

# **LARD MEETING MINUTES**

## **January 18, 2007**

**Attendance:**

<u>Name</u>	<u>Agency</u>
Melissa Nash	Washington
Pat Cwiklinski	Washington
Tiare Sanna	Washington
Nora Miller	Salud
Heather Newberry	Multnomah
Joy McNeal	Multnomah
Katey Stoll	Linn
Elizabeth Binkley	Douglas
Cheryl Kirk	Josephine
Dale Erickson	Marion
Ai-Lan Whitson	Marion
Donna Gormley	Marion
Sandra Farley	Marion
Shelley Paeth	Lincoln
Nancy Ludwig	Lincoln
Jackie Lucas	Lane
Lindsay Grosevenor	Malheur
Mary Rhode	State
Susan Greathouse	State
Karen Bettin	State
Mary Davis	State
Kim McGee	State
Vernita Reyna	State

**Meeting dates for 2007:** May 17 and September 20

**Future Meeting Topics:** Please forward any suggestions for future meeting topics to Vernita Reyna at the state WIC office.

**Upcoming activities that will include opportunities for RD participation and feedback:**

1. VENA workgroups including development of new diet assessment questionnaire.

2. Nutrition Risk module training in early April. Follow up at May LARD meeting.
3. New WIC RD training module. Competencies being written. Follow up at May LARD meeting.

### **Nutrition Care Practice Guidelines for Preterm Infants in the Community:**

Susan Greathouse

Melissa Nash

Guidelines for feeding the preterm infant were first revised in 2002 by a panel of clinical and community dietitians. Materials were updated in 2006. All WIC local agencies have been sent updated guidelines. Guidelines can be accessed online on the Oregon Dietetic Association webpage through the link to Oregon Pediatric Nutrition Practice group at [www.eatrightoregon.org/PNPG](http://www.eatrightoregon.org/PNPG) and on the Oregon WIC website at [www.oregon.gov/DHS/ph/WIC](http://www.oregon.gov/DHS/ph/WIC)

### **Overview of changes and additions to each section of the guidelines:**

#### Assessment:

NICU RDs are willing to write discharge information for WIC RDs. It is helpful to establish contact with the NICU staff to facilitate communication. New Fenton growth charts have been useful to establish uniformity between the hospitals and WIC. The new preterm growth graphs are available for order through the state mailroom. Conversion chart is printed on the back. The graphs are also available for download off of the State WIC website.

#### Feeding the Preterm Infant:

Always use corrected age when determining when to introduce solid foods and transition to cow's milk.

Preterm formula and human milk fortifier are rare discharge formulas. Not appropriate over 5#8 oz. It is very difficult to find commercially available except in Fred Meyer and Rite Aid pharmacies. Many infants will be discharged with sample from the hospital. 22-kcal transition formulas like Neosure or Enfacare are the most common discharge formula as they provide a better level of key nutrients in a higher calorie formula.

When should infants come off of transitional formula? Depends on birth weight and course in the NICU. 1500 to 2000 gram birth weight generally need to remain on transitional formula until 9 to 12 months corrected age. Since most WIC clinics will not know all the details of the infant's course in the NICU, make recommendations based on growth progress and formula tolerance.

Are problems associated with the use of transitional formulas past one year corrected age? Infants could be at risk for hypervitaminosis for fat-soluble vitamins especially vitamin A but no studies have been conducted beyond one year of age.

If an infant is drinking 50 ounces of formula per day, is transitional formula necessary? Review growth and weight gain to make a determination. As volume increases, tolerance sometimes decreases and constipation is more common.

For multiple births, make recommendations based on individual growth so that both infants are on same formula to create fewer complications for the parents.

#### Breastfeeding the Preterm Infant:

Significant revisions were made in this section. Emphasis was placed on the benefits of breastmilk for the preterm infant even when it is necessary to fortify breastmilk. Recipes for fortifying breastmilk are in Appendix H. Check with parents regarding correct preparation and future plans for breastfeeding. Breastmilk can be pumped and mixed with formula for fortification or supplemental formula can be offered separately in a bottle.

Maintenance of milk supply is a concern for moms. Lactinas often needed when first return home. Mom may feel overwhelmed and breastfeeding support is essential. Some hospitals, such as Emmanuel, automatically schedule a breastfeeding consult with the lactation consultant at the 2 week post discharge visit.

