

**CHILDHOOD AND POST PARTUM NUTRITION
CLIENT DISCUSSION SESSIONS**

SELECTION OF CHILDHOOD AND POST PARTUM DISCUSSION SESSIONS

"Your Own Eating Style: How To Fit It Into the Pyramid." (Session C-1 and L-1)

During this session, the client will receive individual counseling from a qualified nutritionist and design their own nutrition goals to fit within the Food Guide Pyramid in order to improve their nutritional status and wellbeing.

"Eating Within the Pyramid." (Session C-2)

The client will continue to work on their individual nutrition goals using the Food Guide Pyramid as a framework and develop at least one strategy to meet their goal.

"Taking Care of Yourself." (Session L-2)

The post partum client will set personal goals to take care of herself after the birth of the baby, and identify strategies to manage the change in her life as a result of the new baby.

"Your Child's Developmental Stages." (Session C-3)

The client will learn about their child's developmental patterns related to what the child is able to eat, and share ideas for new and appropriate foods to offer their child based on their child's developmental stage.

"Creative Healthy Snacks for Kids." (Session C-4)

The client will share and receive ideas for new and exciting healthy snacks for children.

"Tooth or Consequences -- A Healthy Mouth" (Session C-5)

The client will learn proper techniques for taking care of their child's teeth as well as tips for future good dental care.

"Ironing It Out -- Getting Enough Iron In Your Diet"

(Session C-6)

The client will share their experience and learn more about anemia and its effect on health, and how to identify foods high in iron content.

"Creative Survival Kit For Your Lactose Intolerance and Milk Allergy."

(Session C-7)

The client will identify symptoms of their child's lactose intolerance and will share creative ways to manage their child's diet and lifestyle.

CERTIFICATION

OBJECTIVE:

The WIC participants will receive individualized counseling from a nutritionist and identify a nutrition goal to improve their diet within the nutritionist's recommendations.

BACKGROUND INFORMATION:

- 1) "Facilitating WIC Discussion Groups" at the beginning of this document (page Intro-1).
- 2) All sources listed in the Childhood and Post Partum Study Guides may be relevant.
- 3) "Goal Setting" -- follows this summary.

METHOD:

The WIC nutritionist will use active listening skills to address the participant in a one-on-one discussion that targets particular concerns of each individual woman and/or child. The nutritionist will review client information, note possible areas of need, and provide information, referrals, and follow-up scheduling as necessary.

MATERIALS NEEDED:

- 1) Food Guide Pyramid: A Guide to Daily Food Choices (Poster).
- 2) Food Frequency Tool.

SESSION OUTLINE.

1) Opening the Session.

(Note: for recertification, research goal from 6 months previously to discuss with client. Ask client about any progress toward the last goal and whether they want to keep that goal or set another one).

- Assess diet.
- Assess other risk factors.
- Describe risks to client and describe intake assessment using the Food Guide Pyramid. Write in number of servings on Food Guide Pyramid.

2) Ask general, non-specific, open-ended questions to stimulate the participant and to focus on their diet and goal-setting:

- *"Given what you've told me about your diet, what are some ideas you may have for working on it?"*
- *"If you could do one very small thing to change your diet, what would you do?"*
- *"When you think of healthy eating what comes to mind?"*
- *"What is a healthy eating style and how will you get there?"*

Help the client choose one achievable goal to address for their certification period. Be sure that client's goal is realistic. This entails taking only a small part of their long-term goal for the next few months. Be **SUPPORTIVE** and **NON-JUDGEMENTAL**. Document goal on Food Guide Pyramid and on Food Frequency Form. Refer to "Goal Setting" (Appendix). Explain how WIC foods will help to improve client's diet and the importance of eating the food.

Develop a nutrition plan for the participant.

3) Explain to the parent or guardian the importance of attending the nutrition discussion sessions.

4) Choose the discussion sessions the client would like for that certification period.

Note: if the client is a high risk client (for example, Priorities I-III), suggest that they attend the appropriate sessions tailored to their risk factors.

5) Refer other (lower-risk) program categories to WIC facilitated session summaries for their first session.

6) Summarize the key points of the goal set by the client.

GOAL SETTING

A goal is a particular kind of decision -- an action decision with a plan. To accomplish goals we need to believe that we have the ability to affect change. It helps to anticipate possible barriers, so these can be factored in for realistic success. The object of goal-setting is to be successful, and change in small steps that over time will be monumental. By affecting health behaviors, we're hoping all our clients and their families live to be a hundred!

*** Goals Need To Be Specific and Measurable.**

If your client is unsure what they would like to do to improve their health-related lifestyle, have them describe, as thoroughly as possible, an area they wish to improve. This description will probably allow them many possibilities for small goals. They then need only pick the one or two they wish to try first.

*** Be Realistic, Not Perfectionistic.**

When goals are unrealistic, they often set the stage for failure. One may think the goal isn't dramatic enough, so why bother. The small successes set us up for bigger and bigger successes. Since change is a lifelong process, these small successes set the stage for continued growth. We build self-confidence and self-esteem if we succeed even in the small things. Help your clients set themselves up for success.

*** Choose Small Steps That Focus On Behavior.**

Behaving in a consistent, persistent manner will produce the change that is desired. There may be a big goal at the end, but many, many small goals get us there.

*** Be Flexible and Reset Goals If Necessary.**

The American way is to bite off more than we can chew. When this happens, our clients need to give themselves permission to reset the goal.

*** Plan the Reward -- Even If It's a Compliment We Give Ourselves.**

Our clients need to congratulate themselves when a goal has been achieved. Doing this on a daily basis each time an action has been completed correctly offers positive reinforcement and helps assure that good behavior continues. Some class time spent in

having the clients share their goal for change helps to firm up that goal in their minds. By sharing it, they also tend to feel more committed to achieving it -- their word is on the line. If a client does not wish to share a goal, remember they have the option of passing and being respected for that decision.

*** Suggestions From the Experts.**

- Write the goal on a card.
- Read the statement in the morning and before retiring at night.
- Visualize the accomplishment of the goal being as detailed as possible.
- Feel the great feeling of having accomplished your goal.

Sources: "See You at the Top", Z. Zigler.

"How To Put More Time In Your Life", D. Scott.

"Seeds of Greatness", D. Waitley.

Food Guide Pyramid

Pirámide del Guía Alimental

Fats, Oils & Sweets

Grasas, Aceites y Dulces

KEY - CLAVE

- Fat (Naturally Occurring and added.)
- Sugars (Added)
- Grasas (Ocurriendo en forma natural y agregadas.)
- Azucares (Agregadas)

Milk, Yogurt & Cheese Group

Grupo de Leche, Yogurt y Queso



Meat, Poultry, Fish, Dry Beans, Eggs & Nut Group

Grupo de Carne, Aves, Pescado, Frijoles, Huevos y Nueces (Cacahuete, Mani, etc.)



Vegetable Group

Grupo Vegetal



Fruit Group

Grupo Frutal



Bread, Cereal, Rice & Pasta Group

Grupo de Pan, Cereal, Arroz y Pasta



Source: United States Department of Agriculture / Sors: Departamento de Agricultura de los Estados Unidos

Name / Nombre _____

Nutrition Goal(s) / Meta(s) Nutritiva(s) _____

FEELING GOOD BY EATING RIGHT

ALTERNATIVE TITLES:

"Healthy Eating, Ages 2-5".

"Kid Power".

"Growing Healthy Youngsters".

"Sensible Eating During Childhood".

"Smart Food Buying".

"The Food Guide Pyramid".

"Point of Purchase".

OBJECTIVE:

The client will identify one nutrition goal to achieve a healthy diet and develop at least one method to improve their diet.

BACKGROUND INFORMATION:

- 1) "Getting Along With Milk", National Dairy Council, Rosemont, IL, 1987.
- 2) "How to Buy Fresh Fruits and Vegetables", United States Department of Agriculture Pamphlet, 1967.
- 3) "Good Eating for the Young Child", University of Iowa Hospital, Dietary Department, 1982.
- 4) "Child of Mine", E. Satter; Bull Publishing Co., Palo Alto, CA, 1991.
- 5) "Your Baby and Child", P. Leach; Alfred A. Knopf, New York, NY, 1992.
- 6) "Feeding Your Child", L. Lambert-Lagace; Toronto General Publishing, Toronto, 1982.

- 7) Child Nutrition Pointers for children aged 1 to 5 years.
- 8) Motivation to Achieve a Healthy Diet: Self Esteem Exercise.

METHOD:

Involving participants in a facilitated group discussion. For this particular session, several "Alternative Methods" are listed before the study guide.

MATERIALS NEEDED:

- 1) Five A Day Video (optional -- may be shown in the waiting room).
- 2) Food Pyramid Poster (optional).
- 3) Local Grocery Store Ad Circular (optional).
- 4) Flip Chart or Writing Board to list ideas.

DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

- 1) Opening the Session.
 - * Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practice speaking to the group. Begin by having each person introduce themselves.
 - * Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

- 2) Ask general, non-specific, open-ended questions to open up the session and focus the discussion. For example:
 - *"Has anyone heard about the new Food Pyramid?"*
 - *"How do you try to work variety into your diet?"*
 - *"How do the portion sizes you receive in restaurants compare with those you usually eat at home?"*
 - *"What are the barriers you see to eating a wider variety of foods?"*
 - *"What role does variety play in the diet?"*
 - *"If you could have more time or money to spend on your diet, what would you choose and why?"*
 - *"What can you do when you eat away from home to try to work in the Food Pyramid more often?"*
 - *"What creative ways have you used to work more fresh fruits and and vegetables into your childrens' diets?"*
 - *"When you pick a restaurant to go to, what is important?"*

3) If necessary, help refocus the discussion on any of the following topic areas or specific issues:

*** Food Pyramid**

- Serving Sizes
- Foods Within the Pyramid
- Pyramid Review
- Leader Nutrients
- Variety
- Barriers to following the pyramid
- Expense
- Time
- Cooking Skills

*** Point of Purchase**

- Fast Foods and Restaurants
- Being away from home
- Quick, Simple Recipes
- Plan Your Leftovers

*** Smart Buying (see Alternate Method 1, below)**

- Coupons
- Brand Names
- Impulse Buying
- Unit Pricing
- Where to Shop
- Reading the Ads
- Nutrition Labels
- Meal Planning

*** Self Esteem Exercise**

- Define Yourself as a Healthy Eater.

4) Closing the Session.

- * Summarize the key points of the discussion.
- * Thank everyone for their participation.
- * Close the meeting.

ALTERNATIVE METHODS:

* Alternate Method 1.

The weekly grocery ad flyer is a great way to plan menus and assist the client in staying within a budget.

The weekly grocery flyer can be used to present The Food Guide Pyramid in a practical way. Here are some questions to help guide the discussion about food groups, planning menus, and family eating goals:

- *"What are some foods on the grocery sale circular that are included in the bread & cereal group, the milk group, the fruit and vegetable group, and the meat group?"*
- *"What foods do you think are an especially good value?"*
- *"How much do you need to buy to feed your family a serving size?"*
- *"What are some foods on the Pyramid that your family likes and how do you serve them?"*
- *"How do you normally plan your family menus?"*
- *"Compare snack foods with fruits and vegetables. Show how expensive the snack foods are per serving."*

* Alternate Method 2.

"Can You Help?": these case studies are examples of situations our clients find themselves in. By solving case studies, they may find possible solutions to some of their food related questions.

(Note: the following case study may be used, or a client might want to give their own example).

CASE STUDY I

My family eats a lot of hamburger and starches because I can't afford to buy the leaner cuts of meat to feed seven people. We also have started relying on snack foods such as potato chips because it is cheaper than cheese, and koolaid because it is cheaper than apple juice. I don't have time to analyze menus, make up shopping lists and hop from store to store for special sales. Nor do I have time to prepare elaborate meals. What can I do?

Topic-leading questions:

- *"What are other meat and high protein foods that are priced about the same as hamburger?"*
- *"What are some recipes that your family prepares with these high protein foods?"*
- *"How can we make hamburger less fatty? How can we reduce the fat content when we prepare hamburger and other meats?"*
- *"What are other recipes that can be fixed with hamburger for variety?"*
- *"Are starches such as potatoes, rice, noodles, and tortillas good for us? Why or why not?"*
- *"What are some other snack foods that cost less than potato chips?"*
- *"What are some other beverages that a child could have for a snacks?"*

CASE STUDY II

I want to feed my kids aged 3 and 6 a "power packed" dinner or at least a balanced one. They eat breakfast and lunch at the baby sitter's and when they get home with me they are starved. I don't have an hour to fix them something fancy; I need meals that are fast, kid pleasing, and good for them. Do you have any suggestions?

Topic-leading questions:

- *"What are some examples of prepare-ahead meals that your family likes?"*
- *"Does anyone here have this situation? What do you do?"*
- *"What does a meal have to have to be balanced?"*
- *"What fast meals does your family like that include food from the Pyramid of good eating?"*

THE FOOD GUIDE PYRAMID

Study Guide

THE FOOD GUIDE PYRAMID

The Food Guide Pyramid is a visual presentation of the dietary recommendations for Americans. It is an outline of what should be eaten daily. The Pyramid recommends eating a variety of foods from five food groups. The food groups provide nutrients for good health and weight maintenance:

Bread, Cereal and Pasta Group	6-11 Servings
Fruit Group	2-4 Servings
Vegetable Group	3-5 Servings
Meat, Poultry, Fish, Dry Beans, Eggs and Nut Group	2-3 Servings
Milk, Yogurt and Cheese Group	2-3 Servings
Fats, Oils and Sweets	Use Sparingly

* DIETARY GUIDELINES

Guidelines have been identified to make recommendations for the number of servings of each food group for children, adults, pregnant teens, pregnant women and lactating women (see next page):

RECOMMENDED DAILY FOOD GUIDE

FOOD GROUP	NUMBER OF SERVINGS				
	Children*	Adult	Pregnant Teen	Pregnant Woman	Lactating Woman
Protein: Meat, Poultry, Fish, Beans, Eggs and Nuts	2+	3-4	4	4	4
Milk, Yogurt and Cheese	3 -4	3-4	4	4	4
Grain: Bread, Cereal, Rice and Pasta	6+	6-11	6-11	6-11	6-11
Vitamin C-Rich Fruits and Vegetables	1+	1	2	2	2
Dark Green/Orange Fruits and Vegetables	1	1	1	1	1
Other Fruits and Vegetables	2+	3-4	3-4	3-4	3-4
Fats and Oils	3	3	3	3	3

* Younger children (1-3 years old) may need smaller servings and sizes, but should have a variety of foods.

THE BREAD, CEREAL, RICE AND PASTA PYRAMID GROUP

The Food Guide Pyramid recommends eating 6-11 servings from this food group. It is necessary to include enriched or whole grain breads and cereals in the diet. These foods contribute B Vitamins and Iron to the daily diet.

*** Suggestions for Serving Grains:**

- Make sandwiches on bread variations, bagels, or whole wheat bread.
- Use rice, noodles, oats and corn meal in main dishes.
- Serve different kinds of salads (for example, pasta salads) for a change.
- Offer whole grain breads for breakfast and snacks.
- Try serving spanish rice with tacos or burritos.
- Combine cold pasta (spaghetti or macaroni) with ham or tuna, peas, carrots, onions or green pepper. Add a small amount of dressing for a taste-pleasing pasta salad.
- Serve fruit muffins made with whole wheat flour or oatmeal.
- Stuff pita bread with vegetables, cooked dry beans and cheese.
- Try whole-wheat crackers or cornbread with chili.
- When serving breads or rolls, offer both whole-grain and enriched.

THE FRUIT PYRAMID GROUP

The Food Guide Pyramid recommends eating 2-4 servings a day from the Fruit Group. Fruits provide Vitamins A and C to the diet. They contain other nutrients such as Calcium, B Vitamins and Iron.

*** Suggestions for Serving Fruit:**

- Serve fresh fruits in season; for example, pineapple, tangerines, peaches, plums, berries, oranges, apples, pears, bananas, cantaloupe and grapes.
- Add pieces of fresh or frozen fruit to canned fruit cups. Add berries or apple pieces to pineapple chunks.
- Select canned fruits packed in light syrup or natural juice rather than in heavy syrup.
- Replace higher fat desserts with fruit.
- Add fruit to main dishes. Try peaches or apricots with baked chicken or turkey.
- Introduce unfamiliar fruits, such as kiwi, figs, papaya, and mango, as part of the WIC session.
- Blend fruit, milk, ice cubes, and a teaspoon of sugar for a delicious smoothie.
- Try making fruit leather out of blended fruits or apple sauce.

TAKING CARE OF YOURSELF, AFTER THE BABY

ALTERNATIVE TITLES:

"The New Me".

"Body Beautiful".

OBJECTIVE:

The client will set a goal to take care of herself and to manage the change in her life as a result of the new baby.

BACKGROUND INFORMATION:

- 1) Required Study Guide (follows).
- 2) "What to Expect in the First Year", Eisenberg, Hathaway, and Merckoff; Workman, New York, NY, 1989.

METHOD:

Involving participants in a facilitated group discussion.

DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

- 1) Opening the Session.
 - * Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practise speaking to the group. Begin by having each person introduce themselves.
 - * Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

- 2) Ask general, non-specific, open-ended questions to open up and focus the discussion:
 - *"What has been one tough situation you've had since the baby was born?"*
 - *"What is one a change that has happened as a result of becoming a mom?"*
 - *"What is one thing that you have done for yourself since the baby was born?"*
 - *"What activities have you attempted while holding the baby?"*
 - *"What do you think is the difference between dieting and healthy eating?"*

Team off and talk for one minute about yourselves then introduce your partner to the group.

- 3) Continue the discussion by focusing on any of the following topics:
 - Weight Management: selecting a weight control program.
 - Food for stress management.
 - Getting a night's rest.
 - Beauty and the Beast: food and self-esteem.
 - Food for the blues.
 - Food on the run: returning back to work or school.

POST PARTUM DISCUSSION SESSION L-2

TAKING CARE OF YOURSELF, AFTER THE BABY

Study Guide

WEIGHT MANAGEMENT

The use of **realistic** goal-setting can be very advantageous in weight management. The key to weight management is the ability to set very small goals each week, and to resume the plan after going off it unexpectedly.

