



Oregon WIC Training

**Infant Feeding and
Nutrition Module**



Training Supervisor's Guide



57-6625-ENGL

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Instructions for Training Supervisor

Overview

Welcome to the *Training Supervisor's Guide* for the *Infant Nutrition and Feeding Module*. In addition to this guide, you will need access to the student's version of the *Infant Nutrition and Feeding Module*.

Training Supervisor's Role

Your role as the Training Supervisor is to oversee the staff members at your local agency and/or clinic who are completing the *Infant Nutrition and Feeding Module*. You will:

- ◆ Help the student begin using the *Infant Nutrition and Feeding Module*.
- ◆ Be available to answer questions about the module and help the student find the answers within the module or in other reference books.
- ◆ Meet with the student to review and evaluate progress.
- ◆ Document the student's competency achievement and module completion.

To Do Before Training

Read the *Infant Nutrition and Feeding Module*.

NOTE

Certifying staff will complete all lessons in this module.

When to Meet With the Student

Before the Student Begins the Module:

1. Make a training plan and timeline for completing the module.

After the Student Completes Each Part

1. Review the *Activities* from the section just completed.
2. Document completion of each part on a copy of the *Competency Achievement Checklist* (see page 17).

When the Student has completed the Module

1. Ask the student to complete the *Posttest*.
2. Check the *Posttest* for correct answers (see pages 11 through 17).
4. Discuss incorrect answers.
5. If the student scores less than 90%, guide the student on areas to review and reissue the *Posttest* when student is ready.
6. Document completion of the *Posttest* on a copy of the *Competency Achievement Checklist*.

To Finalize Completion of the Module

- ◆ Congratulate the student on their achievement!
- ◆ Give the completed *Competency Achievement Checklist* to the Local Agency Coordinator. The Local Agency Coordinator will file the form in accordance with WIC Policy 440.
- ◆ Collect the student's *Training Module Evaluation* and mail it to the state WIC office (see Policy 440).
- ◆ Document the student's module completion in TWIST.
- ◆ Acknowledge the student's completion of the module and provide a certificate of completion (available on the Oregon WIC website).

NOTE

It is estimated that you will spend about an hour meeting with the student.

Guidance for Review Activities

Pages 8-9 are copies of the *Activities* from each part of the *Infant Nutrition and Feeding Module*, along with the answers to help with your interaction with the student. The correct answers are in **bold**.

NOTE

Answers are not included for all *Activities* because in some cases there is not one right answer to the problem. If a student has a question about an *Activity* or is having problems completing the activities, help them find the solution within the lesson they just completed in the module.

Part 1: Birth to Six Months Objectives

After reading this section of the module, staff will be able to:

Nutrition for Growth and Development

- Describe the physiological changes for infants.
- Describe a positive parent-child feeding relationship.
- Identify key nutrients needed to support infant growth and development.
- Identify vitamins and minerals needed to support infant growth and development.

Feeding the newborn

- Identify and describe three newborn feeding reflexes.
- Identify and describe three hunger and satiety cues.
- Describe methods that can be used to prepare a sleepy infant for a feeding.
- Describe how to determine if an infant is receiving adequate nutrition and hydration.

Gaining Weight, Growth Spurts and Sleep

- Identify appropriate patterns of weight gain and growth spurt periods.
- Describe inappropriate practices for getting infants to sleep through the night.

Water and Fluid Needs

- List three “Do’s” for giving an infant water/fluid.
- List two or three consequences for giving an infant too much water.
- Identify appropriate water sources for infants less than six months of age.

Part 2: Six Months to One Year of Age Objectives

After reading this section of the module, staff will be able to:

Changes in the Developing Infant

- Define developmental readiness.
- List three signs of developmental readiness that show a baby is ready to try solid food.
- Describe the physiological reasons for waiting to start solid foods.

Introducing Solids

- Identify the risks associated with early and late introduction of solid foods.
- Describe medical conditions that may delay developmental readiness for starting solids.
- Identify appropriate food textures for a specific age range.
- List foods that are appropriate to provide as first foods.
- Explain why foods do not need to be introduced in a certain order.

Negative Reactions to Complimentary Foods

- Describe the difference between a food allergy and food intolerance.
- Name at least 3 common allergic reactions.
- Describe the current AAP recommendations for food allergies.

Transition to Table Foods

- Identify basic guidelines related to introducing solid foods to infants.
- Describe safety tips for feeding an infant.
- Describe the guidelines for feeding juice to infants.
- Describe precautions for introducing solid foods.
- State at least 3 foods to avoid feeding an infant.
- State at least 6 foods that are common choking hazards for infants.
- Describe how to prepare/modify a food in order to reduce choking risk.
- Identify correct procedures for using commercial baby foods.

- List tips for preparing and storing foods at home for an infant.
- Define and identify Bisphenol A (BPA).
- Describe recommendations for minimizing BPA exposure.

