

**USING NUTRITION TO SUPPORT
GROWTH AND DEVELOPMENT:**

**Reconsidering the use of
nutritional supplements**

2023 In-Service for WIC Certifiers
To be completed by 12/31/23

IN-SERVICE GOAL

Certifiers will use critical thinking to support developmental feeding when counseling on the appropriate use of nutritional supplements for children.

OBJECTIVES

1. Describe the history and the complexity of reasons for issuing certain nutritional supplements.
2. Demonstrate appropriate issuance of formula and food related to nutritional supplements.
3. Demonstrate critical thinking when counseling on the appropriate use of nutritional supplements.
4. Utilize nutrition education tools available to ensure appropriate use of nutritional supplements.
5. Explain when to refer to the WIC Nutritionist for a feeding issue needs further assessment.

WHY FOCUS ON NUTRITIONAL SUPPLEMENTS?



To assess the long-term impacts on developmental feeding in otherwise healthy children

DEVELOPMENTAL FEEDING

- Nutritional supplements are marketed to caregivers of toddlers and young children, ages 1-5 years
- Ages 1-5 years are sensitive periods in the life cycle when a growing sense of independence, food refusal and developing fine motor skills need to be supported
- Children need:
 - Opportunities to develop eating skills (chewing, swallowing)
 - Repeated exposures to foods
 - To learn to self-regulate and respond to cues of hunger and fullness
 - To be trusted to decide whether to eat and how much

BACKGROUND

Before 2009

Prior to 2009, WIC staff had to choose between food OR formula packages; issuance of both was not an option

2009

A change in the WIC food package allows food and formula packages to be issued

2009- 2012

Dietitians noticed an increase in the issuance of full formula and food packages
Nutritional supplements were being requested to otherwise normally developing children
A need was identified to understand and evaluate the impact of nutritional supplements on developmental feeding and the feeding relationship

2012

Dietitians from Oregon WIC, clinical settings, and industry came together to discuss the issue and design tools to help with promoting food first. This in-service includes many of the tools developed by this collaboration

THE COLLABORATIVE LOOKED AT



LITERATURE REVIEW

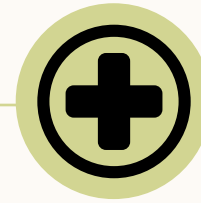
Research on effectiveness of nutritional supplements is limited with research often funded by formula manufacturers



PREVALENCE DATA

Tracked issuance data for 3 formulas:

- PediaSure
- Nutren Jr
- Boost Kid Essentials



PARTICIPANT RECORDS

Reviewed:

- Growth data
- Risk assignment
- Assessment
- Counseling
- Food/formula packages
- Frequency of reassessment

SUMMARY OF LITERATURE REVIEW

- Nutritional supplements, originally formulated for undernourished children, are increasingly marketed for and consumed by children generally
- In otherwise healthy and normally developing children, there is a lack of evidence to support the use of nutritional supplements
- The use of nutritional supplements for longer than 3-6 months may have unintended consequences on the feeding relationship including increasing behavioral difficulties at meals, food refusal and delayed developmental feeding milestones

NUTRITIONAL SUPPLEMENTS ISSUANCE DATA

July 2015 vs (January 2023):

533 participants assigned PediaSure
(531 in Jan 2023)



**Same issuance
pattern over the past
8 years**

4 participants assigned Boost Kid
Essentials (BKE)
(6 in Jan 2023)



10 participants assigned Nutren Junior
(8 in Jan 2023)



CHART REVIEW DATA

2013-2017 data of the most issued nutritional supplement, PediaSure:

- 85% of issuance was for children over the age of 2 years
- Over half of the children were between the 5th and 50th percentiles
- The most common risk factor was short stature, with this being the only risk factor for a third of the children under the age of 2
- Other assigned risk factors included in the order of prevalence
 - Underweight
 - Prematurity
 - Slow weight gain
 - Developmental/sensory delays
 - Failure to thrive*

*in some cases, failure to thrive was marked as the diagnosis on the medical documentation form but not supported by WIC growth data

POLICY AND TRAINING CHANGES

Outcomes and deliverables from the work of the collaborative include:

Policy revisions:

- 2015: Change implemented requiring WIC Nutritionists to be trained as certifiers
- WIC Nutritionist to have oversight of high-risk caseload
- Added requirement for WIC dietitians to review all medical documentation forms
- Strengthened reassessment of food packages by the dietitian to deny and/or tailor food packages when requests did not have a qualifying medical condition for issuance

POLICY AND TRAINING CHANGES

12

Outcomes and deliverables from the work of the collaborative include:

Training resources:

- Developed an in-service for certifiers and disseminated head circumference measurements as a best practice in monitoring malnutrition in children
- Development of the responsive parenting module

