediatrics (AAP) considers breastfeeding the foundation of good feeding practices.)

Refer to the [WIC Breastfeeding Peer Counseling Manual](#)

### Formula

If the baby is not breastfed, they should be given commercially prepared iron-fortified infant formula.

Infant formula is a specially made mixture of nutrients, usually in a powder or liquid form, given to infants when breastfeeding is not possible.

### Types of Formula

There are three types of infant formula. These are described in the chart below.

Type	Description
Milk-based	Made from cow's milk.
Soy-based	Made from soybean protein.
Special Therapeutic	Made for infants with medical conditions such as digestive problems.  Made to be easily digested.

*continued on next page*

## FORMULA FEEDING *(continued)*

### Importance of Preparing Formula Properly

Infant formula should always be prepared correctly.

If the formula is too diluted (too much water added), the baby may not get the nutrients and/or calories they needs. If the formula is too concentrated (not enough water added), the baby's kidneys may be overworked and/or the baby may become dehydrated.

### Formula Storage

Infant formula should also be stored properly. Proper storage prevents bacterial growth and possibly illness.

- Store prepared formula in a clean, covered container in the refrigerator.
- Store formula in refrigerator for only 48 hours or less.
- Discard any leftover breastmilk or infant formula in bottle after feeding.
- Do NOT carry bottles of formula around all day unless they are properly chilled.
- Do NOT allow the older infant to carry a bottle of formula around throughout the day.

### How to Prepare and Store Formula

*When preparing formula use a clean bottle, nipple and scoop.*

#### Concentrated Formula:

- Clean top of the can and can opener.
- Shake the can well.
- Open the can and pour the contents into a clean plastic or glass container.
- Refill the formula can with water, pour it into the container with the formula and stir well. *(1 can of water to 1 can of formula is the correct ratio.)*

#### Powdered Formula:

- First fill bottle with 2 fluid ounces (or more) of water.
- Use the scoop which comes with can.
- Add one scoop of powder for each 2 ounces of water.
- Shake thoroughly.
- Prepare only 1 bottle at a time and use it immediately.

#### Ready-to-Feed Formula: **(NOT AVAILABLE FROM WIC)**

- Clean top of the can and can opener.
- Shake the can well.
- Open the can and pour the amount of formula needed into a clean bottle.
- Do NOT add water.

*continued on next page*

## FORMULA FEEDING *(continued)*

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### Bottle Feeding

Formula is usually given to the infant in a bottle. Bottle feeding should imitate breastfeeding as much as possible. When the baby is bottle fed, they should:

- Be cradled and the bottle held so the nipple is constantly filled with formula, not air.
  - Be allowed to decide when they is full.
  - NOT be forced to finish a bottle.
  - NOT be put to bed or to nap with a bottle.
  - NOT have the bottle propped up so the baby feeds her/himself.
- 

### Feeding Frequency & Amounts

The frequency and amount of formula a newborn infant will take will vary with each baby. As the baby grows older, the amount per feeding will increase and the number of feedings will decrease.

The chart below shows what a parent or caretaker **may** expect a formula fed infant to consume at each feeding in the first year of life. Larger infants may need more formula.

<b>Birth-2 months</b>	2-3 ounces
<b>2- 4 months</b>	3-4 ounces
<b>4-6 months</b>	4-6 ounces
<b>6-8 months</b>	6-8 ounces
<b>8-12 months</b>	4-6 ounces

## INFANT HEALTH CARE & SAFETY

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### **Infant Health Care & Safety**

All parents and caregivers want their infants to be healthy and safe.

The chart on the following pages describes some key recommendations for infant health care, safety, and concerns.

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# INFANT HEALTH CARE & SAFETY *(continued)*

## Recommendations for Infant Health Care & Safety

### Cleanliness/Sanitation:

- Wash hands with hot water and soap before preparing stored breast milk or formula.
- Sterilize bottles by washing them in an automatic dishwasher or boiling water.
- Store clean bottles upside down or covered in a clean place.

### Health:

- Breastfeed the baby whenever possible.
- Feed non-breastfed baby commercial iron-fortified formula.
- Always lay your baby to sleep face up to help prevent Sudden Infant Death Syndrome (SIDS).
- Propping the bottle is a choking hazard, can cause ear infections, interferes with mother-baby bonding, disregards feeding cues, and could lead to excess calorie intake.
- Give solid foods only when the baby is ready (usually at around 6 months).
- Begin teaching the baby how to use a cup at 6-7 months.
- Offering an infant certain beverages may be unhealthy.

