

Weigh of Life...Taking Action Together

Project Overview

Cultural Perspectives of Childhood Overweight Among Hispanic WIC Participants in Massachusetts 2001 USDA WIC Special Project Grant

The goal of this project was to increase the ability of the Massachusetts WIC Program nutrition staff to provide services that promote healthy eating and physical activity behaviors to prevent overweight in Hispanic (Puerto Rican and Dominican) children, among which the problem of overweight is particularly acute.

The project included: 1) collection of anthropometric and body composition measures of approximately 400 children, 2) identification of beliefs, diet environment, growth, and body image of approximately 300 mothers (through 24 focus groups), 3) development of educational messages and materials for WIC counselors and healthcare providers to utilize in their efforts to prevent childhood overweight, and 4) identification of culturally-sensitive key themes related to health, weight and overweight.

Focus Group Findings

- Most mothers know that children under the age of five can be overweight; mothers are not aware that weight and eating patterns established early in life are directly related to lifelong health, including weight status.
- Barriers mothers experience to prevent overweight in their children
 - lack of control over their child's diet
 - diet counseling ignores cultural eating patterns
 - appearance of an overweight child means their child is healthy
 - feelings of hopelessness and denial in dealing with overweight
 - lack of money and time to prepare healthy foods and meals
 - conflicting messages regarding weight between doctors and WIC
- Mothers expect their physician to talk to them about their child's weight; if the doctor doesn't, mothers assume the child's weight is healthy and at a normal, recommended weight.
- Mothers feel they are good mothers when they can offer food to their children that they like and will eat.
- Mothers want to discuss the weight of their child in a way that
 - expresses care and concern for their child
 - validates them as a good mother
 - treats their child individually
 - is based on factual evidence
 - is consistently interpreted the same way by their health care provider and WIC nutritionist

Anthropometric Assessment Findings:

- Larger-than-expected proportions of at-risk-for-overweight and overweight occur in all groups of children.
- Children are over-fat, not just overweight.
- Weight control is an issue for all children, all ethnicities; the problem is most acute in Dominican and Puerto Rican children.

American Academy of Pediatrics



MASSACHUSETTS CHAPTER

Chapter Administrator

Cathleen Haggerty
P.O. Box 9132
Waltham, MA 02454-9132
(781) 895-9852
Fax (781) 985-9855
chaggerty@mcaap.org

President

Lynda Young, M.D., FAAP
Worcester, MA
(508) 752-4511
Fax (508) 797-4729
lyoung@mcaap.org

Vice President

Karen McAlmon, M.D., FAAP
Winchester, MA
781-756-2067
kmcalcon@mcaap.org

Treasurer

Paul C. Schreiber, M.D., FAAP
Brockton, MA
(508) 894-0400
Fax (508) 894-0618
pschreiber@mcaap.org

Secretary

David Norton, M.D., FAAP
Ware, MA
413-967-2040
dnorton@mcaap.org

District Representatives

District 1

Ann Nugent, M.D., FAAP

District 2

Nancy Miller, M.D., FAAP

District 3

Julie Meyers, M.D., FAAP

District 4

Joel Bass, M.D., FAAP

District 5

Sheila Morehouse, M.D., FAAP

District 6

Cheryl Kerns, M.D., FAAP

District 7

Megan Sandel, M.D., FAAP

District 8

Michael Yogman, M.D., FAAP

District 9

Jordan Leff, M.D., FAAP

District 10

Margaret Carolan, M.D., FAAP

Counsel

Edward Brennan, Esq.
Kirkpatrick & Lockhart, LLP
Boston, MA
(617) 951-9143

May 17, 2005

Dear Colleague:

As you know, childhood overweight has become a major health care issue. We need to take action! The Massachusetts WIC Nutrition Program is embarking on a new childhood overweight prevention effort. The WIC initiative, "Weigh of Life...Taking Action Together" seeks to partner WIC with medical providers to provide consistent age-appropriate preventive messages. We have reviewed the *Steps to Healthy Weight in Children* – which outlines the targeted messages WIC nutrition staff will be using - and endorse these messages. We encourage you to join WIC in providing these important messages.