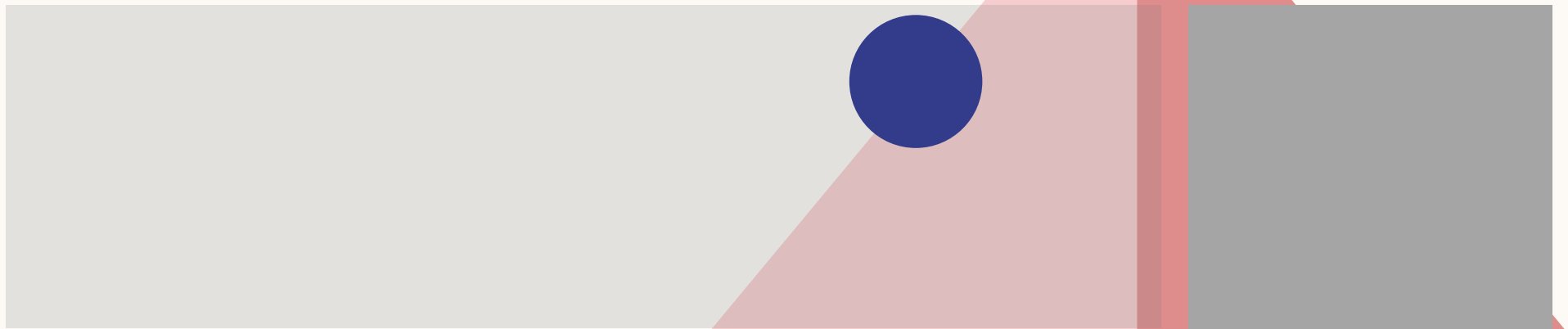
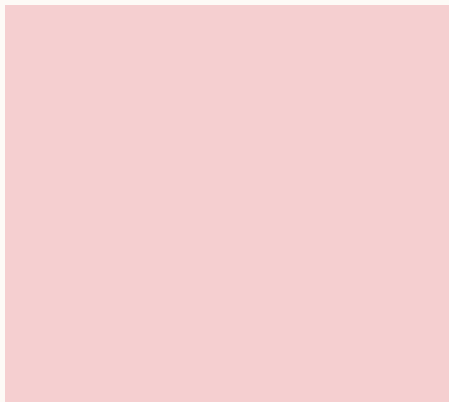
PROMOTING BEST PRACTICE

Outcomes and deliverables from the work of the collaborative include:

Community of practice agreements with clinical dietitians:

- Keep children on infant formula past 1 year of age as a preferred option to initiating nutritional supplements
- Switch hospital contracts to decrease emphasis on nutritional supplements with strong commercial marketing
- Promote Food first
- Decrease provision of formula samples given by health care providers and clinical dietitians
- Toddler formulas are not needed and are not to be promoted in clinical or WIC settings

REASONS FOR ISSUANCE ARE COMPLEX



CHILD'S PERSPECTIVE

Eating is hard work

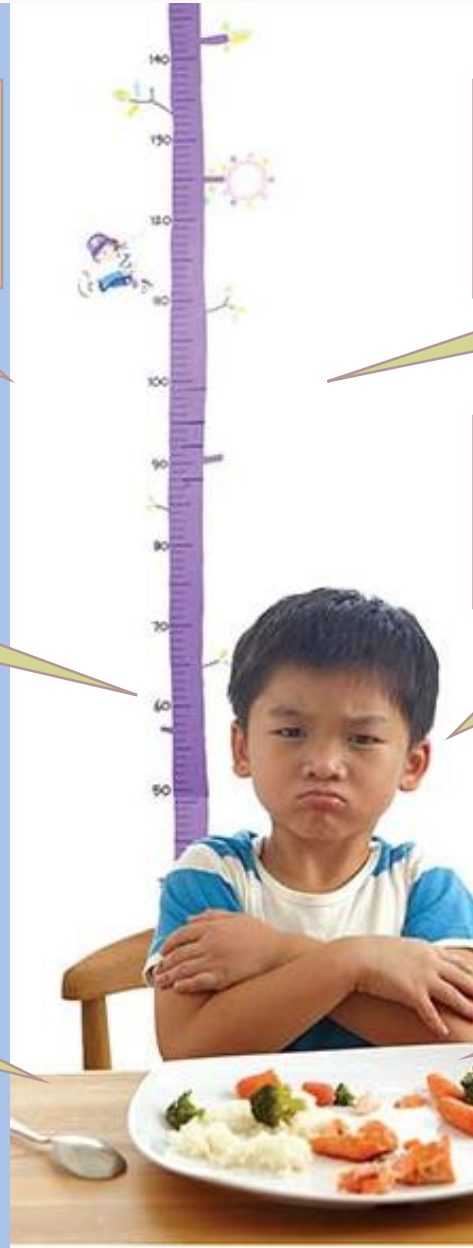
Mom gives me what I want if I don't eat

I can outlast a new food offering- they usually give up after 3 tries

After a busy day it is easier to drink – chewing food wears me out!

