

Oregon WIC Training
Infant Formula Module



**Training Supervisor's
Guide**

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Instructions for Training Supervisor

Overview

Welcome to the *Training Supervisor's Guide* for the *Infant Formula Module*. In addition to this guide, you will need access to the learner's version of the *Infant Formula 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 Formula Module*. You will:

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

To Do Before Training

Read the *Infant Formula Module*.

NOTE

Certifying staff will complete all lessons in this module.

When to Meet With the Learner

Before the Learner Begins the Module:

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

After the Learner 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 19).

When the Learner has completed the Module

1. Ask the learner to complete the *Posttest*.
2. Check the *Posttest* for correct answers (see pages 15 through 17).
4. Discuss incorrect answers.
5. If the learner scores less than 90%, guide the learner on areas to review and reissue the *Posttest* when learner is ready.
6. Document completion of the *Posttest* on a copy of the *Competency Achievement Checklist*.

To Finalize Completion of the Module

- ◆ Congratulate the learner 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 learner's *Training Module Evaluation* and mail it to the state WIC office (see Policy 440).
- ◆ Document the learner's module completion in TWIST.
- ◆ Acknowledge the learner'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 learner.

Chapter 1 Objectives

After completing this lesson of the module, staff will be able to:

1-1 Breastmilk as the Standard

- ◆ Describe Identify 2 other training resources for breastfeeding

1-2 Infant Formula Mixing and Storage

- ◆ Identify three forms of infant formulas.
- ◆ Instruct a caregiver on how to properly prepare infant formula.
- ◆ Describe the basic steps of bottle-feeding an infant.

1-3 Types of Formulas

- ◆ Identify the differences between milk-based and soy-based
- ◆ Infant formulas.
- ◆ Identify three special types of formula and the reasons why they might be used.

1-4 Other Milks

- ◆ Identify two reasons why cow's milk should not be given to infants.

Chapter 2 Objectives

After completing this lesson of the module, staff will be able to:

2-1 Gastrointestinal Issues

- ◆ Describe three common causes of constipation in infants.
- ◆ Identify three common causes of diarrhea in healthy infants.
- ◆ Describe the difference between uncomplicated Gastroesophageal reflux (GER) and Gastroesophageal reflux disease (GERD)
- ◆ Describe two symptoms of colic in infants.

2-2 Food Allergies and Intolerance

- ◆ Define the difference between food allergy and food intolerance.
- ◆ Identify differences between lactose intolerance and cow's milk protein allergy.

2-3 Changing Formulas

- ◆ Instruct a parent or caregiver on how to transition from one formula to another.

Answers - Activities

Activity answers

NOTE

Answers are given only when there is a specific, objective answer. The answer key will state “subjective” if there is not an objective answer.

Lesson 1-1 Activity (page 12)

1. List 4 reasons why WIC recommends breastfeeding.

Refer to breastfeeding module

2. List 3 situations when breastfeeding is not recommended and formula would be used.

Refer to breastfeeding module

Lesson 1-2 Activity (page 15)

1. When you might offer ready-to-use formula to a family?

Family does not have access to a clean source of water for formula preparation. Care provider’s ability to correctly mix formula is questionable.

Lesson 1-2 Activity (page 17)

1. Why is it important to sanitize bottles and boil water for infants under 3 months of age?

This is the best method for assuring that bacterial contamination does not occur.

2. In what circumstances might a parent or caregiver want to continue to take extra sanitation measures past 3 months?

The family uses well water or in other situations where access to good water quality is limited.

Lesson 1-2 Activity (page 20)

1. How would you explain the steps for mixing the following:

A. Liquid concentrate formula:

Shake the can and rinse off the top. Open with a clean can opener. Mix the can of liquid concentrate formula with a can of boiled and cooled water in a clean container. Stir to mix thoroughly and pour into sanitized bottles.

B. Powdered formula:

Usually, add one unpacked level scoop of powder to 2 ounces of water. Use the scoop that comes in the can to measure the powder. Add the correct number of scoops to the sanitized water in a clean container. Stir or shake the mixture thoroughly.

Lesson 1-2 Activity (page 22)

1. Why is it important to prepare infant formula correctly?

Underdiluting or overdiluting formula changes the calorie and nutrient content of the formula and can cause significant health issues for infants. Handling formula in an unsanitary manner could place the infant at risk for gastrointestinal illnesses.

Lesson 1-2 Activity (page 27)

1. What would you feel is important to explain to caregivers about warming a bottle?

The best method is to set the bottle in a pan or bowl of warm water for a few minutes, or hold it under warm tap water, and then shake the bottle after warming. A few drops of formula on the inside wrist is a good test of temperature. If it feels neither warm nor cold on the wrist, it is the right temperature for a baby.