Fluids, Cups and Weaning

- Define water intoxication and dehydration.
- List 3 symptoms each of water intoxication and dehydration.
- State basic recommendations for introducing a cup to an infant.
- Explain the main concern related to “spill-proof” cups.
- Identify recommendations related to weaning.
- List two tips for helping an infant give up the bedtime bottle.

Digestive Disorders and Other Infant Health Issues

- Describe the 3 types of jaundice.
- List 2 symptoms for identifying jaundice.
- Identify correct statements about oral health for infants.
- List 3 ways parents can help prevent early childhood dental caries in their infants.
- State the current recommendations for providing vitamin D to infants.
- List 4 symptoms of iron-deficiency anemia.
- State the main sources of lead exposure.
- List 4 symptoms of lead poisoning.
- List 3 things parents can do to reduce an infant's risk of lead poisoning.
- List the available resources for obtaining further information about lead prevention poisoning.
- Identify correct statements about excessive weight in infants.
- Describe general infant safety tips for parents and caregivers.

Answers - Activities

Activity (page 15)

Case Study — Providing a WIC Mother with Infant Feeding Advice

1. No. She appears to still have gag and tongue thrust reflexes. Lucy does not have good head control.
2. Advise Lisa to hold off on starting solids until Lucy is able to sit up on her own and hold her head without support. After she has improved head control she can try again.
3. Lucy let mom know she was hungry when she became fussy. When the bottle was provided she responded with a smile and cooing.

Activity (page 25)

Case Study — Determining When an Infant Is Ready To Start Solids

1. What did he do with the feeding of cereal today? Did he gag or choke? Did he open his mouth to accept the spoon? Was he able to swallow the cereal and hold it in his mouth?
2. Can he sit alone with support? Does he have good head control?
3. Yes – See the document entitled Nutrition Practice Care Guidelines for Preterm Infants in the Community which is located here:
<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/preterm.pdf>
4. Yes. He appears developmentally ready. Though he was a little messy, he will improve with practice.

Activity (page 31)

Introducing Solids

1. B. 4 to 6 months
2. strained/pureed mashed
3. B. — 4 months

4. True
5. True
6. B. thin pureed
D. strained

Activity (page 35)

Case Study — Food Allergies

1. Yes. Her brother has an allergy. High risk for allergies is defined as an infant with a first degree relative (parent or sibling) with an allergy.
2. Extreme irritability, breathing problems, skin rashes, constipation, diarrhea, nausea, failure to thrive, anaphylactic shock.
3. Delay introduction of solids to 4-6 months. Follow up with health care provider.

Activity (page 53)

Case Study — Choking Hazards

1. C. cut lengthwise into strips
2. False
3. A. cooked vegetables cut into strips
B. cooked hot dogs cut into strips
F. cooked, mashed beans
4. True
5. True
6. Answers can include (this is not a complete list) hot dogs, sausages, fish with bones, peanuts or other nuts, whole beans, cooked or raw corn, whole uncut grapes, popcorn, marshmallows, large chunks of cheese, peanut butter, dried fruit, whole pieces of canned fruit, raw vegetables (e.g. carrots, green peas, etc.)

Answers - Posttest

1. When babies are able to follow their own feeding schedules (eating when they are hungry and stopping when they are full) they usually:
 - A. eat too much and gain extra weight
 - B. don't eat enough and lose weight
 - C. adjust their intake to the right amount of calories and grow normally**
 - D. get very demanding
2. True or **False**: Compared to adults, babies need less fat in their diet.
3. Requirements for vitamin D for infants have:
 - A. decreased to 100 IUs per day over the first few days of life
 - B. increased to a minimum of 400 IUs per day in the first few days of life**
 - C. stayed at 200 IUs per day beginning in the first 2 months of life
 - D. been discontinued
4. True or **False**: Most infants are born with iron stores that last the first year of life.
5. **True** or False: The main source of carbohydrates during the first six months of an infant's life is lactose.
6. In a positive parent-child relationship, the parents should:
 - A. set up a strict feeding schedule
 - B. offer foods and textures that are beyond the infants feeding skills
 - C. observe and respond to the baby's hunger and fullness cues**
 - D. offer only foods that the parents like

7. Match the newborn feeding reflexes with the appropriate definition:
- | | |
|------------------------------------|------------------------------------------------------|
| Rooting reflex (ii) | i. spits out food that touches the back of the mouth |
| Suck/swallow reflex (iii) | ii. turns head when corner of mouth is touched |
| Tongue thrust reflex (iiii) | iii. makes sucking motions when lips are touched |
| Gag reflex (i) | iiii. sticks out tongue when lips are touched |
8. Under normal circumstances, when adequately fed, healthy infants get all the water they need from (check all that apply):
- A. **breast milk**
 - B. **properly diluted infant formula**
 - C. plain water
 - D. fruit juice
9. **True** or False: Well-water should be tested yearly for contaminants such as nitrates that can cause an infant to become seriously ill.
10. At what age are complementary foods generally introduced?
- A. 6 to 9 months
 - B. **4 to 6 months**
 - C. 3 to 6 months
 - D. 2 to 4 months
11. Feeding solids too early increases a baby's risk of:
- A. choking
 - B. allergic reactions
 - C. a reduced intake of breast milk or infant formula
 - D. **all of the above**