I saw a child like me on TV drinking it, they looked happy

I don't like new foods- I can tell by looking at it that I won't like it



CAREGIVER PERSPECTIVE

My child prefers drinking rather than eating

I am not doing my job if my child doesn't eat

Doesn't eat enough of the foods I want them to eat

Mealtime is a battle

Isn't growing at the same rate other kids are

My friends are using it

My doctor is concerned

Only eats certain foods



HEALTHCARE PERSPECTIVE

What's the harm?

I want to help

Quick fix

I don't have time for a full nutrition assessment

The formula rep was just here and gave me samples

WIC provides it, so it won't cost the family

It's like a multi-vitamin

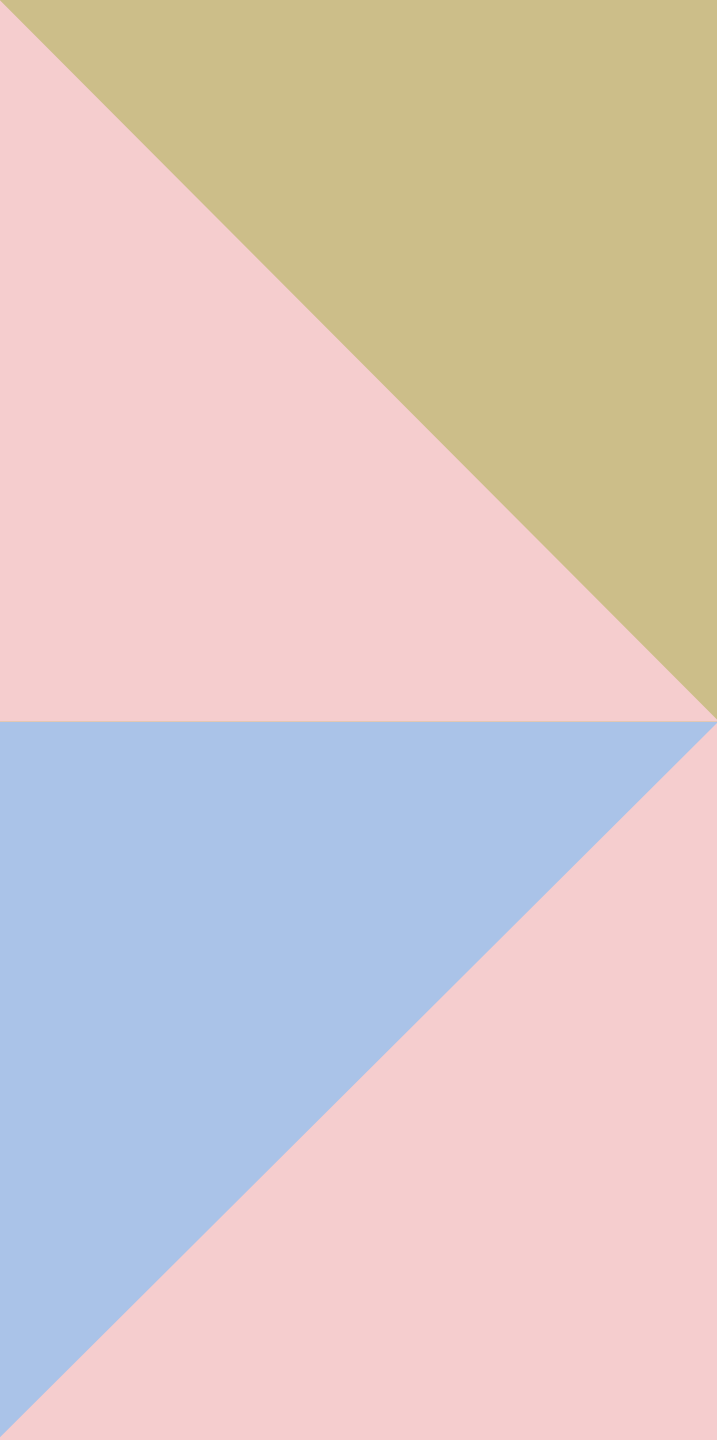




Local Agency Perspective

Discussion Question:

From your perspective, why are nutritional supplements like PediaSure, BKE or Nutren Jr requested?



**Meanwhile
in the marketing
world.....**

Marketing to children is big business

A great beginning
to your child's
bright future

Introducing new and improved
PediaSure[®] Complete, Balanced
Nutrition[™] for healthy growth.

Feed Kids' Potential.[™]



- ✓ Kid Approved Taste!
- ✓ PediaSure is now an excellent source of DHA Omega-3*, an important nutrient that helps support brain and eye development.
- ✓ Good source of 23 vitamins and minerals to help kids grow.

*12 mg of DHA per 8 fl. oz. serving (20% of 160 mg Daily Value)

Lactose-Free* • Gluten-Free

*Not for children with galactosemia.

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Available at **Walmart**[®]
Save money. Live better.

Help your little
pilot soar.

Introducing new and improved
PediaSure[®] Complete, Balanced
Nutrition[™] for healthy growth.