Use the Food Pyramid to review the rationale for eating from all food groups. Discuss the benefits with the mother of having a well rounded diet, especially in the areas of weight management, stress management, post partum blues etc.

Discuss the following food items:

* **Sugar:**

Excess sugar in the diet can cause tooth decay, obesity and /or malnourishment, and once a "sugar high" has ended, deep lows in energy and spirit often follow.

* **Caffeine:**

Excess caffeine can lead to jitteriness, emotional instability, and at doses of 10 cups of coffee or more, ringing in the ears, delirium, irregular heartbeat, muscle tension and trembling.

* **Saccharin:**

Saccharin is suspected of being a weak carcinogen and although moderate intakes of aspartame (Equal, Nutrasweet) have not been shown to be hazardous, the effects of excessive amounts over long periods are as yet unknown.

* **Alcohol:**

Excesses of alcohol can impair your abilities to cope sanely and safely with the tasks of mothering. Alcohol can aggravate post partum depression, and presents a potential physical and emotional harm for the entire family.

* **Empty Foods:**

Excesses of any or all nutritionally empty foods (such as sugar) or beverages (such as wine, beer, hard liquor, or soft drinks) can interfere with your intake of necessary nutrients.

* **Smoking:**

Any amount of tobacco use can increase your child's risk for a variety of illness (colds, upper respiratory infections, asthma).

* **Drugs:**

The use or abuse of any drug can be damaging to your relationship with your child, threaten your child's health and safety, and be catastrophic to any future pregnancies.

A NIGHT'S REST

Rest will not be necessarily in the pattern the mother has developed for coping since the baby was born. Naps taken at the same time as the baby naps will become important. Getting enough rest ensures a better milk supply for breastfeeding. Remind moms that the night feedings are important and a common pattern for babies, it does not indicate that the baby is not getting enough to eat or that cereal needs to be introduced. Taking the opportunity to rest by breastfeeding and/or bottlefeeding, or holding the baby while it eats is important not only for rest but for bonding. Allow others to help particularly with nighttime feedings, like going to get the baby.

SELF-ESTEEM AND POST PARTUM BLUES

With the birth of the baby the focus switches from the mom to the baby. This frequently causes the mom to experience feelings such as being part of the background, feelings of inadequacy, feelings of guilt, mourning for "the old you", unhappiness over your appearance, and lack of support. Things for them to do include:

- Getting out of the house.
- Asking for help with the house.
- Asking for help with the baby or other children.
- Talking about their feelings of not being appreciated.
- Looking their best so they can feel their best.
- Getting active.
- Making some time for themselves.
- Getting together with other new moms they know and comparing their new "way of life".

EXERCISING AFTER THE BIRTH OF THE BABY

If the participant had a normal delivery and is in good health, they can usually follow a simple exercise program. If they have any concerns recommend they ask their physician.

Guidelines for safe and sane exercise include:

- Stick to a schedule.
- Don't rush.
- Start slowly.
- Avoid competitive sports.
- Do muscle toning exercises.
- Do five minutes of warm ups.
- Cool down at the end of the sessions.
- Be careful to not get up too quickly because of possible dizziness.
- Avoid vigorous exercise in hot weather or when you have a fever.
- Drink plenty of fluids before and after (water is the best).
- Stop exercising immediately and notify your doctor if you experience any of the following symptoms: pain, faintness, dizziness, blurred vision, shortness of breath, palpitations (your heart seems to tremble, flutter, or race), back pain, pubic pain, nausea, difficulty walking, or a sudden increase in vaginal bleeding (if brown or pink lochia turns red after exercise, you are overdoing it).

Babies are great for exercising. Most babies love lying on mommy's chest during calisthenics sessions; snuggling in a baby carrier while she pedals a stationary bike, works a rowing machine, skiing machine, or treadmill; and being pushed in a stroller or carriage while mommy walks or jogs. Infants should not be bounced while you jog or propped up on a bike if the baby can't sit independently.

FAMILY PLANNING

Ask Nurse or Nurse Practitioner to help with this session if possible. One of the most important things for new moms to think about is that they can get pregnant before they have a period. The body needs to recover from a pregnancy before starting another one. There are many adjustments that a woman must go through when a baby enters her world, and time for this is important. Teenagers's bodies usually need longer for recovery because they are still growing and need adequate quantities of nutrients. The methods of birth control that affect nutritional status are birth control pills, Norplant, and IUD. Please check with Nurse Practitioners for any updated information.

DEVELOPMENTAL STAGES

ALTERNATIVE TITLES:

"Feeding the Toddler"

"Food for the Terrific Twos"

"Your Toddler's Developmental Readiness"

OBJECTIVE:

The client will name and discuss ways of offering appropriate foods based on their child's developmental state.

BACKGROUND INFORMATION:

- 1) Required Childhood Nutrition Study Guide Information (follows).
- 2) "Child of Mine", E. Satter; Bull Publishing Co., Palo Alto, CA, 1991.
- 3) "Nutrition in Infancy and Childhood", 3rd Edition, P. L. Pipes; Mosby College Publishing, St. Louis, MO, 1981.
- 4) "Your Child's Health, A Pediatric Guide for Parents", B. Schmitt, M.D.; Bantam Books, New York, NY, 1987.
- 5) "Parents' Guide to Feeding Your Kids Right", K. Moloney; Prentice Hall, New York, NY, 1989.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

- 1) Reference books/manuals listed above.
- 2) Developmental nutrition pamphlets (to provide to participants on the basis of individual needs).
- 3) Flip charts and markers (optional).

DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

1) Opening the Session.

- * Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practise speaking to the group. Begin by having each person introduce themselves.
- * Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

2) Ask general, non-specific, open-ended questions to open up and focus the discussion on any of the following topics:

- *"What is a favorite food that your child eats and enjoys at this particular time in his or her life."*
- *"What is a food that your child does not eat?"*
- *"How old are your children and what are their favorite foods to eat right now?"*
- *"What are your child's specific eating habits?"*
- *"What foods does your child avoid?"*
- *"Do you fix any certain foods for your child that they eat especially well?"*
- *"What foods do you order for your children in a restaurant and why?"*
- *"Are there any foods you don't think your child should have because of his age and what are they?"*
- *"Do you know any foods that children might choke on?"*
- *"How do you make mealtime more comfortable for your child?"*
- *"Can your child use one utensil better than another?"*
- *"What are some of the things you have learned from others about feeding children?"*

- *"What do you consider your responsibilities at mealtime, and what are your child's?"*
- *"Has anyone had a child who insisted on eating only one thing for a long time? What was it and how long did this last?"*
- *"How do you try to control what your child eats?"*
- *"What is something you noticed recently about your child's eating skills that might have changed?"*

Ask the participants to give the ages of their children and describe something their child does that is funny or even confusing.

3) Possible Discussion Topics:

- * Positive Experience to Fit Developmental States.
- * Food Appearance and Textures.
- * Comfortable Physical Setting.
- * Utensils.
- * Cups and Plates.
- * Being Tired and Overstimulated.
- * Distractions.
- * Guidelines for Setting Discipline:
 - Weaning.
 - Temper Tantrums.
 - Social Interaction.
 - Different Personalities.
 - Overmanaging Your Child's Meals.
 - Tiredness.
 - Divided Responsibility.
 - What Your Grandmother Said.

4) Closing the Session.

- * Summarize the key points of the discussion.
- * Thank everyone for their participation.
- * Close the meeting.

DEVELOPMENTAL STAGES

Study Guide

DEVELOPMENTAL STAGES

During the time from one to five years, a child's rapid infant growth rate slows down and his/her food intake decreases as well. Many children normally gain only 4 to 5 pounds per year during these years, in contrast to the 15 pounds gained during the first year of life. A child this age usually causes concern for parents because of their eating habits. Common concerns and frustrations include:

- the child is not eating enough;
- the child will only eat a few foods;
- the child wants those foods again and again;
- the child dawdles with his/her food;
- the child drinks too much or too little milk.

Kids eat as much as they need for growth and energy. By helping parents understand why children eat as they do, a feeding problem is on the way to being solved.

Children develop in an orderly pattern physically, emotionally and psychologically. Eating is always dependent on the abilities of the eater. When parents understand what children are telling them something by the way they eat, rebellion against food can be lessened and future food refusals reduced. Realizing that a 2 year old child may have a sporadic appetite may prevent long-lasting battles over food. A toddler's task is to find out and prove to themselves and you that they are a separate person from you. Toddlers would rather exert their independence than eat.

Food jags are common, and dislikes may change from day to day and from week to week. Appetites are usually erratic and unpredictable during this period. The child may eat hungrily at one meal and completely refuse the next. The evening meal is generally the least well received and is of the most concern to parents. It is possible the child has consumed two meals and several snacks, and has met his/her energy and nutrient needs before dinnertime. In this instance, consumption of limited amounts of food may be appropriate.

Another mealtime behavior that is quite common is for a child to refuse foods that have touched other foods. Trying to get a toddler to eat casserole could create conflict. Serve one food at a time or provide a compartmentalized plate that keeps foods separate.

