WIC Informer

Pregnancy

Pregnant women who take iron supplements prior to 20 weeks gestation (half way through their pregnancy) may help increase the birth weight of their babies, according to a new study in American Journal of Clinical Nutrition. The results of the study indicate that iron supplementation, even without iron deficiency anemia, could significantly reduce the number of complications and healthcare costs associated with low birth weight infants. Babies are considered low birth weight if they weigh less than 3 pounds, 5 ounces (1,500 grams) at birth. About one out of every fourteen babies in the U.S. is born with low birth weight. Possible complications from low birth weight include lung and breathing problems, anemia, brain abnormalities, behavioral problems, difficulty maintaining normal body temperature, and feeding problems. These infants may also be at increased risk of developing health problems as adults such as diabetes, high blood pressure and heart disease.

A pregnant woman should consult with her prenatal healthcare provider before taking an iron supplement. Iron supplementation may not be appropriate for all women. A simple blood test can allow a woman's healthcare provider to determine if iron therapy is safe.

It is important to also eat iron-containing foods during pregnancy and breastfeeding. Some of the best food sources of iron are red meat, cooked dry beans, iron-fortified cereals, cooked dry lentils and split peas. Other common foods that contribute smaller amounts of iron include nuts, peas, dried prunes and prune juice, dried apricot halves, broccoli, dill pickles, enriched rice or pasta, salmon, chunky soups, fish, eggs, raisins, asparagus, tomato soup, bread, sunflower seeds, and dark greens such as collard.

The USDA is an equal opportunity provider and employer.

Breastfeeding

Breastfeeding not just for nutrition!

Breastfeeding provides:

Lower incidence and severity of: diarrhea, ear infection, atopic skin disorders, bacterial meningitis

Lower incidence of:
Lower respiratory infection, SIDS

Evidence of lower incidence of:
Insulin-dependent children onset diabetes, obesity, Crohn's disease, ulcerative colitis

Cost:
The cost to provide one year of formula is about $1000. The WIC program only supplements the amount of formula needed.

Bonding:
The bond between a mother and her breastfeeding infant is considered to be one of the strongest human bonds even more than carrying the infant while pregnant.

The WIC program along with the American Academy of Pediatrics recommends exclusive breastfeeding for the first six months, and that breastfeeding be continued with complimentary solids for at least 12 months or more. The more breast milk an infant gets the greater the impact of the benefits.

Did you know?

The WIC program has a Board Certified Lactation Consultant available in the Boise clinic. Cristi is available for assistance on Wednesday, Thursday, and Friday. If you need to schedule an appointment please call WIC reception at 327-7488. Manual pumps are provided for returning to work/school by appointment only. If you need to talk with Cristi directly, please call 327-8565. If you need assistance on Monday, please call Marie at 327-8533. Other resources in your community:

Boise:
St. Luke's Regional Medical Center-services free of charge, classes, and support groups: 381-2592

St. Alphonsus Regional Medical Center-free classes and support groups, individual consultation with a fee: 367-7380

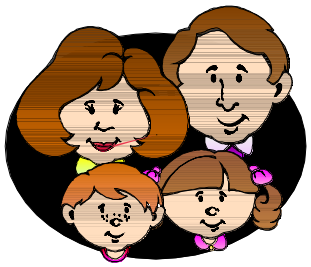
LaLeche League Mother To Mother Support Volunteer services: 672-8845

Mountain Home:
Elmore Hospital education services: 587-8401
Mountain Home AFB free lactation services Lisa Mays: 828-7566

McCall Memorial:
Lactation services free of charge 634-2221

Family

Building Boundaries & Expectations



All young people need to know their limits as well as what's expected of them. Here are ideas on how to build boundaries and expectations for children and youth at different ages.

Cont...

Age 0 to 1:

- Realize that babies don't intentionally violate standards and boundaries. Don't punish them for violating boundaries they can't understand.
- Distract children from inappropriate behavior and draw attention to how you want them to act.

Age 1 to 2:

- Give simple understandable boundaries, such as "Sit down," or "Don't bite."
- Enforce boundaries consistently so children don't get confused.
- Affirm children when they act appropriately.

Age 3 to 5:

- Stay calm when children act out in highly emotional ways.
- Model how you want children to act; don't just tell them what to do and what not to do.
- Learn what to expect from preschoolers. Read about child development in books and magazines, talk to other parents, or talk to preschool teachers or child-care workers.

Age 6 to 11:

- Encourage schools, neighbors, organizations, and communities to have consistent boundaries and consequences so children know how to act in different settings.
- Be firm about boundaries that keep kids safe. Don't negotiate these boundaries.
- Challenge children to do their best in school, and help them whenever you can.

Age 12 to 15:

- Be patient, calm, and consistent as young teenagers test the boundaries you set.
- Negotiate new boundaries as children grow older. Work together on what's acceptable and what's not.
- Ask young teenagers where they are going and who they will be with.

Age 16 to 18:

- Help teenagers think about their goals for the future and what kind of boundaries they'll need to meet them.
- Continue to have boundaries for appropriate behaviors and consequences for violating those boundaries.
- Respect teenagers' privacy needs while showing interest in their friends and activities.
- Challenge teenagers to learn through school and other activities.

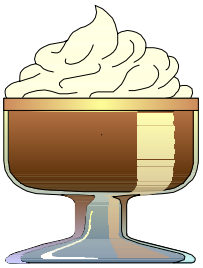
From Pass It On! 150 Tip Sheets for Asset Builder, Search Institute, 700 South Third Street, Suite 210, Minneapolis, MN 55415; 800-888-7828; www.search-institute.org

WIC Offices

The Boise WIC office still has a waiting list for children ages 1 to 5. In addition to that, we have reinstated the waiting list for pregnant women, post-partum women, and infants. What this means is that we are currently accepting applications but are not scheduling appointments for all categories that we serve. All applicants, if income eligible, will be placed on the appropriate waiting list. We are federally required to clear the pregnant women, post-partum women and infant list first, then we will begin to clear the child list. Any current clients who are late to their scheduled appointments, who cancel their scheduled appointment within 2-hours of their appointment or who simply no show their scheduled appointment will, upon request, be placed on the respective waiting lists. There is no exception to this. If you need to cancel an early morning appointment, you can call and leave a message at least 2 hours in advance, which will prohibit you from being placed on the waiting list. The waiting list for women and infants is about 4 to 6 months long at this time and the waiting list for children is about 6 to 12 months long. If you or your family is on a waiting list, we suggest that you come in and wait for a no show. If you choose to come in and wait for a no show, you will need the child(ren) that are on the waiting list, identification for you and them, proof of income (for all family members who are working and W2's), Medicaid, Quest, proof of residency, Social Security cards, Immunization records for children and if you are pregnant, a statement from a health care provider with your expected due date. As always, if you have any questions or concerns, please contact your local WIC clinic.

WIC Recipe

Young children have smaller stomachs and cannot eat large meals. They need smaller meals or snacks throughout the day to provide nutrition for growth and development. The following is a quick and easy healthy snack that kids love!



Peanut Butter Pudding

A banana, cut into chunks
½ cup plain yogurt
½ cup peanut butter

Combine all ingredients in a blender. Blend until smooth. Pour into serving dishes and refrigerate. Makes 2 servings.

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