Feed Kids' Potential.[™]



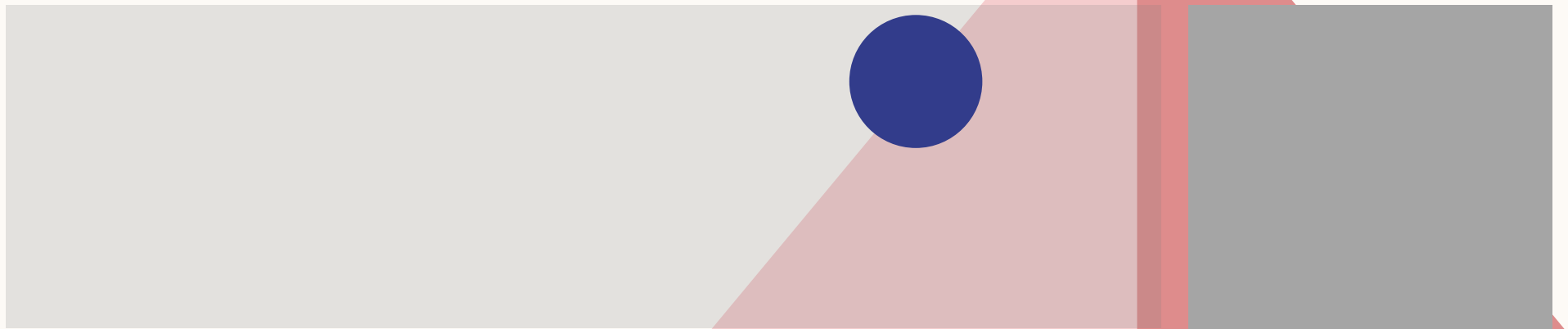
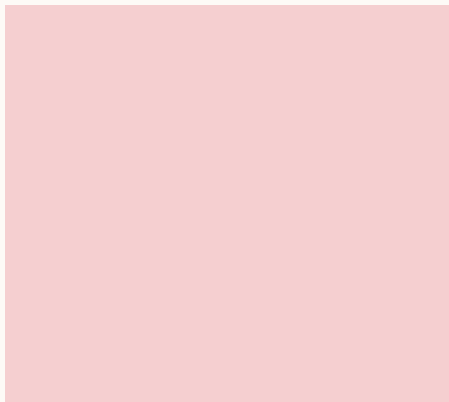
- ✓ Kid Approved Taste!
- ✓ PediaSure is now an excellent source of DHA Omega-3*, an important nutrient that helps support brain and eye development.
- ✓ Good source of 23 vitamins and minerals to help kids grow.

*12mg of DHA per 8 oz. serving (20% of 160mg Daily Value)

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Available at **Walmart**[®]
Save money. Live better.

HAVING THE CONVERSATION



WHEN A NUTRITIONAL SUPPLEMENT IS NOT APPROPRIATE

What conversation can we have with families when the use of a nutritional supplement is not supported by a medical reason?

One possible way:

“This product is used in special situations. The good news is, your child is OK, does not have a special situation and we can work together to help improve mealtime with your child.”

CONSIDERATIONS FOR USE²³

The reasons for requesting a nutritional supplement are complex and multifactorial; use participant centered skills and critical thinking to address the concerns, fears of the family.

Considerations when using nutritional supplements:

- Discuss what success looks like
- Frame use as a short-term option
- Discuss weaning plans
- Promote food first throughout the process
- Promote the feeding relationship
- Prioritize obtaining growth data
- Reassess within 3 months

Counseling: Contemplating the use of nutritional supplements

Explore



“You are concerned about your child’s eating and feel PediaSure might help. What have you heard about children’s appetites as they age?”

Offer

“Did you know... adding extra calories from PediaSure may not help your child’s acceptance of foods. If used for longer than 3-6 months, it may interfere with willingness to eat the foods you offer.”

Explore

“How would mealtime be different if you could trust that your child will grow at a rate that is right for them?”

Counseling: Asking for a nutritional supplement

Explore

“What are some foods you wish your child would eat?”

Offer

“In WIC we promote food first as a preferred option over using nutritional supplements. WIC foods are nutrient dense foods.”