Few children conform to a three-meal-a-day pattern. Preschool children consume food an average of 5 to 7 times per day. Food preferences during the preschool years seem to be for the carbohydrate-rich foods that are easier to chew. Cereals, breads, and crackers are often selected in preference to meat and other protein-rich foods. Fibrous meat may be difficult for the

preschooler to chew. Encourage the use of softer, easier-to-chew meats and protein-rich foods. Babies begin to develop teeth during infancy, but it's not until toddlerhood, when a full set of teeth grows in, that a child really begins to use them. Even if the child has no teeth, it's important to introduce soft table foods like bananas and mashed potatoes. At about one year of age, children often have a set of molars, allowing them to chew and even grind some foods.

Children often accept raw vegetables more readily than cooked ones. Since familiarity with food is felt to influence its acceptance, new foods should be offered frequently, even though they have been previously refused. Food should be presented without comment and the child permitted to consume amounts that he/she desires without any conversation focused on what or how much is being eaten. The child's appetite may decrease even further if parents try to force the child to eat more than he/she needs. Parents fear that the decreased eating might cause poor health or a nutritional deficiency, but neither is true. Don't discuss food intake in your child's presence. Draw the child into a conversation about fun subjects unrelated to food, or talk about what's happened during the day. Avoid making mealtime a time for criticism or struggle over control. **Don't give bribes or rewards for meeting your eating expectations.**

The toddler will be learning to crawl, walk and run, to climb and to manipulate objects around them. They will be gaining more control over the fine muscles in their hands and arms so they can manipulate food better, learn to use eating utensils, and drink from a cup. Use a child-sized plate and utensils. A smaller plate will help the parent offer smaller proportions that don't overwhelm the child. Be aware of child-sized portions. Give less than you think your child will eat and let them ask for more. To help a child feel successful reinforces the behavior we hope to encourage. Children develop desirable feeding patterns when they feel successful and when negative behavior is ignored.

Give the child sturdy non-breakable utensils. The spoon, which is the first utensil a child uses, should have a round, shallow bowl and a blunt tip. A handle that is blunt, short and easily held in the child's palm is desirable. At this age a child uses the hand as a mass of muscles. Only after the age of 5 or 6 does the child gain control over the finer muscles of the fingers.

Provide a cup with a broad base that sits firmly on the table. It should be small enough so the child can encircle it with his/her hands, or it should have handles so the child can hold it more easily. Don't insist that the child use silverware. If allowed to feel, mash, and smell while exploring new food, the child is more likely to accept it.

Appropriate food selection can help the toddler feel more competent. Young children often have trouble swallowing dry food. Adding extra milk to thin their mashed potatoes is an example of a way to make food more appropriate for this age group. Other suggestions are:

- Make some foods soft and moist. If you serve dry meat, have creamed peas too.
- Cut foods into bite-sized pieces.

- Serve the toddler foods at room temperature.
- Give salads without dressing to be eaten as finger food.
- Make soups thin enough to drink from a cup or thick enough to spoon easily.
- Put a little extra color in foods. Children have a natural interest in colorful food and will comment on food to which a bit of parsley or a small amount of grated carrot has been added. Children may insist on having their sandwiches quartered or may refuse to eat carrot sticks, but they will eat carrot slices without protest.

In general, children seem to reject foods with strong flavors such as those in the cabbage and onion family. These vegetables are often more popular when served raw. If cooked, it is recommended that they be placed in an excessive amount of cooking water so that some of the strong flavor can be thrown away (some of the nutrients will be discarded, but the food will more likely be accepted.)

Pay at least as much attention to what foods you are offering and the way you are offering them as to what the child is eating.

You are responsible for what your child is offered to eat, where and when it is presented, but not how much of it the child eats.

Parents who criticize or manage or intrude on eating too much have children who don't eat well. Meals that are served at the same time each day generally promote a good appetite. Healthy, hungry children will eat if they are given a calm atmosphere in which to do so. Physical comfort is also an important consideration. The child should feel secure on a sturdy, well-balanced chair with their feet supported. They should be able to reach the food on their plate easily.

Sometimes, children get so tired or stimulated from play that they don't feel like eating. Try spending a few minutes with the child before offering the meal. Perhaps you could read a book to help settle the child down. It is also important to recognize that much social interaction occurs at mealtime. This may be overwhelming to the toddler who is learning not only to eat and interact at the same time, but also to master the use of utensils as well as eat new foods.

When introducing new foods, try serving them in small portions at the hungriest time of the day. Children learn to like food by tasting it time after time. It may also help to introduce the new food along with a familiar and popular food. If a child only looks at the new food or just feels or smells it at first, this is part of learning to accept it.

Children learn to feed themselves independently during the second year of life. Spilling and messiness is common during the first half of the year, but by their second birthday most children spill very little. The 15 month-old child will still have difficulty scooping food into his/her spoon and in bringing it to the mouth without spilling it because of lack of wrist control. Children are interested in how food feels and often prefer finger feeding to spoon feeding. Foods that provide opportunities for finger feeding should be provided at every meal. By 15 months, children can manage the cup but they may have difficulty in lifting and tilting it and lowering it to it's tray after drinking.

HEALTHY SNACKS

OBJECTIVE:

The client will be able to select healthy snacks for children.

BACKGROUND INFORMATION:

- 1) Required Childhood Nutrition Study Guide (follows).
- 2) "Child of Mine", E. Satter; Bull Publishing Co., Palo Alto, CA, 1991.
- 3) "How to Get Your Kid to Eat...But Not Too Much", E. Satter; Bull Publishing Co., Palo Alto, CA, 1987.
- 4) "Parents' Guide to Feeding Your Kids Right", K. Moloney; Prentice Hall, New York, NY, 1989.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

- 1) Reference books/manuals listed above.
- 2) Childrens Snack Pamphlets (to provide to participants based on individual needs).
- 3) Flip charts and markers (optional).

DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

1) Opening the Session.

- * Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practise speaking to the group. Begin by having each person introduce themselves.
- * Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).
- * Alternative Icebreaker exercises:
 - Choose a partner and talk about one of your child's favorite snacks.
 - Discuss holiday coming up and what kinds of snacks your kids will have.
 - Discuss two snacks your child eats which are not from the Food Pyramid. What are two nutritious snacks you will substitute for these?

2) Ask general, non-specific, open-ended questions to open up and focus the discussion on any of the following topics:

- *"When you go shopping for snack foods, what do you buy?"*
- *"What do you do with WIC foods for snacks?"*
- *"What kinds of snacks can your children prepare?"*
- *"What is the ultimate snack?"*
- *"When you have to eat away from home what types of snacks do you eat?"*
- *"What was the last snack you heard advertised on television? Would you buy it and why?"*
- *"How do your children influence what you buy for snacks at the store?"*
- *"How often do you snack during a day, describe your snacks?"*

- *"What are some ways you may have used food as a reward for your children or yourself?"*
- *"What does the word "moderation" mean to you and how do you think it fits into a healthy diet?"*

3) Continue the discussion by focusing on any of the following topics:

- * Shopping for Snacks.
- * Snack Ideas Using WIC Foods.
- * Kids Preparing Snacks.
- * Snacks Can Be Good for You.
- * Snacking Away from Home.
- * Snacks on TV.
- * Getting More Crunch for Your Money.
- * Getting Out of a Snack Rut.
- * Using Food as a Reward.
- * Snack Timing.
- * Snacks and Moderation.

4) Closing the Session.

- * Summarize the key points of the discussion.
- * Thank everyone for their participation.
- * Close the meeting.

HEALTHY SNACKS

Study Guide

SNACKING

People often think snacking is bad for their children, when in reality children need snacks. Children's energy needs are high and they have limited capacity for food. They need to eat every 3 to 4 hours. The most important thing to consider is that you have control over the time of snacking and the type of food offered. Schedule meals and snacks so the child learns to get hungry rather than feeling full all the time. Nibbling throughout the day can lead to two problems:

- The child will get in the habit of eating when they're not hungry;
- Kids who aren't hungry are less inclined to try new foods.

Snacks should be offered midway between meals. They should be provided long enough after the previous meal so that your child knows they will have to go hungry for some time if they refuse the meal. The way to regulate snacks is to plan a reasonably consistent snack time. If you wait until your child is too hungry, a struggle may ensue because the child has already thought about what he/she wants to eat.

Preschool children are susceptible to what they see and hear around them and may be influenced by advertising. Parents may find that their child can't live without some pre-sweetened snack, whereas previously they snacked only on fresh fruit. Use this time to begin teaching the principles of good nutrition. Children of this age are receptive and willing to share your point of view, especially if you make the learning process fun. Have your child help you prepare a snack. Explain to the child that the foods you want them to eat will make them strong and healthy while the foods advertised on TV may not be as good for them.

A snack you want to last a while should contain some protein, some fat and some carbohydrate. An apple or some carrots won't last long; they are filling for the moment because they contain only carbohydrate. Any food you consider appropriate for a meal is appropriate for a snack. Some parents are quite successful at sending a refused meal around again at snack time. Often, snack time is a good time to get the child to try new things. Many times, children will accept as snacks foods they ignore or refuse at meals. Avoid the kind of food that the advertising industry defines as snack foods. These include such items as: chips, pretzels, commercial fruit roll-ups, fried fruit pies, donuts, french fries, tortilla chips, etc. These items contribute very little nutritional value in relationship to the calories they provide.

