

Partner Profile:
Supporting Premature Infant Nutrition (SPIN)

The SPIN program (Supporting Premature Infant Nutrition) at UC San Diego Health System was developed to address the challenges of helping mothers produce sufficient breast milk for their premature infants, and to improve the manner in which NICUs support optimal nutrition and growth in their most vulnerable population of patients. A **new website** and online **educational videos** are broadening SPIN's awareness and providing resources to both parents and NICU staff. The site offers a variety of patient resources, such as pumping log sheets, milk calculator and recipes, lactation research, and publications.

Links:

New website

<http://health.ucsd.edu/women/child/newborn/nicu/spin/Pages/default.aspx>

Educational materials

<http://health.ucsd.edu/women/child/newborn/nicu/spin/video/Pages/default.aspx>

Issuing Infusion Formula

It is best practice for local staff to provide a small sample amount (one week) of medical formula to determine tolerance before issuing the entire month's supply. This will prevent the destruction of large amounts of expensive formula, if not tolerated.

Returning Infusion Formula

The local staff are to call a state RD and let that RD know the formula that needs to be returned and what participant it was ordered for. The local staff are to keep the formula in their clinic until Infusion comes to pick it up. The state RD who received the call requesting to return formula then goes into the formula order form, and makes comments about how many are being returned and why. Then the state RD calls Infusion and tells them the name of the participant and how many cans of formula for that participant needs to be returned (picked up by Infusion). If Infusions does not normally deliver to the local clinic then a UPS package slip will be sent to the local clinic by Infusions for delivery back to them.



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New Study on Healthy Maternal Diet and Reduced Risks of Birth Defects

October 3, 2011 online publication of the Archives of Pediatrics and Adolescent Medicine

This new study from the Stanford University School of Medicine has shown that women who ate better before and during their pregnancy gave birth to fewer infants who had anomalies of the brain and spinal cord, or orofacial clefts, such as cleft lip and cleft palate. Previous research has focused on one nutrient at a time. For example folic acid has been shown to protect against brain or spinal cord anomalies (examples are anencephaly and spina bifida). However, after fortification of the U.S. food supply with folic acid, these types of birth defects did not disappear completely. Thus, other single nutrient studies were conducted to assess possible diet-defect associations or connections.

This new study from Stanford assessed the overall quality of the diet, rather than focusing on a single nutrient. Suzan Carmichael, PhD is the lead author of this new study which is the first to connect diet quality with reduced risk for cleft lip or cleft palate. This study asked women in 10 U.S. states from 1997 - 2005 to answer questions about their dietary habits immediately before pregnancy and during pregnancy. The study subjects included 3,824 women whose fetuses or infants had a neural tube defect or a cleft lip or palate and 6,807 women who had healthy infants. The researchers analyzed the diet data using 2 validated methods for scoring overall diet quality. One score measured how well the woman's diet matched a Mediterranean pattern which consists of a diet high in fruits, vegetables, whole grains, seafood and healthy fats such as olive oil. The second score assessed how similar the woman's diet was to the Dietary Guidelines for Americans (USDA) which emphasizes low fat, high fiber foods, including fruits and vegetables. Both scoring methods were used to award high scores for consumption of fruits and vegetables and low scores for consumption of foods that are sources of unhealthy saturated fats.

The researchers found that women with high dietary scores indicating the healthiest overall diet similar to the Mediterranean and the USDA Dietary Guidelines were at lower risk of having an infant with a neural tube defect or oral cleft, compared to women who had low dietary scores indicating less healthy diets, overall. Dr. Carmichael stated that the overall diet was important whether a woman took a vitamin supplement or not. The authors concluded that an overall healthy diet matters. And, the overall healthy diet is more than the sum of the individual single nutrients. It is also possible that consuming an overall healthy diet leaves less room for the consumption of unhealthy foods and/or this healthy diet quality may be an indicator or marker for some other aspect of a woman's lifestyle which may be protective against these birth defects.

Thus, according to Dr. Carmichael, the message to pregnant women is, *eat a variety of foods, including a lot of fruits and vegetables and whole grains and take a vitamin supplement that contains folic acid.*

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How to Increase Milk Consumption in Kids' Diets

By Abi Makin, BYU Dietetic Intern

It seems that many children have forgotten to drink milk and parents have stopped offering milk to their children. Statistics show that half of the children between 2 and 8 do not drink milk. Shamefully, only a quarter of the children between 9 and 19 years old drink milk. Many children opt for sugary beverages such as soda instead, which has become more and more available for children of all ages and contains 3 tablespoons of sugar per serving.