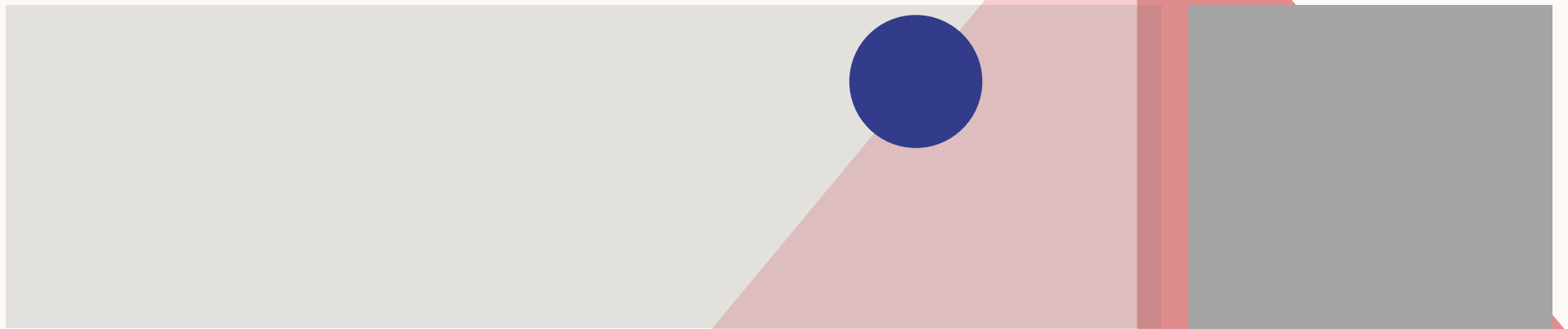
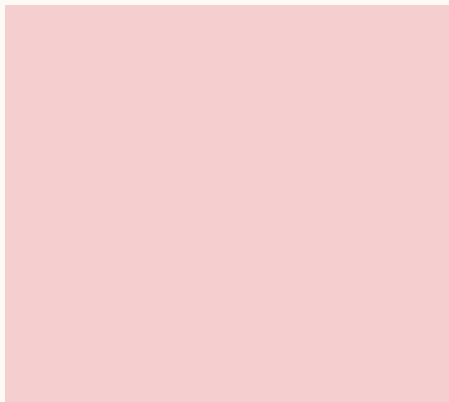
Explore

“If you do decide formula is the way to go...What are some ways you can offer the supplement to help your child eat foods you want them to eat?”

Discussion Questions:

1. How are you doing with discussing the appropriate use of nutritional supplements?
 - What do you find challenging?
 - What support would help you?
2. What are 1-2 ways you can strengthen your counseling skills to promote a healthy relationship with food with families expressing concerns about their child's eating?

OPTIONAL TOOLS TO SUPPORT APPROPRIATE USE



Staff Guidance

GUIDANCE FOR USE OF NUTRITIONAL SUPPLEMENTS

The health benefits of using nutrition supplements for infants and children are not well studied despite being heavily marketed to improve height, weight, and nutritional status (Lamp1 2016). Nutrition supplements, when used with typically developing children, impact weight in the short-term, but do not have a sustained effect on weight. It is generally believed that following an initial burst in calories and improvement in weight, the calories from nutritional supplement begin to *replace* food calories.

The use of nutrition supplements beyond 3-6 months may have unintended consequences on the feeding relationship including increasing behavioral difficulties at meals, food refusal and delayed developmental feeding milestones. Healthcare providers are critical in helping caregivers assess the medical need, evaluate product claims and counsel on developmentally appropriate feeding behaviors.

Considerations for appropriate use include:

Decision to use Nutritional Supplements:

- When possible, extend the use of infant formulas up until age 2 years of age vs. initiating nutrition supplements at one year of age.
- Before initiating use of these products, identify how the family defines successful eating, growth, and development. Discuss the plan for weaning off the nutritional supplement.
- For children with developmentally appropriate feeding skills, the recommended period of nutrition supplements use is 6 months or less.

Feeding guidance:

- Offer the beverage while the child is seated at the table and consume along with eating a meal or a snack.
- Nutrition supplements are not to be used as meal replacements or provided between meals.
- Nutrition supplements are not to be sipped on throughout the day.

Denial letter

Sample Letter Denying Nutritional Supplements

Local Agency Letterhead/State Letter head

Date

Medical Provider

Clinic name

Clinic Address

Dear *(name of requestor)*,

(Participants first and last name) is a participant in the *(local agency name)* WIC Program. I am writing to you regarding the request for *(insert name of nutritional supplement)* for our shared patient.

The WIC Program is federally funded and regulated by the United States Department of Agriculture (USDA). Per federal regulations, the WIC Program may provide nutritional supplements to eligible WIC participants if there is a **documented medical diagnosis** for which the formula is intended. Based on product information provided by the manufacturer, *(insert name of nutritional supplement)* may be appropriate for oral motor feeding disorders, tube feedings, failure to thrive from an underlying medical condition, or medical conditions that increase caloric requirements beyond what is expected for the child's age (e.g. cystic fibrosis, cancer, congenital heart disease, etc.). On the other hand, a caregiver's request or preference that their child be provided a nutritional supplement **is not** adequate justification for WIC to provide it, even if it is one of the few foods the child will eat. Risks associated with using this product without a qualifying medical condition include dental caries, delay in progression of feeding skills and increased risk of feeding problems.

Based on the information we have for this child, WIC cannot provide *(insert name of nutritional supplement)*. Our WIC dietitian and staff are available to provide counseling on using the nutrient dense foods WIC foods offers, assess eating patterns, and promote a positive feeding relationship.

