

Arizona WIC Program Nutrition Care Standards Infants

Target Audience

The Nutrition Care Standards are for use by all nutrition personnel working in the Arizona WIC program who provide assessment or nutrition education services for WIC clients.

Purpose

The purpose of the Nutrition Care Standards is to ensure that all Arizona WIC clients receive consistent nutrition services, to standardize the content of nutrition education for achieving behavior change, and to assist local agencies in identifying current and evidence-based nutrition information.

The Nutrition Care Standards are tools to assist the WIC staff in providing consistent nutrition information to participants after a comprehensive assessment of the client's nutritional and personal needs and interests. These standards are to be used with a participant-centered approach to nutrition education which helps lead participants to adopting behaviors that promote a healthy lifestyle.

Client Category

Infants - The Nutrition Care Standards include Core Topics to use in providing nutrition education for all Arizona WIC clients who are infants. High Risk Topics are also included for Arizona WIC clients who are infants and have special nutrition needs requiring more complex nutrition intervention.

Overview

- Birth – Three Months
- Four Months – Six Months
- Seven Months – Nine Months
- Ten Months – Twelve Months

Each age range includes the following core topics:

- Breastfeeding
- Healthy Eating
- Healthy Weight
- Physical Activity
- Tailored Goal



Screening and Assessment Tools

At each visit, ask care givers of infants these three questions:

- How is the baby being fed?
- How is the baby tolerating his/her breastmilk or formula?
- How is the formula being prepared?

Below are guidelines on markers of infant growth and feeding recommendations. They are to be used in conjunction with growth charts, and health, medical, and nutrition history to determine nutrition risk.

Minimum Number of Wet and Dirty Diapers for the Breastfed Baby			
Baby's Age	Wet Diapers	Dirty Diapers Color and Texture	Number of Dirty Diapers
Day 1 (birth)	1	Thick, tarry and black	1+
Day 2	2	Thick, tarry and black	2 – 3
Day 3	3	Greenish yellow	3 – 5 dirty diapers (bowel movements are at least the size of a quarter)
Day 4	5 – 6	Greenish yellow	
Day 5	5 – 6	Seedy, watery mustard color	
Day 6	5 – 6	Seedy, watery mustard color	
Day 7	5 – 6	Seedy, watery mustard color	
2 – 5 weeks	5 – 6	Seedy, watery mustard color	
6 weeks and beyond	5 – 6	Seedy, watery mustard color (until baby starts solids)	Fewer and less frequent bowel movements may be normal, as long as baby is gaining weight normally

Weight Gain

Some breastfed babies may lose up to, but no more than, 7% of their birth weight in the first week.

Typical Weight Gain for Breastfed Babies	
Baby's Age	Baby's Weight
First month	5 – 10 oz per week
1 – 3 months	5 – 10 oz per week
3 – 6 months	2.5 – 4.5 oz per week
6 – 12 months	1 – 3 oz per week

Most babies double their birth weight by six months of age and triple their birth weight by one year of age. They also add almost 50% of their length by one year of age.



Corrected Age

Corrected age (CA) is based on the age the infant would be if the pregnancy had actually gone to term. To calculate, subtract how many weeks premature the baby was from their actual age.

Example: If an infant was 6 weeks premature and the infant's actual age is 2 months old, then:

1. Determine actual age in weeks: *2 months x 4 (weeks in a month) = 8 weeks*
2. Subtract weeks premature from actual age: *8 weeks actual age - 6 weeks (amounts week premature) = 2 weeks corrected age*

Infant Hunger and Satiety Cues		
Infant's Approximate Age	Hunger Cues	Satiety (Fullness) Cues
Birth through 5 months	<ul style="list-style-type: none"> • Wakes and tosses • Sucks on fist • Opens mouth • Cries or fusses 	<ul style="list-style-type: none"> • Seals lips together • Turns head away • Decreases or stops sucking • Spits out the nipple or falls asleep when full
4 months through 6 months	<ul style="list-style-type: none"> • Smiles, gazes at caregiver, or coos • Moves head toward spoon or tries to swipe food towards mouth • Cries or fusses 	<ul style="list-style-type: none"> • Decreases rate of sucking or stops sucking when full • Spits out the nipple • Turns head away • May be distracted or pays attention to surroundings more
5 months through 9 months	<ul style="list-style-type: none"> • Reaches for spoon or food • Points to food 	<ul style="list-style-type: none"> • Eating slows down • Pushes food away
8 months through 11 months	<ul style="list-style-type: none"> • Reaches for food • Points to food • Gets excited when food is presented 	<ul style="list-style-type: none"> • Eating slows down • Clenches mouth shut or pushes food away
10 months through 12 months	<ul style="list-style-type: none"> • Expresses desire for specific food with words or sounds 	<ul style="list-style-type: none"> • Shakes head to say "no more"