Drink	Concern
Honey	Botulism can kill a baby
Karo syrup Rice water	Empty calories, replaces needed nutrients
Pedialyte	Could be given longer than recommended by MD, replaces needed nutrients/calories
Hi-C Punch Jello water	High in sugar, tooth decay, lacks nutrients
Manzanilla Chamomile	Replaces needed nutrients, possible contaminants

- Immunize the baby to protect against diseases (i.e. measles, mumps, polio and whooping cough).
- To prevent lead poisoning, keep the baby away from areas contaminated by gasoline, auto fumes, lead-based paint, or other sources of lead.
- After meals, gently wipe out the baby’s mouth and massage the gums with a soft damp cloth. As soon as the baby’s teeth appear, clean them with a soft damp cloth or small, soft toothbrush. (Do NOT use toothpaste until the child is able to spit it out.)

*continued on next page*

## INFANT HEALTH CARE & SAFETY *(continued)*

### Recommendations for Infant Health Care & Safety *(continued)*

#### Safety:

- Always check the temperature of food before feeding to prevent burning the baby's mouth.
- Do NOT give food which requires refrigeration and is not chilled for 2 hours or more.
- After a feeding, throw out leftover breast milk or formula.
- Do NOT warm baby bottles in a microwave.
- Do NOT feed foods which can cause choking (such foods are hard, sticky, or contain bones, and may swell in the throat).
- Buckle the baby into a properly installed infant car seat every time the baby is in the car.
- Keep hazardous items (such as medicines, household cleaners, cords from window blinds, and sharp items) out of the baby's reach.
- To prevent drowning, NEVER leave an infant near water (including open toilet bowls, buckets of water, and swimming pools).
- Cover electrical outlets with appropriate covers.
- Do NOT hang anything around the baby's neck (such as pacifier holders).
- Do NOT allow the baby to play with ropes, dog leashes, and/or other strangulation hazards.
- Call the Poison Control Center or 9-1-1, if the infant consumes a poisonous substance or has a life-threatening accident/emergency.

## INDICATORS OF NUTRITIONAL NEED

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### Charts of Indicators of Nutritional Need

The WIC Program Manual (WPM) provides policy and procedures on charting “indicators of nutritional need” for participants.

Overview: Refer to [WPM-210-09](#)

Anthropometric: Refer to [WPM-210-10](#)

Biochemical: Refer to [WPM-210-11](#)

Clinical: Refer to [WPM-210-12](#)

Dietary: Refer to [WPM-210-13](#)

Non-Specific Nutrition Codes: Refer to [WPM-210-14](#)

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### Learning Activity 2

To help you learn more about counseling and providing nutrition education to an infant’s parent/caregiver, you may want to try **Learning Activity 2** found at the end of this module.

### Learning Activity 3

To help you practice counseling and providing nutrition education to an infant’s parent/caregiver, you may want to try **Learning Activity 3** found at the end of this module.

### Learning Activity 4

To gain more experience in counseling and providing nutrition education to an infant’s parent/caregiver, you may want to try **Learning Activity 4** found at the end of this module.

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## PROGRESS CHECK

1. Name at least 3 factors affecting growth and development in an infant.

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2. Match the ages to the stage of feeding.

<u>STAGE</u>	<u>AGE (months)</u>
_____ Begins to use a cup	(A) About 6
_____ Nurses only from breast or bottle ( <i>no solid foods</i> )	(B) 6 - 7
_____ Weans off of bottle	(C) 12
_____ Begins to eat solid foods	(D) Birth – about 6
_____ Begins to use a spoon	(E) 10 - 12

3. Mark the following infant feeding practices as “A” for **appropriate** or “I” for **inappropriate**.

- \_\_\_\_\_ Giving a bottle of diluted juice at bedtime
- \_\_\_\_\_ Giving solids at 3 months of age
- \_\_\_\_\_ Giving juice in a cup
- \_\_\_\_\_ Giving only breast milk or iron fortified formula for the first 6 months
- \_\_\_\_\_ Giving goat’s milk during the first year

4. Match the infant feeding problem with a possible solution.

<u>PROBLEM</u>	<u>SOLUTION</u>
_____ Allergies	(A) Do NOT put baby to bed with a bottle
_____ Choking	(B) Introduce 1 food at a time in small amounts
_____ Constipation	(C) Stop feeding when baby appears full
_____ Baby bottle tooth decay	(D) Do not give hard foods or foods such as uncut grapes
_____ Spitting Up	(E) Give baby an ounce of warm water

**PROGRESS CHECK** *(continued)*

5. Mark the following as “TRUE” or “FALSE”.

\_\_\_\_\_ When preparing powdered formula you do not need to measure out the amount of water.