Nutritional Supplement Care Plan

NUTRITIONAL SUPPLEMENT CARE PLAN

Your health care provider has recommended a high calorie formula:

_____.

Based on an assessment completed by your Nutritionist, this request has been approved on a trial basis for _____weeks / months.

You know your child best. Your Nutritionist will work with you to find out how eating is going for your child. Eating is a learned skill that takes time, effort, and practice. The goal will be to increase calories and nutrients in your child's diet as well as increase the enjoyment of trying a variety of foods that match your child's eating abilities. If you have concerns about your child's eating behaviors (refusing foods, choking, sensitive to touch or smells, taking longer than one hour to eat a meal), please contact your health care provider for a referral for further evaluation.

The goal will be to:

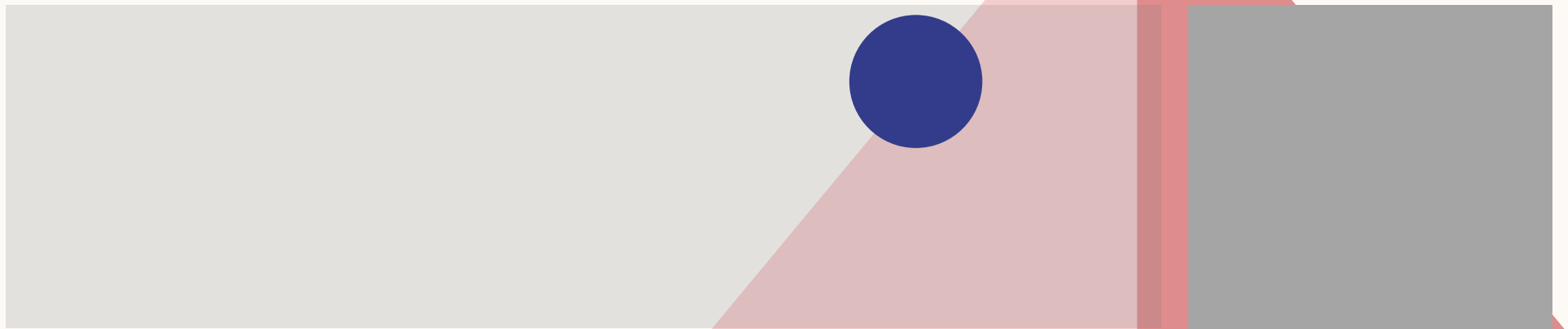
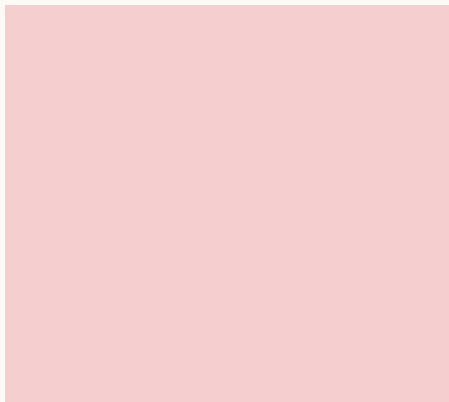
- Promote food first
- Define what success looks like and a plan to stop the formula
- Provide formula to your child's meal and snack pattern in a way that the formula does not replace food

Discussion Question:

Which of the optional tools reviewed do you think would be helpful to support appropriate issuance?

Local Agency Perspective

FOOD PACKAGE ASSIGNMENT



POLICY CONSIDERATIONS

Policies which support appropriate food package assignment

- Policy 769:
 - For children over 2 years of age and adults, whole milk is an option if there is issuance of a formula as well. Medical documentation stating a medical need for both whole milk and WIC formula is required. Whole milk issuance without a formula is against policy.
- Policy 765:
 - Medical documentation is needed to support issuance of a formula over 12 months of age; one month issuance to “trial a formula” needs a MDF to support issuance

BEST PRACTICE

Issuance amount: Start at a low quantity or reassess and decrease issuance after 2-3 months

Milk options: Whole milk with needs MDF and formula. Other milk options: stay with milks that do not require MDF: low fat or 2% (2% requires risk assignment and/or documentation to support issuance)

Monitor growth: Prioritize obtaining data or having participant come in for weight checks

Progress notes: Describe intake of other food, counseling on developmental feeding, feeding relationship, include plan to wean off PediaSure

Refer: Involve your local agency nutritionist, may need outside referral to a feeding team

Medical Data <input checked="" type="checkbox"/> Health History <input checked="" type="checkbox"/> Diet Assessment <input checked="" type="checkbox"/> NE Plan <input checked="" type="checkbox"/> Progress Notes <input type="checkbox"/> Food Package Assignment <input checked="" type="checkbox"/>											
FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
06/01/2023	C2-5	ML-C-Y	3.00	gal	C	ZN					BI
05/01/2023	C2-5	ML-C-Y	3.00	gal	C	ZN					BI
04/01/2023	C2-5	ML-C-Y	3.00	gal	C	ZN					BI
03/01/2023	C2-5	ML-C-Y	3.00	gal	C	PED-R	60	bd	Y		\$ BI
02/01/2023	C2-5	ML-C-Y	3.00	gal	C	PED-R	60	bd	Y		BI
01/01/2023	C2-5	ML-C-Y	3.00	gal	C	PED-R	60	bd	Y		BI
12/01/2022	C2-5	modified			C	PED-R	60	bd	Y		BI
11/01/2022	C1	MW-C-Y	3.00	gal	C	PED-R	113	bd	Y		BI
10/01/2022	C1	MW-C-Y	3.00	gal	C	PED-R	113	bd	Y		BI