Feeding Guidelines		
Age	Breast Milk (On Demand)	Formula (On Demand)
Birth to 3 months	8 – 12+ feedings	14 – 42 oz (~108 kcal/kg)
4 to 6 months	5+ feedings	26 – 39 oz (~108 kcal/kg)
7 to 9 months	3 – 5+ feedings	24 – 32 oz (~98 kcal/kg)
10 to 12 months	3 – 4+ feedings	24 – 32 oz (~98 kcal/kg)

Note: These feeding recommendations are based on averages. Needs of individual babies may differ.



Red Flags

Anthropometric, clinical, and nutrition assessment help WIC staff determine how well an infant is growing. Certain “red flags” indicate that there may be a problem in growth or development. When a CNW sees a red flag, he/she is advised to contact the clinic nutritionist or supervisor and/or the infant’s medical provider. Refer all clients to their medical provider for further follow-up.

Anthropometric Red Flags

- Weight for age, length for age, or weight for length less than or equal to 5%
- Weight for length is greater than 90%
- Weight or length shifts down or up across two growth channels
- Poor rate of weight gain for corrected age as listed on chart below

Poor Rate Of Weight Gain For Corrected Age	
Age	Weight Gain
Term – 3 months	< 5 oz/wk
3 – 6 months	< 3 ½ oz/wk
6 – 9 months	<2 oz/wk
9 – 12 months	<1 ½ oz/wk

Clinical Red Flags

Vomiting or Reflux

- Persistent spit-up; refusal to eat; accepting feedings only when sleepy
- Chronic vomiting, especially if accompanied by other signs and symptoms such as diarrhea, dehydration or poor growth
- Pain or obvious discomfort or frequent respiratory tract infections (often symptoms of gastro-esophageal reflux or GER)

Constipation

No bowel movements for 3 days and stools are dry, hard, pellet-like and difficult to pass. Abdomen is bloated and hard.

Diarrhea

- Frequent/chronic loose, watery, large, or unusually foul-smelling stools, especially if accompanied by other signs and symptoms such as vomiting or dehydration
- Skin breakdown in diaper area
- Gray, white or pale-colored stools



Nutrition/Feeding Red Flags

- Infant < 2 mos. corrected age, feeding fewer than 8 times in 24 hours or with fewer than 6-8 wet diapers in 24 hours
- Infant taking preterm formula or human milk fortifier
- Mixing formula stronger than standard dilution; mixing formula with expressed breast milk
- Infant taking low-iron formula or goat's milk
- Improper formula dilution
- Adding supplements to breast milk or formula
- Volume of feeding decreasing with age instead of increasing with age
- Feeding duration > 30 minutes per feeding; < 6 feedings/day
- Very sleepy, difficult to wake during feedings
- Fussy or distressed during feedings; has trouble breathing during feeding; difficult to wake for feedings or tires easily; or has difficulty finishing feeding
- Refuses to eat; is difficult to feed or arches backward when feeding; frequently gags, coughs or chokes during feeding
- Feedings are frustrating and stressful to parent or infant
- Parents or caregivers have difficulty interpreting or responding appropriately to feeding cues
- Infant > 6 months corrected age who has not yet started spoon feeding
- Infant taking cow's milk before 1 year corrected age

Vitamin D

The American Academy of Pediatrics (AAP) recommends that infants get a minimum of 400 IU per day of vitamin D. Vitamin D acts more like a hormone than a nutrient and is important for bone growth, development and health and more recently has been found to be important in immune function, cognitive function, and chronic disease prevention. Vitamin D deficiency is the main cause of rickets in children. Infants need more vitamin D than previously thought. Vitamin D is found naturally in salmon, sardines, tuna, cod liver oil and egg yolks. Some foods are fortified such as orange juice, milk and infant formula. Vitamin D is made in the skin in the presence of sunlight, but it is dangerous to be exposed to too much sun, and sunscreen blocks this process. Because most infants do not consume the foods with naturally occurring vitamin D due to their age, it is likely that they may not be getting enough vitamin D. A supplement of 400 IU/day is recommended for all infants. It is best if WIC staff recommend the client talk to their health care provider about vitamin D supplements.