\_\_\_\_\_ Soy-based formula is made from soy protein.

\_\_\_\_\_ Prepared formula should be used within 48 hours.

\_\_\_\_\_ After the infant has been fed, formula remaining in the bottle can be saved for 3 days, if refrigerated.

\_\_\_\_\_ The amount of formula a newborn infant will consume varies with each baby.

\_\_\_\_\_ As the baby grows older, the amount of formula taken per feeding will increase and the number of feedings will decrease.

6. List 5 recommendations for an infant’s health care and safety.

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7. Identify the following indicators of nutritional need as “**A**” for **anthropometric**, “**B**” for **biochemical**, “**C**” for **clinical**, and “**D**” for **dietary**.

\_\_\_\_\_ Very underweight

\_\_\_\_\_ Very low hemoglobin/hematocrit

\_\_\_\_\_ Diabetes mellitus

\_\_\_\_\_ Down Syndrome

\_\_\_\_\_ Preterm birth

\_\_\_\_\_ Lead poisoning

\_\_\_\_\_ Early introduction of solid foods

\_\_\_\_\_ Difficulty latching on

\_\_\_\_\_ Inappropriate feeding practices

## LEARNING ACTIVITIES

The following activities are included and are recommended for interactive learning:

- **Learning Activity 1:** Stages of Infants
- **Learning Activity 2:** Observations
- **Learning Activity 3:** Case Studies
- **Learning Activity 4:** Role Play

## Activity 1: Stages of Infants

### Learning Objectives

After completing this activity, the Trainee will be able to:

- Put together the developmental milestones, introduction to solids, and common topics to be discussed during stages of an infant's life.

### Instructions

1. Review the following topics:
  - Developmental milestones
  - Introduction to food by age
  - Common discussion topics
2. Fill in the blanks with information you would like to remember about each stage of an infant's life.
3. Feel free to include solutions and handouts if needed.
4. Remember to distinguish if breastfeeding infants and formula fed infants may need different suggestions.
5. When you are finished, review your responses with your supervisor/mentor.

**Activity 1: Stages of Infants**

	<b>Developmental Milestones</b>	<b>Introduction to Food By Age</b>	<b>Common Discussion Topics</b>
Birth-4 Months			
4-6 Months			
6 Months			
6-9 Months			
9-12 Months			

## Activity 2: Observations

### Learning Objectives

After completing this activity, the Trainee will be able to explain how to:

- Interview the parent/caregiver of an infant
- Identify nutrition risks
- Assess an infant's nutritional status
- Recognize how individual education is delivered

### Instructions

1. Have your mentor or supervisor arrange for you to observe several individual nutrition education sessions with the parent/caregiver of an infant, such as an infant enrollment assessment or infant mid-certification assessment.
2. Observe your coworker as they complete a nutrition counseling session.

(If given the opportunity, observe several WNAs and Nutritionists.)

3. Write down your notes on the next page.
4. Discuss your observations with your supervisor/mentor.

## Activity 2: Observations

### Notes:

What infant nutrition problems seem to be most common among the participants observed?

What topics were discussed during the counseling session?

How did the counselor and participant agree on the topic to discuss during the session? OR  
How did the counselor approach establishing dialogue with the participant?

What skills would you like to add to your style of counseling?

## Activity 3: Case Studies

**Learning Objectives**

After completing this activity, the Trainee will be able to:

- Assess an infant's anthropometric, biochemical, clinical, and dietary status.

**Instructions**

1. Read each of the 2 case studies on the following pages.
2. Identify the infant's anthropometric, biochemical, clinical, and dietary status. (To determine anthropometric status use either an WIC MIS terminal or weight grid)
3. Fill out the form following each case study.
4. Talk to your supervisor or mentor if you need help.
5. When you are finished, discuss your responses with your supervisor/mentor.