Take snacks as seriously as you do meals. A snack is not a food handout, and it has a time and a place, like a meal. Your child should eat the snack and not be allowed to run with the food or get food handouts whenever he wants them. That kind of eating can lead to the misuse of food for entertainment or distraction. If you give a child a snack to amuse or divert or calm down, they will learn that strong feelings are not to be dealt with and that eating is a panacea.

Source: "Child of Mine," E. Satter; Bull Publishing Co., Palo Alto, CA, 1991.

NUTRITIOUS SNACKS

* Vegetable Snacks:

Cut up fresh, raw vegetables, such as:

- Broccoli
- Carrots
- Cauliflower
- Celery
- Cucumber
- Green Beans
- Green Peas
- Turnip Sticks
- Zucchini

Serve with peanut butter, cheese, cottage cheese or milk (either 2% or whole milk) to provide protein and fat. Add crackers or fruit juice to provide carbohydrate.

* Fresh Fruit Snacks:

Slice or serve whole:

- Apples
- Apricots
- Bananas
- Berries
- Grapes
- Grapefruit
- Melons
- Peaches
- Pears
- Pineapple

Serve with peanut butter, cottage cheese, yogurt, ricotta cheese or milk to provide protein and fat.

* Dried Fruit Snacks:

- Apples
- Apricots
- Dates
- Figs
- Peaches
- Pears
- Prunes
- Raisins

Serve with nuts such as: almonds, cashews, or peanuts; or with seeds such as pumpkin, squash, or sunflower to provide protein and fat. Be very cautious about giving seeds and nuts to young children.

* Nuts and Seeds:

- Peanuts
- Pumpkin Seeds
- Squash Kernels
- Sunflower Seeds

* Grain Products:

- Bread products.

Use whole wheat bread about half the time. Read the label to make sure the flour is enriched or whole grain. (The first listed ingredient should be **whole wheat**). Try a variety of yeast breads, and bran breads, plain or with dried fruit. Try rye crisps, whole grain flat bread, and whole grain crackers. Serve bread and crackers with cheese, peanut butter or a glass of milk to provide protein and fat.

- Dry cereals:

Read the label and choose varieties with less than three grams of sugar ("source or other sugar") per serving. Serve with milk to provide protein and fat. Add dried fruits, nuts and seeds for variety and increased nutrients.

- Popcorn:

Try using grated cheese as a topping instead of salt or butter. Serve with milk or coca to give protein and fat.

-- Cookies:

Bake your own, substituting half whole wheat flour for the white flour called for in the recipe. Try oatmeal, peanut butter or molasses cookies. Experiment with cutting down on sugar in the recipes; often you can decrease sugar by $\frac{1}{3}$ to $\frac{1}{2}$. Serve cookies with milk to provide protein (cookies already have fat).

Beverages:

- Use fruit juices and vegetable juices rather than powdered or canned fruit drinks which are high in sugar and lower in vitamins.
- Milk: serve plain, with bread, crackers, cereal, etc. Mix in your blender with bananas, other fruit, or orange juice for a health milkshake. Use chocolate and strawberry flavoring for an occasional treat.

EVERYDAY SNACK FOODS

CRUNCH A SNACK

- Unsweetened Cereal
- Crackers
- Apples
- Cauliflower
- Broccoli
- Sunflower Seeds
- Celery Stick and Peanut Butter
- Radishes
- Zucchini Sticks

BAKE A SNACK

- Cornbread
- Pizza
- Spaghetti
- Nachos
- Cheese Crisps
- Beans and Cheese

SLICE A SNACK

- Melon
- Cheese Cubes
- Lean Meat Cubes
- Tomatoes
- Hard-Boiled Eggs
- Apples
- Cucumbers
- Bananas

DRINK A SNACK

- Milk
- Fruit Milk Shake (see recipe)
- Fruit Juice
- Nutritious Fruit Drink (see recipe)
- Tomato Juice
- Water

MUNCH A SNACK

- Apple
- Peach
- Plum
- Grapes
- Strawberries
- Orange
- Pear

Be sure that your children can chew and swallow nuts, raw fruits, and vegetables before offering snacks of this type.

CREATE A SNACK

- Vegetables with Cottage Cheese Dip (see recipe)
- Shelled Nut, Raisin and Dry Cereal Mix
- Peanut Butter Balls (see recipe)
- Applesauce on Graham Crackers
- Fruit with Cottage Cheese Dip (see recipe)
- Apple Smiles (see recipe)

SPOON A SNACK

- Applesauce
- Egg Salad
- Cottage Cheese
- Tuna Salad
- Yogurt
- Cereal & Milk
- Peanut Butter Plus (see recipe)

FREEZE A SNACK

- Grape Yummies (see recipe)
- Graham Cracker Smiles
- Yogurt Popsicles
- Banana-Sicle (see recipe)
- Frozen Pops

SEASONAL NUTRITIOUS SNACKS

1. SPRING

FRUIT WITH COTTAGE CHEESE DIP

Mix together:

1 cup low-fat cottage cheese
3 tablespoons orange juice concentrate

Use as a dip for your favorite fruit.

NUTRITIOUS FRUIT DRINK

Mix in a blender or with a fork:

1 cup plain yogurt
1 cup chopped fresh fruit
1/2 cup fruit juice

HONEY PEANUT BALLS

(Bernice Jarnagin)

1 cup honey
1 cup peanut butter

Mix well and add enough dry milk to make stiff enough to shape in balls (these may be flattened). Roll some in coconut, if you prefer.

YOGURT-ORANGE POPS

(Alene VanDegrift)

1 can (12 ounces) frozen orange juice concentrate
1 carton (8 ounces) plain yogurt
2 teaspoons vanilla extract (or more to reduce tartness)

Combine the juice, yogurt and vanilla. Mix until smooth. Freeze in popsicle molds or ice trays until firm.

2. SUMMER

BANANA SLICE

Peel a banana and cut it in half (across). Push a wooden stick up the center of each half and freeze. Dip in yogurt and sprinkle with nuts, if you wish.

GRAPE YUMMIES

Wash and freeze a bunch of green grapes. Pop them in your mouth.

FRUIT MILK SHAKE

3 cups chopped ripe fresh fruit (peeled), or canned fruit in juice, drained
1/2 cup non-fat dry milk powder
1 cup water or drained juice from can of fruit
8 ice cubes, crushed

If using canned fruit, save liquid from can. Mash the chopped fruit with a fork. Place the ice cubes in a dish towel or heavy plastic bag. Crush them with a rolling pin or hammer. In a large mixing bowl, whisk or beat together the fruit, non-fat dry milk, and water or drained juice. Add the crushed ice and whisk or beat again. Pour into glasses and enjoy!

YOGURT POPSICLES

Mix together:

1 cup fruit juice
1 cup fruited yogurt.

Pour into paper cups. Place a wooden stick or plastic spoon in the center and freeze until solid. Peel off the cup when ready to eat.

FROZEN POPS

Freeze applesauce, crushed pineapple, fruited yogurt or fruit juice in paper cups with a wooden stick or plastic spoon in the center. Peel off the cup when ready to eat.

GRAHAM CRACKER SMILES

Mix fruited yogurt and non-fat dry milk powder until thick. Sandwich the mixture between two graham crackers and freeze.

NUT AND FRUIT SNACK

(Mrs. Mildred Sanders)

1 cup raisins

1 cup dried apples

1 cup dried apricots

1 cup nuts (walnuts or peanuts)

Mix all the ingredients together in a bowl and serve.

PEANUT BUTTER PLUS

Mix together:

1/4 cup non-fat dry milk powder

1/2 cup peanut butter

Spread on bread, celery, carrots, apples, or bananas for a real protein snack.

VEGETABLES WITH COTTAGE CHEESE DIP

Mix together:

1 cup cottage cheese

1 cup plain yogurt

1 envelope dry onion mix.

Refrigerate for one hour.

Cut up any combination of celery, bell peppers, jicama, radishes, carrots, cucumber, cherry tomatoes, broccoli, or cauliflower. Eat with the refrigerated dip.

APPLE WITCHES

1 apple, washed and dried

1/4 cup peanut butter

1 tablespoon vinegar

Cut the apple into half, cut out the core, and cut into as many slices as possible. Dip the apple slices into the vinegar. Spread the peanut butter between the apple slices. Roll back into an apple by shaping with wax paper or foil.

APPLE SNACK

1 apple
4 teaspoons grated American cheese

Cut the apple crosswise into slices about 1/4-inch thick. Sprinkle a thin layer of grated cheese on top, and put under a broiler flame until the cheese melts. Makes 4 servings.

SEASONED POP CORN

Season fresh popped corn with garlic, or with chili powder and salt.

APPLE SANDWICHES

(Dee Sprat)

Make sandwiches of apple slices and peanut butter.

4. WINTER

APPLE SMILES

Spread peanut butter on apple slices. Use raisins to make a face.

PEANUT BUTTER BALLS

1/2 cup peanut butter
3 1/2 tablespoons non-fat dry milk powder
A little honey or corn syrup

Combine the ingredients in a bowl, roll into balls, and store in refrigerator. Optional additions: raisins, nuts, coconut.