The initiative includes attractive educational materials – free of charge - for primary care providers to use with their patients. WIC is making available for you:

1. Nutrition education posters (English and Spanish) targeting unique messages that promote healthy weight and eating habits in young children.
2. Behavior change prescription pads to 'prescribe' healthy eating habits and physical activity for your patients. The prescription serves as a referral to WIC for personalized counseling prescribed by you for your patient.
3. CDs with nutrition and physical activity materials that you can print out in your office.

Your use of these materials and messages, along with your on-going referrals, will provide your patients with coordinated nutrition care and consistent nutrition and weight messages. By partnering with WIC, you will be enhancing medical services to your patients.

WIC's goal is to set children on a path to a healthy weight and life-long good health. We encourage you to join WIC in this effort. WIC needs you and you need WIC - to alter the current course of childhood overweight. We urge you to work with your local WIC office or call WIC today for more information at 1-800-WIC-1007.

Sincerely,

Julie Meyers, M.D.
Co-Chair

Alan Meyers, M.D.
Co-Chair

The Obesity Committee of the Massachusetts Chapter of the American
Academy of Pediatrics

Weigh of Life...Taking Action Together

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Selected References: Steps to Healthy Weight in Children

1. Assess weight status:

- ✓ **Plot weight-for-height, along with weight-for-age and height-for-age**
- ✓ **Beginning at age two, track BMI-for-age**
- ✓ **Talk with parents about weight and BMI**

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2. Join WIC in giving the following messages:

- ✓ **Promote good nutrition and feeding patterns early in life**

Newborn to 1 year old

- **Breastfeed**
- **Delay introduction of solid food until 4-6 months of age**
- **Feed all solid foods by spoon**
- **Begin to introduce cup at 6 months of age**
- **Delay introduction of juice until after 6 months of age and limit juice to 2-4 ounces per day**
- **Begin weaning from the bottle at 6 months of age and eliminate all bottles by 14 months of age**

1-2 year old

- **Decrease milk to 16-24 ounces per day**
- **Limit juice to 4 ounces per day**
- **Eliminate all bottles by 14 months of age**
- **Encourage water daily**
- **Limit junk foods, soda, nectar juices, Malta, and fruit/juice drinks**
- **Offer child-size food portions**
- **Offer fruits, vegetables and whole grains daily**

2-5 year old

- **Offer 16 ounces of skim or 1% low-fat milk per day**
- **Limit juice to 4 ounces per day**
- **Encourage water daily**
- **Limit junk foods, soda, nectar juices, Malta, and fruit/juice drinks**
- **Offer child-size food portions**
- **Offer fruits, vegetables and whole grains daily**

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USDA/DHHS. *Dietary Guidelines for Americans 2005.* 6th edition. Washington DC: Center for Nutrition Policy and Promotion, USDA. 2005.

✓ **Encourage parents to be good role models by eating well and being physically active with their children at least 1 hour everyday**

USDA/DHHS. *Dietary Guidelines for Americans 2005.* 6th edition. Washington DC: Center for Nutrition Policy and Promotion, USDA. 2005.

Golan M. *Parents are key players in the prevention and treatment of weight-related problems.* *Nutr Rev* 2004;62(1):39-50.

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✓ **Discourage screen time for children younger than 2 years, and limit to no more than 1 or 2 hours per day for children over the age of 2. Encourage more interactive activities that will promote proper brain development, such as talking, playing, singing, and reading together**

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✓ **Establish family meal and snack times**

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3. Recommend WIC for personalized counseling on feeding young children.



POSITION PAPER

Nutrition Division, Bureau of Family Health and Nutrition
Massachusetts Department of Public Health

The Introduction of Solid Foods in Infancy

October 2013

Introduction

The Nutrition Division of the Bureau of Family Health and Nutrition, Massachusetts Department of Public Health, offers and supports an array of health and nutrition programs serving persons of all ages throughout the Commonwealth. The WIC Nutrition Program serves women, infants and children who have or who are at risk of developing nutrition-related health problems. The program strives to improve maternal and child health by providing nutrition education and counseling. Its primary goals are to help WIC participants establish dietary patterns that promote life-long healthy lifestyles, provide the tools by which participants apply the nutrition knowledge gained from counseling and education to make dietary changes, and provide participants with a reliable source of nutritious supplemental foods.