Nutrition Education - Core Topics

At each visit, the caregiver should be offered information on the Core Topics of Breastfeeding, Healthy Eating, Healthy Weight, and Physical Activity. Other topics based on assessment information and the caregiver's interest may be included as well.



Nutrient needs and topics of interest to most caregivers will vary depending on the age of the infant. At every visit, it is important to focus on the needs of the individual infant and the issues that the caregiver is facing with this child. Consider tailored goals based on the caregiver's interest and infant's needs.

Birth - Two Months

The first few months with a new baby can be both exciting and stressful as caregivers are learning how to care for the baby. Caregivers are adjusting to their baby's eating and sleeping habits, all while trying to care for older siblings, dealing with new stressors, and adapting to their new roles.

Moms who breastfeed need support and encouragement, both from WIC and from other family and friends, to help them continue to breastfeed for as long as desired.

Early infancy is a time in which caregivers are learning how to recognize their baby's hunger and fullness signals. Honoring these signals from the baby help caregivers know when and how much to feed and helps prevent overfeeding. Reassure caregivers that breast milk or iron-fortified infant formula provide the majority of the nutrition the baby needs until they are about six months old. The AAP recommends that infants receive supplemental vitamin D.

Birth - Two Months		
Core Topics	Content	Possible WIC Goals
Breastfeeding	<ul style="list-style-type: none"> • Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions. • Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first 6 months after birth. • Gradual introduction of iron enriched solid foods in the second half of the first year should complement the breast milk diet. • It is recommended that breastfeeding continue for at least 12 months and longer if desired by mom and baby. • For those moms exclusively breastfeeding, wait one month before giving a pacifier to avoid nipple confusion. • Missed feedings or use of infant formula may decrease breast milk supply. 	<p>177 – Breastfeed frequently (8-12 times in 24 hours).</p> <p>74 – Breastfeed my baby.</p>



Birth - Two Months		
Core Topics	Content	Possible WIC Goals
	<ul style="list-style-type: none"> If you are breastfeeding and will be going back to school or work, start planning on how you will pump or store your breast milk. Vitamin D: <ul style="list-style-type: none"> Discuss supplementation of 400 IU of vitamin D beginning the first few days of life with health care provider 	
Healthy Eating	<ul style="list-style-type: none"> Feeding can help babies establish warm relationships with their parents or caregivers. Feed infants who are not breastfed iron-fortified formula. Successful formula feeding will depend on the type of formula, the age of the infant, and how the formula is prepared. Hold the baby instead of propping the bottle and switch the side the baby is held midway through feeding. Prepare 2 ounces of infant formula every 2-3 hours at first, and then provide more if the baby seems hungry. Feed your baby when he/she shows signs of hunger, usually 8-12 times in 24 hours. Feed the baby when he/she is hungry and avoid restricting him/her to a rigid feeding schedule. Recognize when your baby is full. Your baby will show signs of fullness such as turning his/her head away from the nipple, closing his/her mouth, and showing interest in other things. Burp your baby at natural breaks (i.e. midway through or after a feeding). Babies do not need food or drink other than breast milk or formula until they are developmentally ready (around six months). Water (besides what is used to prepare infant formula when formula feeding) is generally not recommended unless directed by 	8 – Offer breast milk or iron-fortified formula for the entire first year. 196 – Hold my baby during feedings. 180 – Follow the directions on the formula can or from my baby’s health care provider. 181 – Mix formula properly. 182 – Measure the water into the bottle first when preparing formula. 183 – Loosely scoop powdered formula and level off excess. 192 – Avoid feeding my baby on a schedule (feed baby when baby is hungry).