BRAN FLAKE SNACKS

1/2 cup honey
1/2 cup peanut butter
3 tablespoons safflower oil
2 1/2 cups bran
1/2 cup non-fat dry milk powder
Ground millet (optional)
Ground sunflower seeds (optional)
Wheat germ (optional)
Grape nut cereal (optional)
3 teaspoons sesame seeds, toasted

In a saucepan, over low heat, heat the honey, peanut butter and oil, stirring until blended well. Remove from heat. Stir in bran and milk powder. Add the other ingredients (except sesame seeds) until the mixture is moist. Press firmly into a pan (about 8 inches square or round). Sprinkle with toasted sesame seeds, pressing them into the surface. Cool in the refrigerator for 1 hour, and cut into squares.

Note: the optional ingredients give crunch as well as nutrition.

CHEESE COOKIES

Mix together:

2 sticks margarine
2 cups grated sharp cheese
Dash of salt
Dash of garlic salt

Then mix in well:

2 cups all-purpose flour
2 cups Rice Krispies

Place cookie mixture by the teaspoon-full on foil set on a baking sheet, and mash with fork.
Bake at 375 degrees for 10 to 12 minutes.

NUT RAISIN SNACK

(Mrs. L. J. Schmidt)

1 cup raisins
1 cup cashews
1/2 cup almonds
1/2 cup brazil nuts

Combine all the ingredients. Munch by the handful. A delicious no fuss, nutritious snack and a welcome change from candy and chips.

SALADS

FRUIT SALAD

- 1 1/2 cups coconut
- 1 can mixed fruit (packed in water or natural juices)
- 1 can mandarin oranges
- 1 cup sour cream

Mix in a bowl, chill, and serve.

COMBINATION FRUIT AND VEGETABLE SALAD

- 1 cup diced celery
- 1 cup grated carrots
- 2 cups grated cabbage
- 1 cup chopped walnuts
- 4 to 5 small apples, peeled and diced
- 2 to 4 medium bananas, peeled and sliced
- 1 cup raisins
- 1 cup sour cream or yogurt

Mix all the ingredients in large bowl, chill and serve.
(Serves 8).

FRESH FRUIT SALAD SNACK

- 1 ounce plain yogurt
- 1/2 banana, sliced
- 1/2 apple, sliced
- 1/4 cup chopped walnuts
- 1/2 cup fresh or frozen strawberries

Mix the yogurt with the fruit and nuts. Serve on a bed of lettuce. (Serves 2).

DRINKS

ORANGE FREEZE

(Trish Shelton)

- 1/2 cup milk
- 1/2 cup orange juice
- Sugar substitute equal to 1 teaspoon sugar
- 1/4 teaspoon vanilla extract
- 3 ice cubes

Put all the ingredients in a blender and blend until the ice cubes are pulverized and the drink is foamy.

(Makes 1 serving, 125 calories).

POLYNESIA MILK PUNCH

- 1 16 ounce (1-pound) can crushed pineapple (packed in juice)
- 2 cups milk
- 1 tablespoon sugar
- 1 teaspoon coconut extract

Chill the crushed pineapple before making this drink. When the pineapple is cold, put it into a blender with all of the other ingredients and blend until it is frothy.

(Makes 4 servings, 125 calories)

TROPICAL PUNCH

- 1/2 pint plain yogurt
- 1 ripe banana, peeled and sliced
- 1 cup (8 ounces) crushed pineapple (packed in juice)
- 1 can (10 1/2 ounces) mandarin orange segments (packed in juice), drained

Place the yogurt and sliced banana in a blender. Blend until smooth. Pour the banana-yogurt mixture over the pineapple and orange segments. Mix well. Serve in sherbet glasses. To make it pretty, garnish with a sprinkle of cinnamon and a mint leaf.

(Makes 6 servings, each contains 40 calories).

BANANA ORANGE SHAKE

(Dinah Hesch)

- 1 small ripe banana, peeled and sliced
- 3/4 cup milk
- 1/4 cup orange juice
- 1 tablespoon honey
- 1 teaspoon lemon juice
- 1/8 teaspoon salt
- 1 ice cube

Place in a blender for 30 seconds and serve.

COOKIES

OATMEAL RAISIN CHEWS

(Donna Gonzalez)

1 cup whole wheat flour
1/2 teaspoon baking soda
1/2 teaspoon baking powder
1/4 teaspoon salt
1/2 teaspoon cinnamon
1/2 cup butter
1/2 cup honey
1 egg, beaten
1 cup rolled oats
1 cup raisins

Sift together the flour, baking soda, baking powder, salt and cinnamon. Cream in the butter and add honey gradually. Beat until creamy and light. Add the beaten egg and stir in the sifted dry ingredients. Mix well. Add the rolled oats and raisins. Drop from a teaspoon on an ungreased baking sheet. Bake in a pre-heated oven at 350 degrees for 10 to 12 minutes.

(Makes 48 cookies)

PINEAPPLE BARS

(Greta Livernois)

1-1/4 cups all-purpose flour
1 cup oatmeal
1/2 teaspoon salt
1/3 cup sugar
1/2 cup cooking oil
1 teaspoon vanilla extract
2 cups crushed, canned pineapple, drained

Mix all the ingredients (except the pineapple) together in a bowl with enough pineapple juice to make the mixture stick together slightly. Spread half of the mixture in a small pan. Cover with the pineapple and top with the rest of the flour mixture. Bake in a preheated oven at 350 degrees for about 25 minutes.

NO SUGAR COOKIES

(Lynn Heckenliable)

2 cups all-purpose flour
1/2 cup chopped walnuts or peanuts
1/2 cup dark seedless raisins
1/2 cup orange juice
1/2 cup softened butter or margarine
2 teaspoons double acting baking powder
1 teaspoon grated orange peel
1/2 teaspoon cinnamon
1 egg

Preheat oven to 375. In large bowl with wooden spoon, stir all ingredients until well mixed. Onto greased cookie sheets, drop dough by teaspoonfuls about 2 inches apart. Bake 20 minutes, until lightly browned. Remove from sheet. Store in a tightly covered container. Makes about 2 1/2 dozen.

PEANUT BUTTER BALLS (COOKIES)

1/2 cup peanut butter
1/4 cup honey
2 tablespoons of softened margarine
3/4 cup toasted wheatgerm
3/4 cup instant non-fat dry milk powder

Stir together the peanut butter, honey, and margarine until well blended. Mix in the toasted wheatgerm and instant non-fat dry milk powder. Shape in 1-inch balls (or cookies) and chill. (Makes 18-20 cookies).

PEANUT BUTTER CANDY

1/2 cup peanut butter
1/2 cup honey
1 cup non-fat dry milk powder

Combine the ingredients and turn out on a buttered cookie sheet. Pat until 1/2-inch thick, cut in squares, and chill.

TOOTH OR CONSEQUENCES -- A HEALTHY MOUTH

ALTERNATIVE TITLES:

"Taking Care of Your Child's Teeth"

"Dental Health For Children"

"Dental Health"

"Teeth"

OBJECTIVE:

Clients will learn proper techniques for proper techniques for good dental care.

BACKGROUND INFORMATION:

- 1) "About Tots and Tooth Care", Channing 1, Bete Co., Inc.
- 2) "Nutrition Concepts and Controversies", 3rd Edition, Hamilton, Whitney, and Sizer; West Publishing, St. Paul, MN, 1988.
- 3) "Freddie Has a Hole in His Head", Traveling Child Care Conference Curriculum.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

- 1) Dental Handouts (Optional).
 - "How to Brush"
 - "Snacks that Promote Dental Health"
 - "Good and Bad Snack Choices"
 - "Tooth Sleuth".
- 2) Flip Charts and Markers.

3) Teeth and Toothbrush Model.

4) Snack Food Models.

DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

- 1) Opening the Session.
 - * Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practise speaking to the group. Begin by having each person introduce themselves.
 - * Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

- 2) Ask general, non-specific, open-ended questions to open up and focus the discussion on any of the following topics:
 - *"Why is dental care important for children?"*
 - *"What helps to get children to brush their teeth regularly?"*
 - *"What prevents children from brushing their teeth regularly?"*
 - *"Why are primary teeth important?"*
 - *"Why are teeth and gums important?"*
 - *"How do you feel if you forget to clean your teeth?"*
 - *"How would things be different if you had no teeth?"*
 - *"How do you feel after you clean your teeth?"*
 - *"How do you feel when the dentist says you have cavities?"*
 - *"I want to take care of my teeth and gums because....?"*

- 3) Possible Child Dental Discussion Topics:
 - * Primary Teeth
 - * Teeth Cleaning
 - * Tooth Brushing Techniques

- * Flossing
- * Nutrition and Dental Health
- * Dental Plaque
- * Dental Cavities
- * Gingivitis
- * Flouride
- * Sealants

4) Closing the Session:

- * Summarize the key points of the discussion.
- * Thank everyone for their participation.
- * Close the meeting.

TOOTH OR CONSEQUENCES -- A HEALTHY MOUTH

Study Guide

Having healthy teeth is an important part of good health. Good dental care consists of proper cleaning, teaching your child about healthy food choices, and making regular dental care a habit.