Maintain realistic expectations for breastfeeding. Gradually add feeds at the breast every week. An infant must often be 40-44 weeks corrected age before infant is able to breastfeed successfully.

“Blue spoons” with 1 tsp and ½ tsp measurements on each end are often issued by hospitals for accurate formula mixing. A standard scoop is not appropriate. Hispanic population needs additional assistance, as they do not traditionally utilize teaspoons when preparing food. Recipe for fortifying breast milk is on page 42 of the guidelines.

Information on when to discontinue fortification of breastmilk is in this section. Parents appreciate consistency when recommending fortification schedules, for example fortify each feeding instead of a few feedings per day.

#### Vitamin-Mineral Supplementation:

Controversy and debate surround this topic. Every hospital recommends different doses for supplements. General agreement does exist for providing multivitamin supplements to infants who receive unfortified breastmilk. This approach gives the message that breastmilk is not adequate. OHP no longer covers the cost of vitamin supplements.

What should recommendation be regarding vitamin D supplements for exclusively breastfeeding mothers? This is a controversial and complicated issue. Many vitamin D supplements come with other vitamins. AAP guidelines do encourage supplementation of vitamin D. Consider this for a future LARD topic.

#### Fluid Requirements:

Best method for assessing adequacy of fluid intake is monitor number of wet diapers.

#### Discharge of the Preterm to the Community and Coordination of Care:

Discharge information has been updated in the guidelines. Identified “red flags” are for nutrition professionals in the community to watch for as signs that additional follow up, assessment, and referral is needed. Check on medications used including laxatives, diuretics and medications for reflux. Reflux can often be mitigated by volume control such as small frequent feedings of 60 cc per feeding that reflects the infant’s stomach size. Changing formulas is not generally helpful. Enfamil AR in particular is not recommended for preterm infants. Gentlease may be considered for use after reaching 1500 – 1800 grams of weight gain.

#### Appendices:

All appendices can be removed and kept handy for easy references.

References and Appendix A provide information on growth charts.

Appendix B aids calculation of corrected age.

Appendix C discusses developmental stages. When assessing development, always consider corrected age vs. chronological age. Hospital discharge papers, breastpump loan documents and referral forms to community nurses are all tools that a WIC RD might use to determine the number of weeks preterm. Override auto assigned food package in TWIST if appropriate for corrected age and development. For example, manually delay inclusion of juice and cereal at 6 months and delay the switch to milk at 13 months. Prescriptions are needed if formula is used for more than one month after the child is 13 months old chronologically. RDs in Oregon do not have prescriptive authority so prescription needs to come from a provider.

Appendix D provides information on estimation of catch-up growth.

Appendix E offers useful information on selection of feeding strategy. This could be a good inservice topic for staff.

Appendix F summarizes characteristics of standard and medical formulas.

Appendix G reflects new guidelines for storage and retention of breastmilk and formula. Powder formula is not sterile and should not be kept for over 24 hours. The recommendations for breastmilk are conservative. Freshly expressed breastmilk is indicated safe up to 4 hours at room temperature but many professionals feel 8 hours is acceptable. Never refreeze thawed breastmilk. Be sure to review guidelines with parents, as these guidelines are different than those that must be followed when the infant is in the NICU. Parents will need to discard less milk when they are home.

Appendix H provides recipes for fortifying breastmilk and adjusting caloric concentration of formulas.

Appendix I repeats standard nutrient recommendations for preterm and term infants.

Appendix J discusses important lab values for preterm infants unfortunately; these are rarely available for review by WIC RDs.

Appendix K is reprinted with permission from “Nutritional Care for High Risk Newborns” and will be updated when a new edition of Groh-Wargo is available.

Appendix L lists principles of family centered care.

Using Guidelines in the Community:

Sharing the guidelines can be an outreach activity and an opportunity to connect with community providers. Consider including a cover letter marketing WIC as an infant feeding resource whenever guidelines are offered.

Lane plans to share with local pediatricians.

Douglas has shared with community health nurses.

Washington has shared with Kaiser Permanente pediatricians, Virginia Garcia clinics and community health nurses.

Questions?:

Contact Susan Greathouse at the State WIC office or Melissa Nash at Washington County for more information.

**Formula Update:**

Susan Greathouse

The State WIC office has been negotiating with Providence to provide special medical formulas that are difficult to obtain. Formulas would be mailed to clients in the exact amount requested. There would be no charge to the client or clinic. A prescription would be needed and the same approval process for medical formulas would be followed.