Consumption of soda or sugary beverages has been correlated to poor mental health and disruptive behavior. Research shows that children who drink at least one soda a day have a decrease in their school grades in comparison to those children who do not. So why is it so important to drink milk?

Milk provides many nutrients and minerals, calcium being the main nutrient, necessary for children's growth. Milk is the main source of calcium in our diet. Calcium is needed for healthy bone growth and strength as well as muscle contraction and nerve impulses. Milk is also an excellent source of vitamin D, which most kids don't get enough of. In addition milk is an excellent source of protein. One cup of milk provides more protein than one large egg.

Because of the different needs of a growing body, children of different ages have different needs. A child between 2 and 4 years of age should drink 2 cups of milk to meet daily calcium requirements. Children between 4 and 8 need 2 ½ cups, and children older than 9 should drink 3 cups daily. Making sure low fat milk is consumed instead of whole milk or 2% will still provide all of the same nutrients for a fraction of the calories and saturated fat.

If children don't like milk or they are not used to drinking milk, there are several things parents can do to offer milk in a more acceptable way. They can serve it during snack time, along with crackers, fruit, or whatever the child is eating. Children love to imitate and they learn by example. If they see their parents drinking milk, pretty soon they will start drinking milk too. Parents shouldn't wait until their children ask for milk to offer it to them. We need to be proactive and make sure children consume their recommended amount of milk in order to reap from all the benefits and grow healthy and strong.

[Department of Workforce Services \(DWS\)](#)

The DWS helps low income eligible customers with financial, food, child care, and Medical assistance. The employment counselors also help financial assistance customers and food stamp customers who are required to participate in job seeking activities, and customers who qualify for training funds to develop and participate in employment plans.

DWS also administers the Unemployment Insurance Program and offers many services on our website at <http://jobs.utah.gov>, including electronic job searching and career information, job posting and resources for employers, and an electronic application for assistance programs and unemployment, which enables customers to apply for services from wherever they have access to a computer.

New Meal Pattern and Dietary Specifications. USDA has announced the new nutrition standards for meals served through the National School Lunch and School Breakfast programs. The new meal requirements will raise standards for the first time in fifteen years and will help improve the health and nutrition of nearly 32 million kids that participate in school meal programs every school day. The new meal pattern and dietary specifications, an implementation timeline and a comparison of current and new regulatory requirements are posted at <http://www.fns.usda.gov/cnd/Governance/Legislation/nutritionstandards.htm>.

Through the Healthy, Hunger-Free Kids Act championed by the First Lady and signed by President Obama, USDA is making the first major changes in school meals in 15 years, which will help us raise a healthier generation of children. The new standards align school meals with the latest nutrition science and the real world circumstances of America's schools. These responsible reforms do what's right for children's health in a way that is achievable in schools across the Nation.

The new lunch meal pattern is effective July 1, 2012, the beginning of SY 2012-2013. With the exception of the new milk requirement, changes to the breakfast program will be phased-in beginning July 1, 2013, (SY 2013-2014). Review the new regulations, Implementation Timeline, Questions & Answers on the Final Rule "Nutrition Standards in the National School Lunch and School Breakfast Program," Sodium Reduction: Timeline & Amount, and view a USDA presentation on the Final Rule at <http://www.fns.usda.gov/cnd/Governance/Legislation/nutritionstandards.htm>

If you have questions, visit the Child Nutrition Programs, Utah State Office of Education website at <http://www.schools.utah.gov/cnp/>

NEW - The Food and Nutrition Service (FNS) WIC Peer Counseling Training "Loving Support© Through Peer Counseling: A Journey Together"

You can now download the WIC peer counselor training platform and the curriculum files directly from the Aspire Communications website at the following link: <http://www.aspirecommunications.com/wic.html>.

Step-by-step video instructions will guide you through downloading the platform and "extracting" the files so that they are fully unzipped before using them. *Please note that the unzipping step is necessary for successful navigation of the platform.*

All curriculum files will also be available through the WIC Works Resource System (WWRS) in April.

YouTube™ Videos

The 5 videos included in the platform and provided on your DVD are now uploaded to YouTube™ at <http://www.youtube.com/user/WICPeerCounselors>. You may wish to direct peer counselors and WIC participants to the site to learn more about peer counselors, breastfeeding, and solutions for having an easier time with breastfeeding.

Upcoming On-Demand Webcasts

FNS will post a series of on-demand webcasts on the WWRS website for those who were unable to attend the recent regional trainings or need a refresher. Webcast #1 is for those interested in learning how to use the peer counseling training platform. The remaining five webcasts will address key sections of the management curriculum, Loving Support Through Peer Counseling: A Journey Together – For WIC Managers. We hope to have webcast #1 posted on WIC Works in April (a notice will be sent out when the link is available).