*** Primary Teeth:**

Primary teeth are important for chewing properly, enjoying food, speaking clearly, providing space in the jaw for permanent teeth, and preventing decay. Decay in a baby tooth can lead to decay in permanent teeth at a later time. Primary teeth begin to come in when a baby is about 6 months old.

*** Teeth Cleaning:**

Dental care should begin even before an infant's first tooth appears. Clean the baby's gums with a clean damp washcloth or gauze at least once a day or after feeding. This will help to remove bacteria and plaque and will also help the infant get adjusted to having their mouth cleaned. Begin cleaning primary teeth as soon as they appear. Be sure gums are also cleaned. A child-sized brush or washcloth should be used. Tooth brushing is a health habit children need to learn. Have children brush after all meals and snacks and especially before bedtime. It is important that the parents set an example by brushing their own teeth after they eat.

*** Tooth Brushing Technique:**

Brushing the teeth removes plaque from the outer, inner, and chewing surfaces of the teeth (also: refer to the brush handout).

1. Hold the tooth brush beside the teeth, with bristle tips at a 45 degree angle against the gumline.
2. Move the brush back and forth with short (half a toothwide) strokes several times, in a gentle scrubbing motion. Brush the outer and inner surfaces of all the teeth in this manner.
3. Chewing surfaces should also be brushed with short scrubbing strokes.
4. For the front teeth, tilt the brush vertically and make several up and down strokes with the front part of the brush. Brush gently with very short strokes and enough pressure so that the bristles are felt against the gums.

* Flossing:

Begin flossing your child's teeth at about age 2 or as soon as their teeth begin to touch. By age 8, a child can usually floss alone. A dentist should be consulted on proper techniques to flossing. Incorrect flossing can harm gums.

* Nursing Bottle Mouth:

This condition results when a baby sleeps with a bottle of milk, formula, juice, or sweetened liquid, or sleeps all night at the breast. The liquid collects in the mouth and the sugar in the liquid bathes the teeth, leading to tooth decay. A baby should not be put to sleep with a bottle of anything but water. Do not let the baby sleep all night at the breast. One should begin teaching your infant to drink from a cup at 6 months of age. Begin weaning an infant from the bottle by one year of age. Teeth and gums should be cleaned daily. A child may cry when you try to take the bottle away. A child may be comforted with music, a favorite toy, reading to the child, giving the child a back rub or holding/ rocking the child.

* Good Nutrition:

Adequate nutrients are needed to help the mouth and teeth develop properly, especially protein, calcium, zinc, vitamins A, C and D, and fluoride. Where local water supplies are not fluoridated, direct applications of fluoride to the teeth may be necessary. Daily foods and snacks should be provided from the four food groups. Good snacks include: raw vegetables, fruits, nuts, and cheese. (Refer to "Snacks That Promote Dental Health" handout).

* Plaque:

A soft, sticky, colorless film that forms on teeth. Plaque is made of harmful bacteria and is the major cause of tooth decay and gum disease. Plaque can be removed by brushing daily.

* Dental Cavities:

Are a bacterial infection. Cavities occur when there is plaque, sugars, and starches on teeth that are cavity prone. The bacteria in plaque produces acids when foods containing sugars or starches are eaten. These acids can destroy tooth enamel. Plaque promotes the acid which breaks down the enamel on teeth forming a cavity. Bacteria then invades the dentin (the body of the tooth) and assists in destroying the entire tooth.

*** Gingivitis:**

A most frequent sign of gingivitis is inflamed (red and swollen) gums which bleed easily, especially when brushing the teeth. The primary cause of this periodontal disease is plaque. Plaque builds up along the gumline, irritating the gums and making them tender and likely to bleed. Daily brushing can avoid gum disease.

*** Flouride:**

Flouride occurs naturally in water supplies, although there is variation on the amount, depending on the water source and area. Flouride can be obtained by using toothpaste containing flouride or your dentist may suggest flouride applications depending on the condition of the teeth. Flouride assists in building strong teeth and makes teeth more resistant to cavities. However, flouride can be harmful if excessive amounts are consumed; teeth can appear spotted with white opaque areas.

IRONING IT OUT - GETTING ENOUGH IRON IN YOUR DIET

ALTERNATIVE TITLE:

"All About Anemia".

OBJECTIVE:

Clients will learn about Anemia, its effect on health, and how to identify foods high in iron content.

BACKGROUND INFORMATION:

- 1) "Iron Facts", Department of Health (copy follows).
- 2) "Nutrition Concepts and Controversies", 3rd Edition, Hamilton, Whitney, and Sizer; West Publishing, St. Paul, MN, 1988.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

- 1) Iron Handout: "Iron Facts" (optional).
- 2) Flip Chart and Markers.

DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

- 1) **Opening the Session.**
 - * **Introductions:** Introduce yourself. Give everyone the opportunity to know a little about each other, and to practise speaking to the group. Begin by having each person introduce themselves.
 - * **Icebreaker Exercise** (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).

- 2) **Ask general, non-specific, open-ended questions to open up and focus the discussion on any of the following topics:**
 - *"Why is iron important to the diet?"*
 - *"Why is a Hematocrit performed?"*
 - *"How does one feel if not enough iron is eaten?"*
 - *"What are some ways to prevent anemia?"*
 - *"What are some good sources of iron?"*
 - *"What foods should be avoided when concerned about the absorption of iron?"*
 - *"What foods assist with the absorption of iron?"*

- 3) **Continue the discussion by focusing on any of the following topics:**
 - * **Iron Deficiency Anemia.**
 - * **Iron Supplements.**
 - * **Iron Rich Foods.**
 - * **How to Prevent Iron Deficiency Anemia.**
 - * **Benefits of Reversing Anemia.**

4) Closing the Session.

- * Summarize the key points of the discussion.
- * Thank everyone for their participation.
- * Close the meeting.

IRONING IT OUT - GETTING ENOUGH IRON IN YOUR DIET

Study Guide

* Anemia:

This is defined as a decrease in the number of red blood cells or hemoglobin or both. Most of the iron in the body is a component of the proteins and hemoglobin and myoglobin. Both of these components carry oxygen in association with the iron they contain. Hemoglobin is the oxygen carrier in the red blood cells and myoglobin is the oxygen reservoir in the muscle cells. All the body cells use oxygen to combine with the carbon and hydrogen atoms released during energy nutrient breakdown.

* Iron Deficiency Anemia:

This is only one of several types of anemia. The red blood cells contain less hemoglobin and lose their ability to carry oxygen. With anemia, the blood is unable to supply the full oxygen needs of the tissues. Therefore, less oxygen is carried when it is needed. The cells then operate with a lowered energy level. The symptoms of iron deficiency are fatigue, tiredness, weakness, headaches, irritability, pale or dry skin, loss of appetite, and/or shortness of breath. Iron deficiency is usually diagnosed by measuring the blood hemoglobin level. The reason a hematocrit is performed on clients being certified is to indicate the degree of iron deficiency.

* Food Sources:

Iron deficiency anemia is perhaps the most common nutritional problem in the first year of life. Although supplementary foods furnish some iron, the amount is usually not enough to meet the needs of the growing infant. Therefore, iron-fortified formulas are recommended. Commercial infant cereals fortified with iron are preferable to family type cereals that are not enriched. Food sources of iron include: liver, organ meats, iron-fortified cereals, enriched grain products, raisins, spinach, prunes, broccoli, dried apricots, nuts, beans, beef, chicken and turkey. (refer to attached handout for complete food listing). Some food sources are a better selection for providing iron in the diet. It is also important to remember that the absorption of iron in food is aided by the consumption of vitamin C. Vitamin C foods include: broccoli, green chile, salsa, oranges, orange juice, potatoes, tomatoes and grapefruit. Foods containing caffeine interfere with the absorption of iron in the diet. These foods include: chocolate, tea, soft drinks, and coffee. If these foods are consumed, caffeine-free beverages/foods should be selected.

* Iron Supplements:

Iron from supplements is poorly absorbed even though they may contain as many as 50 milligrams per dose. To be assured of meeting your iron needs, it is best to rely on food sources. A physician should be consulted before taking an iron supplement.

*** How To Prevent Iron Deficiency Anemia:**

There are ways to assist one in getting the most iron in the diet to avoid anemia:

- Eat a variety of foods from all food groups.
- Include iron-rich foods in your diet.
- Consume vitamin C foods to enhance the absorption of iron in the diet.
- Reduce the amount of coke, coffee, chocolate and tea in your diet. These beverages/foods contain levels of caffeine which interfere with the absorption of iron in the diet.

*** Benefits of Reversing Anemia:**

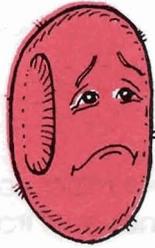
- Better appetite.
- More energy.
- Brighter complexion.
- Less grumpy.
- Less likely to catch colds and flu.
- Optimal learning and development.

IRON FACTS

- You need **IRON** in your diet to help build healthy red blood cells.