12. Developmental readiness refers to:
- A. the point at which a fetus becomes fully developed and is ready for birth
 - B. the point at which a baby has acquired new skills and is ready to try new foods, textures and feeding methods**
 - C. the point at which a breastfed baby is ready to wean from the breast
 - D. the point at which a baby can feed himself
13. What are the signs an infant is developmentally ready to begin solid foods?
- A. Sits up alone or with help, holds head up straight and steady, close lips over spoon and pulls food off the spoon, shows a desire for food by opening his mouth and leaning towards the spoon**
 - B. Sits up alone or with help, holds head up straight and steady, keeps food in the front of the mouth, raises his tongue up
 - C. Holds head up straight and steady, shows a desire for food by opening his mouth and leaning towards the spoon, keeps food in front of his mouth
 - D. Holds head up straight and steady, closes his lips over the spoon and pulls food off the spoon, gag reflex is prominent
14. What texture should an infant be fed when introduced to complementary foods for the first time?
- A. mashed
 - B. thin pureed**
 - C. finely chopped
 - D. ground

15. Which food is a good choice as a first food for most healthy infants?
- A. iron-fortified infant cereal (rice, oatmeal, wheat)
 - B. vegetables
 - C. fruits
 - D. any of the above**
16. At what age would it be appropriate to begin to introduce the cup?
- A. 4 to 6 months**
 - B. 3 to 10 months
 - C. 10 to 12 months
 - D. 6 to 8 months
17. **True** or False: Infants can begin to self-feed and start finger foods at 8 to 12 months of age.
18. **True** or False: Infants should continue to breastfeed or formula feed throughout their first year of life even after they start complementary foods.
19. To prevent choking, mark all foods/preparations that are appropriate to serve a 10 month old infant:
- A. cooked vegetables cut into strips**
 - B. whole kernel corn
 - C. a spoonful of peanut butter
 - D. raw apples cut into wedges
 - E. cooked, mashed beans**
 - F. raw carrots cut into sticks

20. True or **False**: Introduce vegetables before fruits or else the baby will never like vegetables.
21. True or **False**: It is best to force a baby to eat new foods even if he does not like the food so that he gets accustomed to the taste and texture of the food.
22. **True** or False: Infants do not need to drink fruit juice.
23. True or **False**: Honey is a safe and healthy sugar alternative to feed infants
24. Which step is not recommended when making homemade baby food?
- A. remove pits, seeds and skins from fruits and vegetables
 - B. bake, steam, microwave or boil in a small amount of water
 - C. add salt, sugar or spices**
 - D. mash or grind before serving
25. By what age should infants be weaned from a bottle to a cup?
- A. 8 to 12 months
 - B. 9 to 12 months
 - C. 6 to 9 months
 - D. 12 to 14 months**
26. **True** or False: Hereditary can play a role in the occurrence of food allergies.
27. **True** or False: Caregivers should try one new food at time and wait a minimum 2 or 3 days between the introduction of each new food
28. True or **False**: Herbal teas or dietary botanical supplements are a safe option for older infants
29. **True** or False: Infants should not be provided with cow's milk until after one year of age

30. The American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP) recommend that infants should see a pediatric dentist for the first time when:
- A. within 9-months after their first tooth eruption or by 12-months of age
 - B. after their first tooth eruption or by 12-months of age**
 - C. after their first tooth eruption or by 24-months of age
 - D. within 9-months after their first tooth of age or by 24-months of age
31. True or **False**: Women who are breastfeeding a jaundice baby should be advised to stop breastfeeding until their infants jaundice is resolved.

Competency Achievement Checklist Infant Feeding and Nutrition Module

Staff (Learner) Name _____

Local Agency _____

Specific Course _____

Training Supervisor: Evaluate learner competency and achievement of the learning objectives upon completion of the course.

Competency Achievement Checklist			
At this checkpoint:	Evaluate this:	Competency Achievement Date:	Initials
Part 1	Learner has achieved the appropriate learning objectives.		
Part 2	Learner has achieved the appropriate learning objectives.		
<i>Posttest</i>	Learner has achieved a score of 90% or better.		

I verify that _____ has achieved the learning objectives of the *Infant Feeding and Nutrition Module* and is competent to:

- Identify the impact of infant development on feeding;
- Understand the nutritional needs of infants;
- Make correct recommendations regarding infant feeding; and,
- Educate participants about nutrition-related problems experienced by infants.

The learner meets the criteria set by the state to receive a *Certificate of Completion* for this course.

Signed _____ Date _____

Training Supervisor

Upon completion of this form:

1. File the form in the appropriate personnel file in accordance with WIC Policy 440.
2. Enter the course completion date information in TWIST.