Background

Recent recommendations have been issued regarding the following four issues:

1. Importance of exclusive breastfeeding
2. Timing of introducing complementary foods to infants
3. Order of introducing foods
4. Introduction of potentially allergenic foods

Exclusive breastfeeding and the timing of introducing complementary foods to infants:

In 2012, the American Academy of Pediatrics (AAP) issued a policy statement on breastfeeding and the introduction of solid foods. As stated in "Breastfeeding and the Use of Human Milk," "The AAP reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant, a recommendation concurred to by the World Health Organization and the Institute of Medicine." (1)

In its 2011 publication, *Bright Futures Nutrition 3rd Edition*, the AAP states: "Exclusive breastfeeding (only breast milk and prescribed medications offered to the infant) is recommended for a minimum of 4 months, but preferably for 6 months." In that same publication, the AAP recommended introducing solids between 4 and 6 months for all infants, both breastfed and those receiving formula, as long as the infant is developmentally ready. (2)

In 2012, the Academy of Nutrition and Dietetics stated: "Solid foods should not be introduced before 4 to 6 months of age. Delaying the introduction of solid foods beyond 4 to 6 months of age does not appear to provide significant protective effect from developing food allergies. (3)

In its 2012 guide for parents on food allergies, the National Institute of Allergy and Infectious Diseases echoed these recommendations: “There is no conclusive evidence to suggest that you should delay the introduction of solid foods beyond 4 to 6 months of age.” (4)

Order of introducing foods

In *Bright Futures* (Third Edition, 2008), the AAP states: “Evidence for introducing complementary foods in a specific sequence or at any specific rate is not available.” It goes on to say, “The order in which solid foods are introduced is not critical as long as essential nutrients that complement breast milk or formula are provided.” (5)

In *Bright Futures Nutrition*, the AAP notes, “Iron-fortified, single-grain infant cereals and pureed meats are good choices for first foods, especially for the breast-fed infant, because they provide iron, zinc, protein, and other nutrients. These foods are least likely to cause an allergic reaction.” (2)

The Academy of Nutrition and Dietetics states: “The order in which you introduce solid foods doesn’t matter for most babies. The traditional progression has been single-grain cereals followed by vegetables, fruits and meats. While there is nothing wrong with this pattern, pureed meat or poultry actually may be the best first food to provide sources of iron and zinc. (3)

Introduction of potentially allergenic foods

In *Bright Futures Nutrition*, the AAP states the following regarding the development of allergies (which first appeared in an AAP Clinical Report in 2008 [6]): “Delaying the introduction of solid foods until 4 to 6 months of age is appropriate; however, there is no evidence that delaying beyond this period provides a protective effect on the development of atopic disease regardless of whether the infant is breastfed or fed cow’s milk protein formula. This includes delaying the introduction of foods that are considered to be highly allergenic foods, such as fish, eggs, and foods containing peanut protein.” (2)

In 2010, an expert panel convened by the National Institute of Allergy and Infectious Diseases (NIAID) stated in its guidelines that “the introduction of solid foods should *not* be delayed beyond 4-6 months of age. Potentially allergenic foods may be introduced at this time as well.” Their rationale stated: “Insufficient evidence exists for delaying introduction of solid foods, including potentially allergenic foods, beyond 4 to 6 months of age, even in infants at risk...of developing allergic disease.” (7) The Adverse Reactions to Foods Committee advises that “...complementary foods may include the highly allergenic foods once a few other complementary foods are tolerated first.” (8) The WIC Nutrition Risk Assessment Criteria released in July 2012 reflect this recommendation (9), and the NIAID reiterated this in their 2012 guidance to parents (4). A scientific review of studies published in 2012 further supports this conclusion, and proposed a “window” approach whereby nearly all foods are introduced between 4 and 6 months of age. (10)