TWIST DISCUSSION QUESTION

TWIST Scenario:

PediaSure is assigned for one month without medical documentation followed by a second month of issuance by entering dates on Med Doc field without a medical documentation form on file. Future months are reduced to zero in Module C and whole milk is issued to a child 24-36 months

Discussion:

1. What do you notice about this food package?
2. What changes are needed to this food package to ensure policy is being followed?

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
01/01/2023	C2-5	MW-C-Y	3.00	gal	C	PED-R	0	btl			U
12/01/2022	C2-5	MW-C-Y	3.00	gal	C	PED-R	0	btl			\$ BI
11/01/2022	C2-5	MW-C-Y	3.00	gal	C	PED-R	0	btl			BI
10/01/2022	C2-5	MW-C-Y	3.00	gal	C	PED-R	108	btl	Y		BI FW
09/01/2022	C2-5	MW-C-Y	3.00	gal	C	PED-R	113	btl	R		BI FW
08/01/2022	C2-5	MW-C-Y	3.00	gal	C	PED-R	0	btl			BI
07/01/2022	C2-5	MW-C-Y	3.00	gal	C	PED-R	0	btl			BI
06/01/2022	C2-5	MW-C-Y	3.00	gal	C	PED-R	0	btl			BI

TWIST DISCUSSION QUESTION

TWIST Scenario: Special client is checked, Module C has “ZN” and whole milk is assigned to a child 24-36 months

Discussion:

1. What do you notice about this food package?
2. What changes are needed to this food package to ensure policy is being followed?

FP Start Date	WIC Category	Module A	Qty A	Unit A	Module B	Module C	Qty C	Unit C	Med Doc	Partial	Status
07/01/2023	C2-5	MW-C	3.25	gal	C	ZN					
06/01/2023	C2-5	MW-C	3.25	gal	C	ZN					
05/01/2023	C2-5	MW-C	3.25	gal	C	ZN					
04/01/2023	C2-5	MW-C	3.25	gal	C	ZN					
03/01/2023	C2-5	MW-C	3.25	gal	C	ZN					
02/01/2023	C2-5	MW-C	3.25	gal	C	ZN					
01/01/2023	C2-5	Modified			C	ZN					\$ BI
12/01/2022	C2-5	MW-C	3.25	gal	C	ZN					BI
11/01/2022	C2-5	MW-C	3.25	gal	C	ZN					BI
10/01/2022	C2-5	MW-C	3.25	gal	C	ZN					BI
09/01/2022	C2-5	MW-C	3.25	gal	C	ZN					BI
08/01/2022	C2-5	MW-C	3.25	gal	C	ZN					BI
07/01/2022	C2-5	MW-C	3.25	gal	C	ZN					BI

ALTERNATIVES TO NUTRITIONAL SUPPLEMENTS

Infant formula:

Obtain medical documentation to continue infant formula past one year of age to help with transitioning to milk or milk alternative

2% milk:

If the child is over 2 years, assess for 2% milk
(follow documentation requirements outlined in policy 769)

Promote food first:

Counsel on using nutrient dense foods

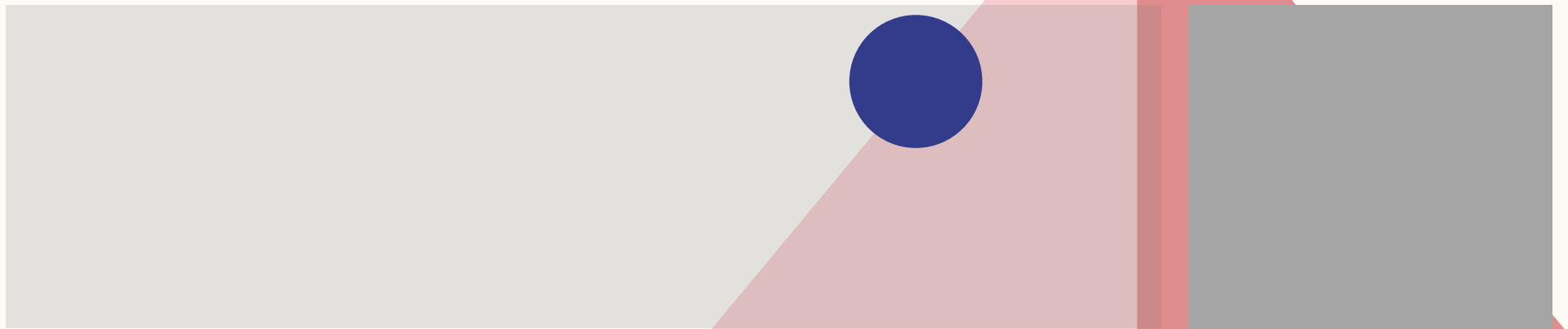
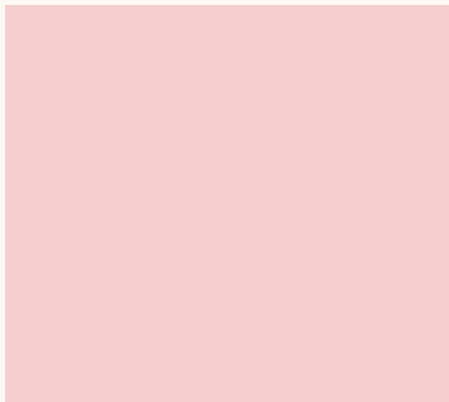
Don't initiate:

If your agency currently initiates a nutritional supplement without a med doc, consider discontinuing this practice. One month issuance without medical documentation will not be an option with our new data system, OTIS

MEDICAL DOCUMENTATION WILL CHANGE IN OTIS

- One month issuance without a medical documentation form (MDF) will go away
- A verbal order or a completed MDF must be uploaded to support issuance of a medical formula
- Verbal orders must be replaced by a completed MDF with 2-3 weeks

DEVELOPMENTAL FEEDING





**Start early.
Focus the
conversation
on prevention.**

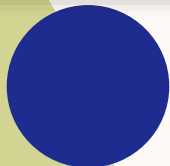
SUPPORTING A HEALTHY RELATIONSHIP WITH FOOD

Healthy Eating Research

Ages 2-8 Feeding Recommendations



- Division of responsibility
- Routines
- Guidance and support
- Repeated food exposures
- Support hunger, fullness cues
- Understand child's developmental, social-emotional needs
- Provide developmentally appropriate involvement with growing, preparing and serving foods



OPTIONAL ACTIVITY

Review the resources on Healthy Eating Research:

<http://healthyeatingresearch.org/wp-content/uploads/2021/10/HER-Healthy-Eating-Guidelines-Scenarios.pdf>

Discuss:

How can these resources be used in counseling related to eating concerns and requests for a nutritional supplement?

Where Do I Go from Here?

Answers to Your Kids' Most Common Feeding and Eating Challenges

Reluctance to eat new foods and other picky eating habits are common during toddlerhood and the preschool years. This can be a big source of stress for parents, as we are always worrying about whether our kids are eating enough and growing appropriately.

The good news? For most children this is relatively short-lived and tends to get better with age as children enter the school years. And, in the meantime we have science-based recommendations that can help your child create healthy eating habits — no matter what your challenge!

Help! At mealtime, my child eats:

TOO MUCH:

- ▶ Offer smaller, [age-appropriate kid-friendly portions](#).
- ▶ Help your children identify and listen to their hunger

TOO LITTLE:

- ▶ Maintain a meal and snack routine to limit snacking all day long. Too much snacking throughout the day will result in kids not being hungry at mealtime.

TOO FAST:

- ▶ Help kids identify and listen to their hunger or fullness cues. Talk to kids about how their stomach feels before, during, and after eating.

TOO SLOW:

- ▶ Use praise to convey love and encourage trying new foods. Focus praise on willingness to try ("great job trying") rather than the child ("you are a good boy")

REFER TO YOUR WIC NUTRITIONIST

Refer to your WIC Nutritionist or health professional if concerns or 'red flags' are identified during the assessment or counseling session

Red flags might include:

- Child eats fewer than 20 foods
- Avoids entire food groups (e.g., meats, vegetables)
- Child drinks majority of their calories
- Caregiver uses distractions on a regular basis to get child to eat
- Child has not progressed beyond pureed foods by 12 months of age
- Meals last longer than 30 minutes
- Child gags, vomits or coughs while eating (trying to clear their airway)

RESOURCES

Healthy Eating Research:

- Evidence-Based Recommendations and Best Practices for Promoting Healthy Eating Behaviors in Children 2 to 8 Years: <https://healthyeatingresearch.org/wp-content/uploads/2021/10/her-heg-technical.pdf>
- 0-5 Beverage Recommendations: <https://healthyeatingresearch.org/tips-for-families/0-5-beverage-recommendations/>

Articles:

- Lampl, M., et al. (2016). [Promoting Healthy Growth or Feeding Obesity? The Need for Evidence-Based Oversight of Infant Nutritional Supplement Claims](#) *Healthcare* 4, 84.
- Fleming-Milici, F., et al. (2022). [Marketing of sugar-sweetened children's drinks and parents' misperceptions about benefits for young children.](#) *Maternal & Child Nutrition* 18, e13338.

THANK YOU