Birth - Two Months		
Core Topics	Content	Possible WIC Goals
	a physician.	
Healthy Weight	<ul style="list-style-type: none"> • Infants often go through growth spurts between 6 and 8 weeks of age and eat more during this time. • Most babies double their birth weight by six months and triple their birth weight by their first birthday. • You will know your baby is getting enough milk if he/she has: <ul style="list-style-type: none"> ○ Plenty of wet and soiled diapers (see Screening and Assessment section for tables) ○ Gains weight consistently ○ Can be heard swallowing while feeding ○ Wakes to feed ○ Feeds frequently. 	<p>80 – Monitor the weight of my breastfed baby.</p> <p>129 – See a doctor regularly to monitor my baby's/child's growth.</p>
Physical Activity	<ul style="list-style-type: none"> • Infants' physical activity promotes the development of motor skills. • Position your baby so that his/her movement is not restricted for long periods of time. • Supervise your baby at all times while he/she is using age-appropriate equipment and toys that facilitate movement. 	41 – Spend quality time doing play activities with my child.
Tailored Goal	<ul style="list-style-type: none"> • An appropriate goal based on risk or set by the client and discussed at each visit with follow up may also be used. 	Determine tailored goal based on assessment and client interest

Three Months – Five Months

At this point, caregivers and other family members are settling into the baby's routine and are familiar with the baby's cues. While some caregivers are becoming more comfortable in their role, others are struggling with balancing work, school, childcare, and parenting and may find this to be a stressful time. Additionally, many caregivers want their babies to be sleeping through the night by three or four months of age, an expectation that may or may not be realistic for their baby. Caregivers of infants benefit from continued encouragement that they are good caregivers and that they are doing the best they can for their babies.



Three Months – Five Months		
Core Topics	Content	Possible WIC Goals
Breastfeeding	<ul style="list-style-type: none"> Human milk is the preferred feeding for all infants with rare exceptions. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first 6 months after birth. Gradual introduction of iron enriched solid foods in the second half of the first year should complement the breast milk diet. It is recommended that breastfeeding continue for at least 12 months and longer if desired by mom and baby. For those moms exclusively breastfeeding, wait one month before giving a pacifier to avoid nipple confusion. Missed feedings or use of infant formula may decrease breast milk supply. If you are breastfeeding and will be going back to school or work, start planning on how you will pump or store your breast milk. <p>Vitamin D:</p> <ul style="list-style-type: none"> Discuss supplementation of 400 IU of vitamin D with health care provider 	<p>177 – Breastfeed frequently (8-12 times in 24 hours).</p> <p>74 – Breastfeed my baby.</p>
Healthy Eating	<ul style="list-style-type: none"> Infants who are not breastfed should be given iron-fortified formula. When feeding formula, hold the baby instead of propping the bottle and switch the side the baby is held midway through feeding. Most formula-fed infants take between 26 and 39 ounces of formula in a 24 hour period at this age. Feed your baby when he/she shows signs of hunger, usually 8-12 times in 24 hours. Feed your baby when he/she is hungry and avoid restricted to a rigid feeding schedule. 	<p>8 – Offer breast milk or iron-fortified formula for the entire first year.</p> <p>180 – Follow the directions on the formula can or from my baby’s health care provider.</p> <p>181 – Mix formula properly.</p> <p>182 – Measure the water into the bottle first when preparing formula.</p> <p>183 – Loosely scoop powdered formula and level off excess.</p> <p>192 – Avoid feeding my baby on a schedule (feed baby when baby is hungry).</p>



Three Months – Five Months		
Core Topics	Content	Possible WIC Goals
	<ul style="list-style-type: none"> • Recognize when your baby is full. Your baby will show signs of fullness such as: <ul style="list-style-type: none"> ○ Turning his/her head away from the nipple ○ Closing his/her mouth ○ Showing interest in other things • Burp your baby at natural breaks (i.e. midway through or after a feeding). • Your baby does not need other food or drink other than breast milk or formula until he/she is developmentally ready (around six months). • Water (besides what is used to prepare infant formula when formula feeding) is generally not recommended unless directed by a physician. 	196 – Hold my baby during feedings.
Healthy Weight	<ul style="list-style-type: none"> • Infants continue to have growth spurts throughout their first year of life, and these growth spurts may change their feeding patterns. • Most babies double their birth weight by six months and triple their birth weight by their first birthday. • You will know your baby is getting enough milk if he/she: <ul style="list-style-type: none"> ○ Has plenty of wet and soiled diapers (see Screening and Assessment section for table) ○ Gains weight consistently ○ Can be heard swallowing while feeding ○ Wakes to feed ○ Feeds frequently 	80 – Monitor the weight of my breastfed baby. 129 – See a doctor regularly to monitor my baby's/child's growth.
Physical Activity	<ul style="list-style-type: none"> • Infants' physical activity promotes the development of motor skills. • Position your baby so that his movement is not restricted for long periods of time. • Supervise your baby at all times while he/she is using age-appropriate equipment and toys that facilitate movement. 	41 – Spend quality time doing play activities with my child.