In a 2013 publication, the Adverse Reactions to Foods Committee of the American Academy of Allergy, Asthma & Immunology wrote: “No current evidence suggests that the delay of introduction of solid foods beyond 4 to 6 months of age will prevent allergic disease. Delayed introduction of solid foods, especially the highly allergenic foods, may increase the risk of food allergy or eczema.” They noted that the increased incidence and prevalence of food allergy and allergic diseases over the past decade despite previous AAP recommendations to delay the introduction of such foods until after 1 year led to a re-evaluation of the previous guidelines. (8)

Implications for the Massachusetts WIC Nutrition Program

The Massachusetts WIC Program bases its policies on current recommendations from the AAP, input from a member of the Massachusetts Chapter of the AAP, its Medical Advisory Board, leading health care providers, and WIC nutrition managers. WIC recognizes that the AAP statements are somewhat contradictory, advocating 1) exclusive breastfeeding for about 6 months, 2) exclusive breastfeeding for 4 to 6 months, and 3) the introduction of complementary foods between 4 and 6 months. In considering the evidence, the Massachusetts WIC Program's position on this topic is as follows:

- WIC continues to support exclusive breastfeeding for about 6 months, and to continue to breastfeed to at least 12 months of age or longer, if possible.
- WIC's recommendations on the introduction of complementary foods are informed by general guidelines to be between 4 and 6 months and will be presented to each family based on the nutrition staff's individualized assessment of breastfeeding status and the infant's medical history, developmental readiness and apparent interest in food.
- The recommendations recognize a goal of exclusive breastfeeding for about 6 months for most infants, while at the same time consider the recent evidence that suggests a protective effect of introducing solids on allergy prevention. Some experts suggest that it's better to introduce solids during breastfeeding because of breast milk's immunoprotective properties.
- In general, the small quantities of solids introduced between 4 and 6 months are indeed considered complementary, and should not significantly impact breastfeeding or diminish the mother's supply of breast milk.
- Delaying the introduction of solids beyond 6 months of age may result in feeding difficulties, growth deficits, and inadequate nutrient intake. (7)

Specific Guidance for WIC Nutrition Staff

- A. WIC nutritionists provide an individualized and comprehensive assessment of the infant's nutritional intake, including screening for inappropriate feeding practices (i.e., introduction of solids before 4 months, adding solids to bottles). (A recent study of mothers included in the national Infant Feeding Practices Study II between 2005 and 2007 found that more than 40% of mothers fed their infants solids before the age of 4 months [11].)
- B. WIC nutritionists provide anticipatory guidance based on breastfeeding status, and the infant's medical history, developmental readiness and apparent interest in food to help parents and caregivers successfully and appropriately introduce complementary foods to infants according to AAP recommendations.
 - Continue to recommend exclusive breastfeeding as the ideal infant feeding choice unless medically contraindicated.
 - If an infant is exclusively breastfeeding, recommend continuing to do so for a minimum of 4 months but preferably closer to 6 months. Solid foods should not replace breastfeeding but complement it as the infant's main source of nutrients throughout the first year as babies discover new tastes and textures.

- C. Complementary foods can be introduced between 4 and 6 months if the infant is developmentally ready (i.e., demonstrates the ability to sit up without support, holds their head straight, and opens their mouth for food).
- Single complementary foods should be introduced one at a time, waiting 3 to 5 days before introducing another new food.
 - Iron-fortified infant cereal and pureed iron-rich meats (i.e., beef, turkey, pork and chicken) are good complementary foods to introduce early on, but there is no particular order in which to introduce foods to the infant.
 - There is a lack of evidence that delaying the introduction of solids beyond 6 months of age, including highly allergenic foods, prevents the development of food allergies. In fact, some research indicates that potential allergens should be introduced when introducing solids to reduce the risk of allergy. They should only be introduced once several other complementary foods have been introduced and tolerated. Care should be taken that these foods (such as cooked fish, cooked eggs, and peanut products), do not present a choking hazard.
 - Avoid other food items that can cause choking, including nuts; popcorn; hot dogs; grapes; and hard, raw veggies.
 - Cow's milk should not be given to infants before age 1 due to concerns of iron-deficiency anemia.
 - Honey should not be given to infants less than 1 year because of the risk of botulism.
 - Recommendations on introducing potential allergens to infants with a positive family history of allergies should be done in consultation with the pediatrician.

