



GROWING HEALTHY FUTURES

Parents can help a baby or child learn how to “organize” and respond to big feelings

If you work in WIC you have witnessed a child who is trying to manage their feelings. Getting a hemoglobin check or even being told to stop playing with a toy can be a big deal emotionally! You have probably also noticed that how their parent or caregiver responds to the situation makes a huge difference in how the child responds. What have you seen? Common responses include supportive smiles and words, or a parent sighing, or even a parent telling their child to not be afraid or make a scene. The parent’s reaction or response is the key to how a child learns. A recent [article](#) from National Institute for Children’s Health Quality (NICHQ) explains this process of co-regulation between parent and child. The child picks up on clues on how they “should” react in a moment or new experience.

Self-regulation is the ability to manage our thoughts, feelings, and actions. It helps us remain calm and alert, and supports our capacity to “respond”, rather than “react.”

Babies aren’t born with the ability to self-regulate, but develop it based on their experiences and interactions with others. When they experience something stressful, they look to their caregiver’s reaction and learn how to respond from the person they have a connection with. Caregivers are telling them with their voice, gestures, and tone of voice that things are okay. This process is known as co-regulation. Parents help a baby or child “organize” and sort through the options of how to react.

What examples of co-regulation have you seen?

How you can help: the AGILE approach to co-regulation

To help families engage in co-regulated experiences with their children, remember AGILE.

A - Affect: How your tone and expression convey your emotions. When there is stress, is your affect loving, supportive, and soothing?

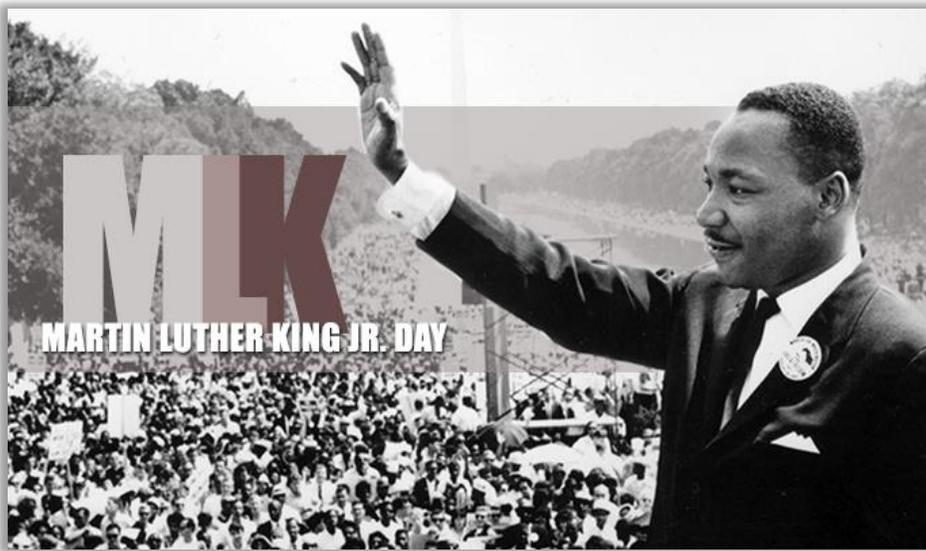
G - Gesture: Facial expressions, hand gestures and body movements reflect your emotions and are felt by your child.

I - Intonation: Your tone of voice conveys meaning and is “felt” or “understood” long before words.

L- Latency (Wait): Give the child time to take in your gestures and tone of voice.

E - Engagement: Before you continue, make sure you have engaged the child. You can tell by the baby’s facial expressions and body language if they are engaged.





Institutional Racism causes maternal and child health inequities

WIC staff across Oregon observed Martin Luther King Jr. Day on January 20. Reflecting on Dr. King's legacy gives us the opportunity to think about how racism as a social determinant of health continues to impact the families we serve.

We know disparities exist between the health of white babies and moms and babies and moms from historically oppressed groups including communities of color. In order to address this, we, at the State WIC office, have committed to learning more about how institutional racism, or systemic racism continues to cause these inequities.

Institutional racism describes societal patterns and structures that impose oppressive or otherwise negative conditions on identifiable groups on the basis of race or ethnicity. An [article](#) from NICHQ describes the impact of institutional racism on these 4 areas:

- Breastfeeding
- Unequal access to resources
- Housing discrimination
- Mistrust of health care institutions

Ways to learn and explore more:

- Watch [a video on microaggressions](#) (4:34)
- Watch a [video on microaggressions in a group setting](#) (18:03)
- [Video on social determinants of health and toxic stress](#) (18:50)
- [Read more](#) on dealing with toxic stress and promoting resilience



Nursing Moms Who Are Supported at Work are More Productive

From the CalWICA newsletter

[A new study](#) shows that women who aren't supported to express milk after returning to work are less able to complete work tasks and [produce less milk](#) than better-supported nursing mothers in the workplace. Researchers at the University of Arizona conducted two studies, both with women who worked full time and pumped at work. Women who reported more difficulties (such as scheduling, appropriate space, or lack of proximity to pumping space) in the experience of pumping at work also self-reported as being less focused on work goals later in the day. And compared to women who reported better experiences, they didn't produce as much milk. Researchers reported that for every "unit" of increased feelings of "enrichment," women produced 1.12 oz more milk than the average (12.27 oz compared to an average of 11.25 oz).



Focus on folic acid for Birth Anomalies (Defects) Prevention Month

Every January we take the time to think about how we can help WIC mom's prevent birth anomalies. Last year we focused on how few brands of corn masa flour or tortillas were enriched with folic acid. This could be a reason that Hispanic women in the US have a 21% higher chance of having a baby with a brain or spine defect.

Here are some updates about this issue:

- In Mexico, masa and tortillas are enriched with folic acid, while many of the same brands in the US are not. Women new to the US may think that they are getting folic acid, when they are not.
- Efforts to encourage US food manufactures to add folic acid to masa are not working. [Read more.](#)
- A JAMA [article](#) lists the few masa products that have been fortified in the US.

Note: The role of folic acid in preventing birth defects is a example of how public health research and messaging can change lives. Check out the [CDC video](#) of how folic acid supplementation became the standard.

Birth anomalies and newborn screening

In Oregon, every baby undergoes screening for birth anomalies shortly after birth. If anything is identified families are eligible for certain services.

- Learn more about [newborn screenings](#).
- Find out what is tracked on the [Birth Anomalies Surveillance System](#)



Birth defects versus birth anomalies

A defect is defined as an imperfection or shortcoming. Anomalies are something that is different.

Birth anomalies (also called “birth defects”) are physical differences that occur as a baby is developing in the womb. These differences can be relatively minor or can cause serious health or quality of life concerns.

Many people consider the terms defect or disability offensive as they imply the person is deficient or inferior to others. But the word “anomalies” may be unfamiliar to some people.

When talking with parents, use inclusive or person-centered language by keeping the child first and the differences second.

Learn more about person-centered, inclusive language from the [Disability Language Style Guide](#) from the National Center on Disability and Journalism.

What would you consider when talking with the family of a baby with a birth anomaly?