Three Months – Five Months		
Core Topics	Content	Possible WIC Goals
Tailored Goal	<ul style="list-style-type: none"> An appropriate goal based on risk or set by the client and discussed at each visit with follow up may also be used. 	Determine tailored goal based on assessment and client interest.

Six Months – Eight Months

The second half of infancy is characterized by many milestones, both developmentally and nutritionally. When ready, babies begin to try solid foods and experience different tastes and textures for the first time. Caregivers are often concerned about how to introduce new foods and want guidance on what foods to avoid. They may also need encouragement and support if their babies are “picky eaters.” Additionally, breastfeeding routines may change when babies begin to eat solid foods, and moms who breastfeed may benefit from additional counseling and support.

Six Months – Eight Months		
Core Topics	Content	Possible WIC Goals
Breastfeeding	<ul style="list-style-type: none"> Gradual introduction of iron enriched solid foods at six months of age complements the breast milk diet. It is recommended that breastfeeding continue for at least 12 months and longer if desired by mom and baby. Vitamin D: <ul style="list-style-type: none"> Discuss supplementation of 400 IU of vitamin D with health care provider Offer vitamin D rich or fortified foods 	8 – Offer breast milk or iron-fortified formula for the entire first year. 74 – Breastfeed my baby.
Healthy Eating	<ul style="list-style-type: none"> Feed infants who are not breastfed iron-fortified formula. Most formula-fed infants take 24 to 32 ounces of formula with complementary foods per day. Wait to introduce solid foods until baby is developmentally ready, around 6 months of age. Baby is ready for solid foods when he/she: <ul style="list-style-type: none"> Can sit with little help Has good head and neck control Has stopped using his tongue to push food out of his mouth Can move food to the back of his/her mouth using his 	8 – Offer breast milk or iron-fortified formula for the entire first year. 9 – Remember to introduce new foods slowly (over 5-7 days) and 1 at a time. 10 – At 4-6 months of age, begin offering cereal, followed by strained vegetables and fruits. 11 – At 6-8 months of age, offer cereal twice a day by spoon, vegetables twice a day, and fruits twice a day. Offer baby strained meats.



Six Months – Eight Months		
Core Topics	Content	Possible WIC Goals
	<ul style="list-style-type: none"> tongue <ul style="list-style-type: none"> ○ Opens his/her mouth when he/she sees a spoon approach • Feed your baby breast milk or formula when he/she shows signs of hunger, usually at least 5 times in 24 hours. Offer solids 2 to 3 times per day and let him/her decide how much to eat. 	
Healthy Eating, continued	<ul style="list-style-type: none"> • Feed your infant when he/she is hungry and avoid restricting to a rigid feeding schedule. • Recognize when your baby is full. Your baby will show signs of fullness such as leaning back and turning his/her head away from the nipple or the spoon. • Introduce single-ingredient new foods one at a time every few days and watch for allergic reactions. • Start by introducing good sources of iron, such as iron-fortified infant cereal and pureed meats. • After your baby has accepted iron-fortified, single-grain infant cereal and/or pureed meats, gradually introduce pureed soft vegetables and fruits and mashed beans. • Store-bought baby food is safe and easy to use, though you can also make your own baby food using some of the foods you feed your family. It is less expensive and allows your baby to be introduced to different textures • Make your own baby food using some of the foods you feed your family or buy safe and easy to use baby food in the store. Homemade baby food is less expensive and baby will taste more foods with different textures and flavors. • Make homemade baby foods without added salt, sugar, and spices. Puree fruits, vegetables, and meats, and introduce one food item at a time to look for 	