Educational handouts for WIC parents and caregivers are being modified to reflect the new recommendations, and will help to facilitate discussion with WIC participants regarding current feeding attitudes, beliefs and practices.

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Introduction

The Nutrition Division, Bureau of Family and Community Health, Massachusetts Department of Public Health offers and supports an array of health and nutrition programs serving persons of all ages throughout the Commonwealth. The WIC Nutrition Program and the Combined Primary Care Programs (CPCP) are two of the programs within the Nutrition Division Bureau, which serve women, infants, children and adolescents who have or are at risk of developing nutrition-related health problems. The programs strive to improve maternal and child health by providing nutrition education and counseling. Primary goals are to help participants establish dietary patterns that promote life-long good nutritional health, provide the tools by which participants apply the nutrition knowledge gained from counseling and education to make dietary changes, and provide participants with a reliable source of nutritious supplemental foods.

Problem Statement

Currently, the American Academy of Pediatrics recommends that solid foods be introduced with a spoon, not in a bottle, and that the introduction of solid foods be delayed until 4-6 months. Introduction of solids to exclusively breastfed infants should be delayed until approximately 6 months of age. An infant's ability and willingness to accept the texture and flavors of solid foods are rarely developed before 4 months. By 4-6 months of age, however, the infant's digestive system is mature enough to digest solid foods (4). The decision on when to start solid foods for infants should be based on an assessment of the nutritional needs of the infant, and his or her physiological maturity, not on customs, beliefs, or marketing (2). All too often, caregivers of WIC infants introduce solids prior to the recommended 4-6 months age range, often by bottle. Early introduction is attributed to individual previous experiences and beliefs, as well as to recommendations by pediatricians and other clinicians. It is important that parents choose the right time to introduce solid foods – neither too early nor too late (1).

Role of the WIC and CPCP Nutrition Division Programs

- A. The Massachusetts WIC Program promotes good nutrition as essential for the rapid growth and development during an infant's first year. An infant's diet must provide an adequate amount of essential nutrients obtained by consuming appropriate quantities and types of foods, both liquid and solid.
- B. WIC and CPCP nutritionists provide anticipatory guidance on:
 - Solid foods to be delayed until an infant is at least 4 months old or for exclusively breastfed infants, until approximately 6 months, as recommended by the American Academy of Pediatrics.

- Readiness to introduce solid foods should be based on the assessment of the infant's nutritional needs and physiological and developmental maturity.
 - Instruction on the introduction of solid foods should promote a gradual introduction by spoon beginning no earlier than 4 months.
- C. WIC and CPCP nutrition staff's role is to provide anticipatory guidance to caregivers, beginning at the infant's birth, about what foods to provide their infants, including how and when to provide these foods during the first year. In addition, nutrition staff's role includes providing information on how important a proper diet is to the health and well-being of the growing and developing infant.
- D. Pediatricians and other clinicians and WIC nutritionists should collaborate and coordinate to give consistent messages and instructions to caregivers regarding the introduction of solid foods.

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Weigh of Life...Taking Action Together

Steps to Healthy Weight in Children

1. Assess weight status:

- ✓ **Plot** weight-for-height, along with weight-for-age and height-for-age
- ✓ Beginning at age two, **track** BMI-for-age
- ✓ **Talk** with parents about weight and BMI

2. Join WIC in giving the following messages: These messages are adapted from AAP *Guidelines for Health Supervision III*, the DHHS *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, and the USDA/DHHS *Dietary Guidelines for Americans 2005*.