## Activity 3: Case Studies

### Case Study 1:

Alexandra is 5 weeks old. The following information is available about her:

- She was 4 pounds, 6 ounces at birth.
- She is now 22 inches long.
- She now weighs 4 pounds, 12 ounces.
- Her mother is fully breastfeeding and nursing about 5-6 times in 24 hours.
- Baby is not receiving vitamin D drops.

### **Assessment:**

What are her **anthropometric** risks?

What are her **biochemical** risks?

What are her **clinical** risks?

What are her **dietary** risks?

Identify any referrals or handouts to offer the participant.

## Activity 3: Case Studies

### Case Study 2:

Chelsea is 6 months old. The following information is available about her:

- She was 5 pounds at birth.
- She is now 24 inches long.
- She now weighs 12 pounds, 8 ounces.
- Her mother is breastfeeding her. (Her mother is nursing about 3 to 4 times in 24 hours.)
- Her mother is also giving her some cow's milk in a bottle.

### Assessment:

What are her **anthropometric** risks?

What are her **biochemical** risks?

What are her **clinical** risks?

What are her **dietary** risks?

Identify any referrals or handouts to offer the participant.

## Activity 4: Role Play

### Learning Objectives

After completing this activity the Trainee will be able to:

- Interview the parent/caregiver of an infant
- Assess an infant's nutritional status
- Prioritize the infant's needs
- Provide individual education to the parent/caregiver of an infant

### Background

A role play is a scenario in which 2 or more people act out a scene as though it was "real life". Props are not required but may be helpful.

### Instructions

1. Ask your mentor, supervisor, or a co-worker to role play any 2 of the 4 roles (A-D) described on the following page.
2. Using the information you have learned about infant nutrition, act out the role of a WNI Nutrition Assistant in a session with these two parents/caregivers.
3. Mentor/Supervisor/Co-Worker: Using the role plays as your guide, act out the role of the participant. Try to be as realistic as possible.
4. After each session, ask your co-worker to tell you what they noticed. Make sure to ask for your strengths as well as weaknesses.

## Activity 4: Role Play

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**Role Play A** Donna Swift's daughter Taneisha is 6 months old. She is being fully breastfed and has just started eating some solid foods. She wants to know when she can start offering the cup and wants to know when she will be ready to eat table food.

Handout Recommendations: [Feed Me! 6 to 12 Months](#), [Time for a Cup](#), [Baby Food for Me](#)

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**Role Play B** Grace Chu's son David is 9 months old. David's height and weight is at the 25<sup>th</sup> percentile. He is fully breastfed. Mom started offering solids at 6 months, but is only consuming pureed foods.

Handout Recommendations: [Baby Food for Me](#)

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**Role Play C** Sabrina Garcia's daughter Selena is newborn. She is fully breastfeeding but wants some formula just in case her breastmilk is not enough.

Handout Recommendations: [What to Expect in the First Week BF](#)

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**Role Play D** Roberta Juarez's son Jaime is 2 months old. Jaime's height and weight is at the 50<sup>th</sup> percentile. Jaime is on iron-fortified formula. Roberta says he has problems sleeping through the night since she started putting cereal in his nighttime bottle.

Handout Recommendations: [Feed Me Birth to 6 Months](#)

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## PROGRESS CHECK ANSWERS

1. Name at least 3 factors affecting growth and development in an infant.

**ANY 3 OF THE FOLLOWING RESPONSES ARE CORRECT:**

- **Genetics**
- **Environment**
- **Behavior**
- **Disease**

2. Match the ages to the stage of feeding.

<u>STAGE</u>	<u>AGE (months)</u>
<u>B</u> Begins to use a cup	(A) About 6
<u>D</u> Nurses only from breast or bottle ( <i>no solid foods</i> )	(B) 6 - 7
<u>C</u> Weans off of bottle	(C) 12
<u>A</u> Begins to eat solid foods	(D) Birth – about 6
<u>E</u> Begins to use a spoon	(E) 10 - 12

3. Mark the following infant feeding practices as “A” for **appropriate** or “I” for **inappropriate**.

- I Giving a bottle of diluted juice at bedtime
- I Giving solids at 3 months of age
- I Giving juice in a cup-WIC does not recommend juice for infants
- A Giving only breast milk or iron fortified formula for the first 6 months
- I Giving goat’s milk during the first year

4. Match the infant feeding problem with a possible solution.

<u>PROBLEM</u>	<u>SOLUTION</u>
<u>B</u> Allergies	(A) Do NOT put baby to bed with a bottle
<u>D</u> Choking	(B) Introduce 1 food at a time in small amounts
<u>E</u> Constipation	(C) Stop feeding when baby appears full
<u>A</u> Baby bottle tooth decay	(D) Do not give hard foods or foods such as uncut grapes
<u>C</u> Spitting Up	(E) Give more liquids

## PROGRESS CHECK ANSWERS *(continued)*

5. Mark the following as “TRUE” or “FALSE”.

False When preparing powdered formula you do not need to measure out the amount of water.