Six Months – Eight Months		
Core Topics	Content	Possible WIC Goals
	<p>allergies. Gradually work up to lumpy, soft textures and then table foods as baby ages and becomes accustomed to these new textures.</p> <ul style="list-style-type: none"> • Allow your baby to use his/her fingers or a small spoon when exploring new table foods. Finger foods are small enough for babies to pick up and soft enough for them to chew on. • Babies do not always like new foods. If a food is rejected, move on and try again later instead of forcing him/her to finish it. Avoid common allergens until one year of age: <ul style="list-style-type: none"> ○ Peanuts ○ Tree nuts ○ Fish ○ Shellfish ○ Citrus ○ Egg whites • Avoid offering foods like nuts, seeds, hot dogs, grapes, candy, popcorn and chips that may be choking hazards. Avoid cow's milk until age one. 	
Healthy Weight	<ul style="list-style-type: none"> • Infants continue to have growth spurts throughout their first year of life, and these growth spurts may change their feeding patterns. • Most babies double their birth weight by six months and triple their birth weight by their first birthday. 	<p>80 – Monitor the weight of my breastfed baby.</p> <p>129 – See a doctor regularly to monitor my baby's/child's growth.</p>
Physical Activity	<ul style="list-style-type: none"> • Infants' physical activity promotes the development of motor skills. • Position your baby so that his/her movement is not restricted for long periods of time. • Supervise your baby at all times while he/she is using age-appropriate equipment and toys that facilitate movement. 	<p>41 – Spend quality time doing play activities with my child.</p>
Tailored Goal	<ul style="list-style-type: none"> • An appropriate goal based on risk or set by the client and discussed at each visit with follow up may also be used. 	<p>Determine tailored goal based on assessment and client interest.</p>



Nine Months –Eleven Months

In this last stage of infancy, babies become more independent and want to feed themselves. Babies at this stage trust their caregivers to understand their needs. While caregivers are still responsible for providing nutritious, age-appropriate foods, babies choose how much of each food to eat. Infants this age are also learning how to chew and benefit from gradual exposure to different textures so that they safely transition to chewing foods. Remind caregivers that waiting to introduce cow's milk, peanuts, fish, and other potentially allergenic foods until after their baby's first birthday is safest.

Ten Months – Twelve Months		
Core Topics	Content	Possible WIC Goals
Breastfeeding	<ul style="list-style-type: none"> • Solids, including iron-rich foods, complement the breast milk diet. • It is recommended that breastfeeding continue for at least 12 months and longer if desired by mom and baby. • Cow's milk is not recommended until one year of age. • Some babies choose to wean earlier than others as their interest in table foods increases Vitamin D: <ul style="list-style-type: none"> • Discuss supplementation of 400 IU of vitamin D with health care provider • Offer vitamin D rich or fortified foods 	8 – Offer breast milk or iron-fortified formula for the entire first year. 74 – Breastfeed my baby.
Healthy Eating	<ul style="list-style-type: none"> • Infants who are not breastfed should receive iron-fortified formula. • As babies eat more complementary foods, their intake of breast milk or formula may decrease. • Continue to provide foods with varying textures, including pureed, mashed, finely chopped, and soft lumps, to transition his/her from gumming to chewing foods. • Store-bought baby food is safe and easy to use, though you can also make your own baby food using some of the foods you feed your family. It is less expensive and allows your baby to be introduced to different textures • Make your own baby food using some of the foods you feed your 	8 – Offer breast milk or iron-fortified formula for the entire first year. 42 – Offer my child iron-rich foods like WIC cereals, meats, beans and eggs. 44 – Offer my child high-iron foods and vitamin C-rich foods together. 178 – Limit/do not offer foods like nuts, seeds, hot dogs, grapes, lollipops, and chips that might cause choking. 179 – Wait until my baby turns 1 before giving honey, egg whites, or cow's milk.



Ten Months – Twelve Months		
Core Topics	Content	Possible WIC Goals
	<p>family or buy safe and easy to use baby food in the store. Homemade baby food is less expensive and baby will taste more foods with different textures and flavors.</p> <ul style="list-style-type: none"> • Make homemade baby foods without added salt, sugar, and spices. Puree fruits, vegetables, and meats, and introduce one food item at a time to look for allergies. Gradually work up to lumpy, soft textures and then table foods as baby ages and becomes accustomed to these new textures. • Encourage your baby to drink from a cup. Babies are ready for a cup when they can seal their lower lip around the cup and sit without support. 	
Healthy Eating, continued	<ul style="list-style-type: none"> • Avoid offering common allergens until one year of age: <ul style="list-style-type: none"> ○ Peanuts ○ Tree nuts ○ Fish ○ Shellfish ○ Citrus ○ Egg whites • Avoid offering foods like nuts, seeds, hot dogs, grapes, candy, and chips that may be choking hazards. Avoid cow's milk until age 1. 	
Healthy Weight	<ul style="list-style-type: none"> • You are responsible for providing a variety of nutritious, developmentally-appropriate foods as your child grows, and he/she is responsible for knowing how much to eat. • Babies typically triple their birth weight by their first birthday. 	<p>80 – Monitor the weight of my breastfed baby.</p> <p>129 – See a doctor regularly to monitor my baby's/child's growth.</p>
Physical Activity	<ul style="list-style-type: none"> • Infants' physical activity promotes the development of motor skills. • Position your baby so that his movement is not restricted for long periods of time. • Supervise your baby at all times while he/she is using age-appropriate equipment and toys that facilitate movement. 	<p>41 – Spend quality time doing play activities with my child.</p>