2. Demonstrate for your Training Supervisor how you would explain to a caregiver the key bottle-feeding points.
 - ◆ Feed baby in an upright position.
 - ◆ Don't force the bottle into the baby's mouth.
 - ◆ Pay close attention to the baby during the feeding. Look for signs of stress, to know when to pause the feeding.
 - ◆ Tilt the bottle down during the pause, so baby is no longer getting milk, but leave the bottle in the mouth, or in contact with the lips.
 - ◆ Never prop a bottle!
 - ◆ Never put juice, fruit drinks, sweetened liquids, cereal or pureed foods in a bottle.

Lesson 1-2 Activity (page 29)

1. Ask your Training Supervisor about resources available in your community for helping a participant that runs out of formula.

Offer list of food banks and other resources.

Lesson 1-3 Activity (page 37)

1. What is the current bid milk-based and soy-based formula for Oregon WIC?

Milk based: Similac Advanced

Soy based: Enfamil Prosoabee

2. Why does WIC use bid formulas?

USDA requires WIC programs to utilize competitive contracts with formula manufacturers to obtain rebates on the purchase of standard formulas. These rebates equal cost savings that support delivery of WIC services to more participants.

3. Share 2 of the recommendations for use of soy-based formula.

Infant has galactosemia or parents prefer a vegetarian option for feeding their infant.

Lesson 1-3 Activity (page 43)

1. Formula with added rice starch:
GERD, Similac for Spit Up
2. Soy-based formula:
Vegetarian diet, Enfamil Prosobee
3. Protein hydrolysate formula:
Allergy to cow's milk protein, Alimentum or Nutramigen
4. Post discharge formula for preterm infants:
Prematurity, Enfacare or Neosure
5. Amino Acid-Based elemental formulas:
Severe food allergies, Elecare or Neocate
6. What type of formulas does this include?
Infant follow-up formulas, non-bid formulas like Good Start.

Lesson 1-3 Activity (page 45)

1. Ask your training supervisor about the fluoride level of the water systems serving your area.
Identify fluoridated water options in your service area.
2. Which of the added nutrients listed above are found in the standard bid milk-based formula WIC provides?
DHA/ARA and Vitamin D

Lesson 1-4 Activity (page 50)

1. What are two reasons why infants should not be given cow's milk?

Cow's milk contains very little iron, vitamin E, vitamin C and other nutrients compared to breast milk or formula. Cow's milk protein forms large curds and can cause irritation and blood loss from the intestinal tract and result in allergic reactions. Cow's milk is higher in protein, sodium, potassium and chloride compared to breast milk and formula placing a strain on the immature kidneys of an infant.

2. Why isn't goat's milk a good option for infants allergic to milk-based formula?

The protein in goat's milk is similar enough to cow's milk protein that infants who are allergic to cow's milk formula will likely be allergic to goat's milk as well.

3. How might soy milk be different than soy-based formula?

Soy based beverages are lower in fat, protein and calories than infant formula.

Lesson 2-1 Case Study (page 56)

1. What additional information would you need to know?

How is she mixing the formula? What does she consider constipation? Are the infant's stools soft or hard? How often does the baby have a bowel movement? How much formula is the baby consuming?

2. What recommendations could you offer to Janie in this situation?

Say something like "More than likely, your baby is having normal stools for his age. His intestinal system may still be a bit immature, however, consult with your doctor if you are still concerned." Do not offer any change in formula.

3. What recommendations would you offer if Janie had reported that her infant was having very hard dry stools every 4 to 5 days?

Refer to her health care provider for medical assessment. Do not offer any change in formula or other recommendations.

Lesson 2-1 Case Study (page 59)

1. What recommendations would you make to Donna regarding her infant's diarrhea?

Consult with your doctor to assess the baby's medical condition. In the meantime, do not change formula, do not give juice and do not dilute the baby's formula.

Lesson 2-1 Case Study (page 61)

1. What additional information would you need to obtain?

How much formula and breastmilk are you providing? How is the breastfeeding going? Has the baby had any vomiting? Depending on answers, you may be able to determine some underlying problems such as not enough intake (infant hungry) or other breastfeeding issues.

2. What advice could you offer to Rhonda regarding her infant's colic?

Provide handout with some techniques to try such as infant massage, soothing music and swaddling. Say something like, "Usually, colic resolves on its own but if his symptoms get any worse see your doctor."

Lesson 2-1 Case Study (page 66)

1. What advice could you offer Amanda regarding her baby's spitting up?

She may be over feeding the baby. Bouncing the baby after feeding can also cause problems.