- If you don't have enough iron in your blood, you may:

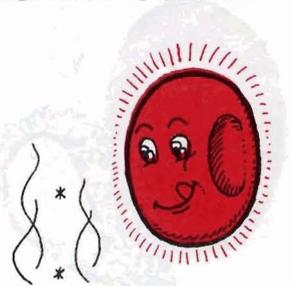


- have pale or dry skin
- feel weak or tired
- have shortness of breath
- feel loss of appetite

- Infants, preschoolers, teenagers, pregnant women, and women who use IUD's need more iron than others due to their increased growth or blood loss.
- Iron is found in many foods, but in small amounts. Therefore, it is hard for some people to get enough iron from foods to prevent iron deficiency anemia or "tired blood." The following tips may help:

How to Prevent Iron Deficiency Anemia

- Eat a wide variety of foods every day, including milk products, meat and alternates, vegetables and fruit, and whole grains.
- Include iron rich foods in your diet every day. (See chart on back.)
- Eat vitamin C-rich foods with meals. This will improve your body's uptake of iron. (See chart on back.)
- Try meat, fish, or poultry to get more iron from other foods eaten in the same meal.
- Cook foods in cast iron cookware to add iron to your diet.
- Reduce the amount of tea and coffee you drink with meals. These beverages reduce the amount of iron you get from * food.



FOOD SOURCES OF IRON

	<u>Meat/Alternates</u>	<u>Vegetable/Fruit</u>	<u>Grain</u>
<u>Good Sources:</u>	liver liverwurst organ meats		iron-fortified cereals WIC cereals
<u>Fair Sources:</u>	beans & peas, dried beef chicken eggs nutritional yeasts nuts turkey sardines seeds shrimp	apricots, dried broccoli greens peaches, dried prune juice prunes raisins spinach squash, winter tomato juice watermelon	bread, whole grain cereals, whole grain or enriched oatmeal rice tortillas, corn or flour wheat germ

Remember: Your body's uptake of iron from food is improved when you also eat foods containing vitamin C or animal products. Also, using cast iron cookware will increase the amount of iron in your food.

FOOD SOURCES OF VITAMIN C

<u>Good Sources:</u>	asparagus bell pepper broccoli brussel sprouts cabbage cantaloupe	cauliflower grapefruit grapefruit juice green chili (sauce) orange orange juice salsa	potato (baked or boiled) strawberries spinach tomato tomato juice turnip
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So . . . choose combinations of foods with the most useable iron, like:

- Iron fortified (WIC) cereal and orange juice.
- Bean and beef taco (cooked in cast iron cookware), topped with tomato and salsa.
- Chicken enchilada with green chile (baked in cast iron cookware), steamed broccoli, whole wheat tortilla, and watermelon for dessert.

Reminders:



LACTOSE INTOLERANCE AND MILK ALLERGIES

OBJECTIVE:

Client will identify symptoms of either their own, or their child's lactose intolerance, and will verbalize creative ways to manage their child's diet and lifestyle.

BACKGROUND INFORMATION:

- 1) Required Study Guide (follows).
- 2) "Child Of Mine", E. Satter; Bull Publishing Co., Palo Alto, CA, 1991 (page 327: chart on lactose content).
- 3) "Parents' Guide to Feeding Your Kids Right", K. Moloney; Prentice Hall, New York, NY, 1989.
- 4) "Your Child's Health", B. Schmitt, M.D.; Bantam Books, New York, NY, 1991.
- 5) "Parent's Guide to Good Nutrition", M. Winick.

METHOD:

Involving participants in a facilitated group discussion.

MATERIALS NEEDED:

- 1) References listed above.
- 2) Lactose Intolerance/Milk Allergy Pamphlets (to provide to participants based on individual needs).
- 3) Flip charts and markers (optional).

DISCUSSION TOPICS:

Session Outline follows.

SESSION OUTLINE:

- 1) Opening the Session.
 - * Introductions: Introduce yourself. Give everyone the opportunity to know a little about each other, and to practise speaking to the group. Begin by having each person introduce themselves.
 - * Icebreaker Exercise (optional -- see earlier section on "Facilitating WIC Discussion Groups", page Intro-7).
 - * Divide into partners and talk about creative ways you may have dealt with your child's lactose intolerance in daily activities for four minutes.

- 2) Ask general, non-specific, open-ended questions to open up and focus the discussion on any of the following topics:
 - *"How many of you have a child with a lactose intolerance?"*
 - *"How many of you have a child with a milk allergy?"*
 - *"How many of you are unsure of whether your child has a lactose intolerance or a milk allergy or a milk intolerance?"*
 - *"Can anyone give me a definition of lactose?"*
 - *"Can anyone name any foods that contain lactose?"*
 - *"What are some of the creative ways you have dealt with a loved one's lactose intolerance?"*
 - *"What are some of the items sold in grocery stores that can help increase one's tolerance of lactose?"*
 - *"What are some ways you have discovered to manage your child's lifestyle when they are allergic to milk or intolerant of lactose?"*
 - *"Does a lactose intolerance ever go away?"*
 - *"If you were talking to a parent who had just discovered that their child was lactose intolerant, what would you tell them, in a nutshell?"*

- 3) Possible Discussion Topics:
- * Symptoms of Milk Allergies and Lactose Intolerance.
 - * Lactose, Different Tolerance Levels.
 - * Getting the Calcium You Need While Cutting Back on Lactose.
 - * Supermarket Dairy Safari, Cutting Down on Lactose.
- 4) Closing the Session.
- * Summarize the key points of the discussion.
 - * Thank everyone for their participation.
 - * Close the meeting.

LACTOSE INTOLERANCE AND MILK ALLERGIES

Study Guide

LACTOSE INTOLERANCE

Lactose is milk sugar. Lactose is made of two simple sugars, glucose and galactose. All newborns and young infants have an enzyme in their gastrointestinal tracts called lactase that breaks the bond between the simple sugars so they can be absorbed by the body.

In certain races, lactase is very active throughout life and in others it slowly decreases so that when a child is 8 or 9 years old, the lactose in milk cannot be split efficiently. Most of the people in the world are in this group. In Asians, Africans, Polynesians, Blacks, Native Americans, and Hispanics, lactase slowly diminishes so that school age children and adults do not tolerate large quantities of milk well. The ability to digest lactose differs widely. Parents of a child may tolerate lactose quite well, while their child may have great difficulty digesting it and vice versa.

Cause of the problem: Undigested lactose in the lower gastrointestinal tract gets fermented by bacteria, releasing gases and causing bloating and abdominal discomfort. A person may experience diarrhea, caused by lactic acid that irritates the intestine. Diarrhea may vary from minimal abdominal discomfort to explosive diarrhea. These symptoms appear within minutes of digesting the lactose and are called a lactose intolerance. This is not an allergy but a normal physiologic state for most older children in the world.

(See also Session P-2 Study Guide for further information).

OTHER MILK COMPLICATIONS

* Milk Protein Intolerance:

An intolerance to cow's milk protein results in the onset of diarrhea during the first 8 weeks of life. The condition responds to non-cow's milk formula. It occurs in 1 to 2% of newborns and resolves spontaneously by one year of age in most children. Symptoms are colic, diarrhea, and vomiting or any combination of these. For more information see Infant Resource Guide on this subject.

* Milk Protein Allergy:

An allergy to cow's milk protein which takes the form of a troublesome skin rash called eczema. When this happens, a change to soy-based formula is needed. The eczema will not disappear for weeks or even months, so it is difficult to be sure the cow's milk protein was the culprit. Client should be referred to a physician.

Rarely, asthma-like symptoms may be due to intolerance of milk protein. This is a serious condition and the formula requires immediate change and avoidance of even small amounts of cow's milk. The client should be referred immediately to a physician.

In the case of a milk protein allergy, changing calcium sources to canned fish with bones (sardines and salmon), and calcium fortified orange juice, as well as other sources listed on page PN-24 is advised. For babies, nutritionists should work closely with a physician on choice of special formulas.

Any gastrointestinal disturbance is usually associated with an intolerance to either lactose or milk protein. A true milk protein allergy usually results in symptoms such as eczema, runny nose, wheezing, hives, and in extreme cases, an asthma-like reaction, and/or shock. The milk protein intolerance usually occurs in the first 8 weeks of life, whereas the lactose intolerance is normally seen as children get older.

LACTOSE MANAGEMENT

For most people, a lactose intolerance develops gradually. As one grows older, amounts of milk previously digested easily begin to cause problems. Over time, the amount of milk products in the diet have to be reduced as the intolerance increases. Determination of one's lactose tolerance is usually done by experimenting with small amounts of lactose-containing foods and observing an individual's reaction to that food. Tolerance levels of lactose tend to vary from one person to the next.

Lactose is found in all dairy products; however, people with a lactose intolerance can usually tolerate small quantities of it in certain foods. For example, if someone cannot tolerate milk, they might not experience lactose intolerance with small amounts of cheese, yogurt, buttermilk, sour cream, or lactose-reduced milk (Lactaid Milk). Some people use lactase tablets (Dairy Ease) in regular milk. This tends to change the taste of the milk slightly, making it sweeter. Others prefer to use Sweet Acidophilus milk, which tastes like regular milk but is easier to digest because of the acidophilus bacteria which are added in processing the milk. Those who are unable to tolerate milk at all may use soybean-based milk substitutes.