Ten Months – Twelve Months		
Core Topics	Content	Possible WIC Goals
Tailored Goal	<ul style="list-style-type: none"> An appropriate goal based on risk or set by the client and discussed at each visit with follow up may also be used. 	Determine tailored goal based on assessment and client interest.

Nutrition Education - High Risk Topics

Registered dietitians and nutritionists are responsible for assessing and evaluating all high risk WIC clients. Below are some general recommendations for clients who are assigned high risk codes. However, it is important that each client is evaluated individually and that nutrition recommendations are made on a case-by-case basis.

Possible Assessment Questions for Growth Problems in High Risk Infants

Interview/High Risk Consultation
Feeding history adjusted for age: <ul style="list-style-type: none"> Breastfed or formula fed Age solids introduced Age switched to whole milk (if applicable) Food allergy or intolerance Vitamin or mineral supplements
Current feeding behaviors: <ul style="list-style-type: none"> Difficulties with sucking, chewing, or swallowing Frequency of feeding Duration of feeding episodes Who feeds? Where fed (alone or held, with or separate from family, lap or high chair)? Finicky? Negative? Perceived appetite Pica
Caregivers' nutrition knowledge: <ul style="list-style-type: none"> Difficulties with English or literacy Adequacy of developmentally appropriate nutrition information Unusual dietary belief (religious or food fad constraints on permitted foods): are some foods perceived as dangerous?
Adequacy of financial resources: <ul style="list-style-type: none"> Benefits: TANF, SSI 211 (www.az211.gov) Unemployment
Adequacy of food resources: <ul style="list-style-type: none"> Food Stamps (now Supplemental Nutrition Assistance Program-SNAP) Food Bank Recent change in food budget (cuts or increases in benefits, new mouths to feed, job gain or loss) Family's knowledge of how to budget food purchasing
Material resources for food preparation and storage: <ul style="list-style-type: none"> Refrigeration Cooking facilities Running water



Dietary assessment:

- 24-hour dietary recall/typical day
- Food frequency

Adapted from the American Academy of Pediatrics, *Pediatric Nutrition Handbook*, Sixth Edition

Formula Intake Recommendations			
Baby's Weight	Expected Total Daily Formula Intake		
	20 kcal/oz	22 kcal/oz	24 kcal/oz
4.5 pounds	12	11	10
6 pounds	16	15	14
8 pounds	22	20	18
10 pounds	27	25	23
12 pounds	32	30	28

Note: kcal = calories; oz = ounces

High Risk Counseling Summary Table		
Risk	General Recommendations	Emotion-based Language
Risk 103- Underweight or at Risk of Becoming Underweight	<ul style="list-style-type: none"> • Offer breast milk or iron-fortified formula for the entire first year of life. • Explain infant feeding cues. • Review formula preparation recommendations if formula feeding. • Referral to Health Care Provider. • Ask doctor about high calorie formulas if formula feeding. 	<p>"I know that you are concerned about your baby's weight, and you're a good mom because of it. Your doctor has recommended that we switch his formula so that it is more concentrated and has more calories that may help her grow better.</p> <p>What can I do to help you be the most successful with this? Do you mind if we talk a little about what Baby does to communicate with you?"</p>
Risk 134- Failure to Thrive	<ul style="list-style-type: none"> • Offer breast milk or iron-fortified formula for the entire first year of life. • Explain infant feeding cues. • Review formula preparation recommendations if formula feeding. • Referral to Health Care Provider. • Ask doctor about high calorie formulas if formula feeding. 	<p>"You must have been really scared and confused when your doctor diagnosed Baby with failure to thrive. I want you to know that you are a great mom for bringing her into WIC today and that it's obvious you want to do all you can to help her.</p> <p>How do you think you can feed her today to make a difference in her tomorrow? Do you want to talk about some things that have helped other moms like you?"</p>