True Soy-based formula is made from soy protein.

True Prepared formula should be used within 48 hours.

False After the infant has been fed, formula remaining in the bottle can be saved for 3 days, if refrigerated.

True The amount of formula a newborn infant will consume varies with each baby.

True As the baby grows older, the amount of formula taken per feeding will increase and the number of feedings will decrease.

6. List 5 recommendations for an infant’s health care and safety.

**ANY 5 OF THE FOLLOWING RESPONSES ARE CORRECT:**

- **Breastfeed the baby whenever possible.**
- **Feed non-breastfed baby commercially prepared iron-fortified formula.**
- **To help prevent Sudden Infant Death Syndrome (SIDS), put the baby on her/his back when putting her/him to bed or a nap.**
- **Propping the bottle is a choking hazard, cause ear infections, lack of mother and baby bonding, disregards feeding cues, and could lead to excess calories.**
- **Give solid foods only when the baby is ready (usually at 6 months).**
- **Begin teaching the baby how to use a cup at 6 around months.**
- **Offering an infant certain beverages may be unhealthy.**

<i>Drink</i>	<i>Concern</i>
<i>Honey</i>	<i>botulism can kill a baby</i>
<i>Karo syrup Rice water</i>	<i>empty calories, replaces needed nutrients</i>
<i>Pedialyte</i>	<i>could be given longer than recommended by MD, replaces needed nutrients and calories</i>
<i>Hi-C Punch, Jello, water</i>	<i>high in sugar, tooth decay, lacking nutrients</i>
<i>Manzanilla, Chamomile</i>	<i>Replaces needed nutrients, possible contaminants</i>

- **Immunize the baby to protect against diseases (such as measles, mumps, polio and whooping cough).**
- **To prevent lead poisoning, keep the baby away from areas contaminated by gasoline, auto fumes, lead-based paint, or other sources of lead.**
- **After meals, gently wipe out the baby’s mouth and massage the gums with a soft damp cloth. As soon as the baby’s teeth appear, clean them with a soft damp cloth or small, soft toothbrush. (Do NOT use toothpaste until the child is able to spit it out.)**

## PROGRESS CHECK ANSWERS *(continued)*

6. List 5 recommendations for an infant's health care and safety. *(continued)*

### SAFETY:

- **Always check the temperature of food before feeding to prevent burning the baby's mouth.**
  - **If food needing refrigeration has been left out for 2 hours or more do NOT feed it to infant.**
  - **After a feeding, throw out leftover breast milk or formula.**
  - **Do NOT warm baby bottles in a microwave.**
  - **Do NOT feed foods which can cause choking (such foods are hard, sticky, or contain bones, and may swell in the throat).**
  - **Do NOT feed honey or foods containing honey. (Honey may contain spores which cause botulism.)**
  - **Buckle the baby into a properly installed infant car seat every time the baby rides in a car.**
  - **Keep hazardous items (such as medicines, household cleaners, cords from window blinds, and sharp items) out of the baby's reach.**
  - **To prevent drowning, NEVER leave an infant near water (including open toilet bowls, buckets of water, and swimming pools).**
  - **Cover electrical outlets with appropriate covers.**
  - **Do NOT:**
    - **hang anything around the baby's neck (such as pacifier holders)**
    - **allow the baby to play with ropes, dog leashes, and/or other strangulation hazards.**
  - **Call the Poison Control Center or 9-1-1, if the infant takes in a poisonous substance or has a life-threatening accident/emergency.**
7. Identify the following indicators of nutritional need as "A" for anthropometric, "B" for biochemical, "C" for clinical, and "D" for dietary.

- A   Very underweight
- B   Very low hemoglobin/hematocrit
- C   Diabetes
- C   Down Syndrome
- C   Preterm birth
- B   Lead poisoning
- D   Early introduction of solid foods
- C   Difficulty latching on
- D   Inappropriate feeding practices