FIs could be issued for one to three months but Providence will only accept one month at a time. A form will be developed to facilitate ordering. Mailing address cannot be a PO Box. Formula can be delivered to the clinic if needed. Shipping will occur in a 24 to 48 hour timeframe after order forms are faxed to Providence. FIs can be sent to Providence after the order is placed. Unused formula will be returned to the WIC clinic, not to Providence.

Training process will be developed. A comment/review period will be provided. Implementation is expected in February.

**Utilizing Dietetic Interns and Students:**

Pat Cwiklinski

Joy McNeal

Nora Miller

Over the past year, RDs from many local agencies have agreed to mentor dietetic interns and students from a variety of programs:

Salud: 4 dietetic interns from Mid-Willamette Internship, 10-day rotations  
6 interns from OHSU, 8-day rotations

Multnomah: 1 dietetic intern from OHSU

Marion: 4 public health students from OSU, several week rotations

2 health education students from WOU, several week rotations

Klamath 1-2 dietetic interns from OHSU

Josephine: 1 dietetic intern from OHSU

Washington: 2-3 dietetic interns from OHSU

State Office of Family Health: 4 dietetic interns from OHSU

Eastern Oregon: Mary Davis reports that OHSU has requested one permanent internship position for a full year

Acting as a preceptor and mentor is time consuming. How can WIC RDs provide a significant community nutrition experience without investing so much time?

- Consider coordinating regionally with preceptors from a variety of clinics.
- Improve communication with OHSU internship directors
- Consider possibility of adjusting length of rotation, two week rotations (8 clinic days) are inadequate for covering all required information and experiences, especially early in the internship.
- Ask that the community health rotation be moved toward the end of the internship when interns have greater skill sets to bring to the clinic.
- Improve preceptor supports.
- Adapt rotation objectives to be more realistic.

- Increase knowledge of breastfeeding, growth grids, formulas and infant nutrition before interns arrive for the rotation.
- Complete study guide before arrival.
- Complete Introduction to WIC Module immediately upon arrival.
- Allow State WIC RDs to conduct WIC orientations to interns before beginning their WIC clinic rotations.
- Establish clear expectation for the community nutrition experience.
- Understand competencies needed for working in community nutrition such as strong counseling skills, ability to work with the public and paraprofessional staff, ability to interact effectively with community partners, adaptability, nonjudgmental attitudes, and broad nutrition knowledge with a maternal child emphasis.

Propose setting up a meeting with state staff, local agency RDs and OHSU internship director. Pat, Joy and Nora agreed to participate and the state staff will contact OHSU. Plan to follow up at the May LARD meeting.

Nora will share lesson plans that have been developed at Salud for guiding interns through their rotations. (See attached)

### **Educating staff on Referrals to the RD:**

Tiare Sanna

At Washington County WIC, standards for referral to the RD have been established and communicated to the certifying staff. Follow up appointment types are clearly defined so staff can readily identify when a follow up needs to be completed by the RD vs. the certifier. RD appointments are often in short supply so it is important that each referral is appropriate.

In-services occur at staff meetings on an ongoing basis as a standing agenda item. Training on making RD referrals is part of the orientation for each new certifier. Chart audits and certification observations are conducted to assess effectiveness of training.

Tools to assist certifiers with decision making have been developed in three different formats to accommodate a variety of learning styles. Staff can choose to use either one of the forms for guidance. TWIST documentation

is used to check weight and length percentile increases or decreases. Staff are encouraged to double check measurements if growth or weight gain looks unusual.

Referral guidelines assist with determining appropriate risk level assignment by TWIST. Paraprofessional certifiers consult with the RD before changing a participant's system assigned risk level. RDs are available daily for consultations with certifiers.

With the implementation of the new nutrition risk module, understanding of risks and risk assignment should increase which will assist certifying staff to consistently make appropriate referrals to the RD.

Many RDs around the state have been actively involved in training staff to promote the appropriate utilization of RD services. Please feel free to share any information about activities that are happening at your agency. Questions to consider for future LARD meetings:

- How do we communicate with staff about RD services?
- How do we market RD services to staff clients and community partners?
- What roles are RDs taking on in local agencies?

### **Fruit and Veggies More Matters:**

Karen Bettin

Fruit and Veggies More Matters is the new name for the 5-A-Day program. Karen will be sending out information on the March launch of More Matters. She will also include the logo for Fruit and Veggies More Matters that can be placed on recipes that meet specific standards.