High Risk Counseling Summary Table		
Risk	General Recommendations	Emotion-based Language
Risk 141- Low Birth Weight (Children less than 24 months)	<ul style="list-style-type: none"> • Offer breast milk or iron-fortified formula for the entire first year of life. • Explain infant feeding cues. • Review formula preparation recommendations if formula feeding. • Referral to Health Care Provider. • Ask doctor about high calorie formulas if formula feeding. 	<p>(For a baby who is growing on their growth curve, though it may be at 5% or 10 %.) “Oftentimes parents who have babies with low birth weights try to feed the baby as much as possible because they want to do everything they can to help them grow.</p> <p>Fortunately, babies know how much they need, even the ones who were born at a lower weight. Your baby trusts you to listen to his signals when he has had enough. What are your thoughts on this?”</p>
Risk 142- Pre-maturity (Children less than 24 months)	<ul style="list-style-type: none"> • Offer breast milk or iron-fortified formula for the entire first year of life. • Explain infant feeding cues. • Review formula preparation recommendations if formula feeding. • Referral to Health Care Provider. • Ask doctor about high calorie formulas if formula feeding. 	<p>“Baby came a little earlier than we expected, didn’t he? That must have been quite a surprise for you, and I’m sure you were very worried.</p> <p>If possible, I would like to hear what your concerns are about your little miracle. Perhaps I can help guide you to make decisions that will impact her life long after she’s a baby.</p>
Risk 151- Small for Gestational Age	<ul style="list-style-type: none"> • Offer breast milk or iron-fortified formula for the entire first year of life. • Explain infant feeding cues. • Review formula preparation recommendations if formula feeding. • Referral to Health Care Provider. • Ask doctor about high calorie formulas if formula feeding. 	<p>(After baby has been coming to WIC for a few months.) “I’m really happy to see you and Baby back. She is so beautiful! You must be so proud of her.</p> <p>Like last time, let’s see how she’s growing and talk about how you’re feeling now that you have been a mom for a few months. It can be a blessing and a challenge at the same time, right?”</p>



High Risk Counseling Summary Table

Risk	General Recommendations	Emotion-based Language
Risk 201- Anemia	<ul style="list-style-type: none"> • Offer breast milk or iron-fortified formula for the entire first year of life. • Offer iron-fortified cereal and/or pureed meats, egg yolks, and mashed beans for infants 6 months and older. • Avoid cow's milk until infant's first birthday. • Referral to Health Care Provider. • Talk to your baby's physician about vitamin/mineral drops with iron. 	<p>"Thank you for helping baby be brave as we took her blood. When I tested her blood, I found that her hemoglobin, or iron, is low. Fortunately, you know your baby best, and if you want, I can help you see if we can get that iron a bit higher.</p> <p>Your baby may get sick less often, and you will feel better knowing that you are doing everything you can to make her as strong as possible. How would you feel if we talking about feeding time?"</p>
Risk 341- Nutrient Deficiency Disease	<ul style="list-style-type: none"> • Offer breast milk or iron-fortified formula for the entire first year of life. • Offer a variety of foods, including iron-fortified cereal, pureed meats, egg yolks, and mashed beans, pureed/soft fruits, and pureed/soft vegetables to infants over six months of age. (Slowly introduce each new food.) • Referral to health care provider. • Ask doctor about vitamin/mineral drops. 	<p>"Thank you for taking the time to talk to me today. I know you are a busy dad with lots of things on your plate. You told your WIC certifier that Baby had been diagnosed with rickets. That must have been a tough appointment for you and your wife! I'm glad you are working with your doctor and with WIC to solve this.</p> <p>When your baby grows up, she will know how hard you worked to keep her safe and healthy. Please tell me a little bit about what your doctor recommended.</p>



Counseling Tool(s) (Circle Chart)

See attached.

Teaching Resources

Belly Balls

Touching Hearts Touching Minds Materials:

- #1: No Cereal Zone (Infant Feeding 0-6 Months)
- #2: The Airplane (Infant Feeding 6 Months)
- #3: Teaching Colors (Infant Feeding 6-8 Months)
- #4: Smiley Face (Infant Feeding 8-12 Months)
- #5: Babies Blossom (Infant Development)
- #6: Other Uses for Bottles (Weaning)
- #8: Ultrasound (Mother Support)
- #9: Baby Legs (Postpartum Weight Loss)
- #11: Vegetable Baby Face (Introducing Vegetables)
- #38: Keep Him That Way with Iron (Iron)

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