2. What advice could you offer Tonia regarding her baby's vomiting?

Tonia should be referred to her health care provider. A WIC registered dietitian could consult with Tonia about adding cereal to the formula, however, the infant is not eligible for infant cereal due to his age on this date.

Lesson 2-2 Case Study (page 74)

1. Do you think Linda's baby is showing symptoms of a cow's milk allergy or lactose intolerance?

Potentially neither, the symptoms described may be attributed to a variety of causes. If the severity and frequency of symptoms appear to be directly linked to the use milk-based formula, a cow's milk protein allergy may be suspected since lactose intolerance is rare in infants.

2. What are three symptoms of food allergies?

Symptoms may include:

- ◆ Abdominal pain
- ◆ Vomiting
- ◆ Hives
- ◆ Eczema
- ◆ Sneezing
- ◆ Chronic coughing without an infection
- ◆ Anaphylaxis
- ◆ Diarrhea
- ◆ Nausea
- ◆ Swelling of lips, tongue, throat, or face
- ◆ Rashes
- ◆ Asthma
- ◆ Congestion
- ◆ Failure to thrive
- ◆ Bloating
- ◆ Gas
- ◆ Itchiness

Lesson 2-3 Activity (page 78)

1. List the basic steps in a transition plan to change to a new formula.
 - **Start by adding a small amount of the new formula to the formula your baby is currently using.**
 - **Each day add more of the new formula so the infant slowly gets used to the different taste.**
 - **After a week the infant should be used to the new formula.**

2. What is your role as a CPA in this situation?

Assess the situation, identify the appropriate formula to offer with a referral or consult to the WIC nutritionist as needed, provide counseling and instructions for returning to the bid formula, consider issuing one month of vouchers for the new formula to make sure that it works well for the infant.

Answers - Posttest

Final Post Test questions for the Infant Formula Module

Answers in bold

1. There are many components in breastmilk that cannot be duplicated by infant formula.
A. TRUE
2. In standard milk-based infant formulas, the carbohydrate is _____, the fats are _____, and the proteins are _____ and _____.
B. Lactose, vegetable oils, casein/whey
3. All infant formulas must meet the minimum and maximum nutrient requirements established by the _____.
C. Infant Formula Act of 1980
4. Identify the three forms of infant formula:
A. Powder, concentrate and ready to use
5. It is ok to heat infant formula or expressed breastmilk in the microwave.
B. FALSE
6. Which of the following is not an infant formula modification to meet a specific health need?
C. Added emulsifiers
7. Post discharge formulas for premature Infants:
D. All of the above
8. There is conclusive evidence that protein hydrolysate formulas work well in treating colic.
B. FALSE

9. There is less chance of an allergic reaction from small protein particles.

A. TRUE

10. Cow's milk should not be given to an infant before one year of age because:

D. All of the above

11. Prepared formula may be safely stored at room temperature for up to _____.

B. 1 hour

12. Which of the following is not an important aspect of mixing powdered infant formula?

C. Sanitize the scoop at least once a week

13. Water intoxication can result when a family is running low on formula and tries to "stretch" the formula by adding extra water.

A. TRUE

14. Constipation can be caused by a variety of factors or conditions such as:

D. All of the above

15. Constipation in infants may be caused by the dietary influences listed below except for:

A. Consumption of iron fortified formula

16. Diarrhea in infants could be caused by:

D. All of the above.

17. If untreated, diarrhea in an infant can rapidly lead to dehydration, so it is important to:

B. Refer the infant to the HCP for a medical evaluation

18. Colic, while the cause is unknown, is described as prolonged, inconsolable crying that appears to be related to stomach pain or discomfort.

A. TRUE

19. The following suggestion can be provided for an infant with symptoms of colic:

C. Use infant massage, soothing music and holding the infant skin to skin

20. Gastroesophageal Reflux or GER can range from mild spitting up to a severe form that causes aspiration, failure to thrive, lung disease and/or esophageal inflammation.

A. TRUE

21. The treatment of Gastroesophageal Reflux Disease (GERD) must be prescribed by a doctor and may consist of:

D. All of the above

22. If an infant is “spitting up” formula, it could be due to:

D. All of the above

23. The terms “milk allergy” and “lactose intolerance” have the same meaning.

B. FALSE

24. An anaphylactic reaction is a whole body response to an allergen. Symptoms can include an irregular heartbeat, changes in blood pressure, shock, and even death if not treated promptly.

A. TRUE

25. The benefits of holding the baby during the feeding listed below are true with the exception of:

B. Increases the risk of aspiration

Competency Achievement Checklist Infant Formula 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
Chapter 1	Learner has achieved the appropriate learning objectives.		
Chapter 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 Formula 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.