✓ **Promote good nutrition and feeding patterns early in life**

Newborn to 1 year old

- Breastfeed
- Delay introduction of solid foods until 4-6 months of age
- Feed all solid foods by spoon
- Begin to introduce cup at 6 months of age
- Delay introduction of juice until after 6 months of age and limit juice to 2-4 ounces per day
- Begin weaning from the bottle at 6 months of age and eliminate all bottles by 14 months of age

1-2 year old

- Decrease milk to 16-24 ounces per day
- Limit juice to 4 ounces per day
- Eliminate all bottles by 14 months of age
- Encourage water daily
- Limit junk foods, soda, nectar juices, Malta, and fruit/juice drinks
- Offer child-size food portions
- Offer fruits, vegetables and whole grains daily

2-5 year old

- Offer 16 ounces of skim or 1% low-fat milk per day
- Limit juice to 4 ounces per day
- Encourage water daily
- Limit junk foods, soda, nectar juices, Malta, and fruit/juice drinks
- Offer child-size food portions
- Offer fruits, vegetables and whole grains daily

- ✓ **Encourage parents to be good role models** by eating well and being physically active with their children at least 1 hour everyday
- ✓ **Discourage screen time** for children younger than 2 years, and limit to no more than 1 or 2 hours per day for children over the age of 2. **Encourage more interactive activities** that will promote proper brain development, such as talking, playing, singing, and reading together
- ✓ **Establish regular family meal and snack times**

3. Recommend WIC for personalized counseling on feeding young children.

Weigh of Life...Taking Action Together

What WIC Can Do For You!

WIC can enhance your medical services and save you time by:

1. Providing free personalized nutrition counseling for your WIC-eligible families.
2. Enhancing coordination of nutritional care and related issues for patients.
3. Providing you free nutrition education posters - targeting unique dietary beliefs and patterns of our Hispanic population.
4. Offering free behavior change 'prescription' pads.
5. Supplying a CD with nutrition education materials that you can print right at your office.
6. Offering easy access to download many of WIC materials and forms on-line at www.mass.gov/wic

If you need more information about WIC, please call

1-800-WIC-1007



Good Food and A Whole Lot More!



POSITION PAPER

Nutrition Division, Bureau of Family and Community Health
Massachusetts Department of Public Health

The Use of Fruit Juice with Infants and Preschoolers

Introduction

The Nutrition Division, Bureau of Family and Community Health, Massachusetts Department of Public Health offers and supports an array of health and nutrition programs serving persons of all ages throughout the Commonwealth. The WIC Nutrition Program and the Combined Primary Care Programs (CPCP) are two of the programs within the Nutrition Division Bureau, which serve women, infants, children and adolescents who have or are at risk of developing nutrition-related health problems. The programs strive to improve maternal and child health by providing nutrition education and counseling. Primary goals are to help participants establish dietary patterns that promote life-long good nutritional health, provide the tools by which participants apply the nutrition knowledge gained from counseling and education to make dietary changes, and provide participants with a reliable source of nutritious supplemental foods.

Problem Statement

Consumption of fruit juice (all kinds including 100% fruit juices) by the pediatric population has increased dramatically in recent years. Children are the single largest group of juice consumers. Children younger than 12 years account for about 18% of the total population, but consume 28% of all juice and juice drinks. Juice consumption typically begins at 4 to 6 months of age (4). Excessive juice consumption and the resultant increase in calories are linked to an increased risk for childhood overweight and obesity. In addition, excessive juice consumption is closely linked to the malabsorption of carbohydrates (resulting in chronic diarrhea, abdominal pain, bloating, and flatulence), abnormal growth patterns, and dental caries in some children (2).

Role of the WIC and CPCP Nutrition Programs

- A. WIC and CPCP nutritionists provide an individualized and comprehensive assessment of the child's diet, including screening for excessive consumption of fruit juice.
- B. WIC and CPCP nutritionists provide anticipatory guidance and feeding strategies to help parents and caregivers recognize the numerous physiological effects of excessive consumption of fruit juice. Guidance to parents and caregivers will include the following recommendations:
 - Fruit juice offers no nutritional benefit for infants younger than 6 months and should not replace breastmilk or infant formula to ensure adequate intake of essential nutrients for growth, specifically protein, fat, iron, calcium, and zinc.
 - Fruit juice should be only introduced into the diet when the infant can drink from a cup – around 6 months of age.
 - 100% fruit juice can be part of a healthy diet when consumed as a component of a well-balanced diet. Intake of fruit juice for infants (6-12 months) and children (1-5 years) should be limited to 4-6 oz/day of full strength juice.
 - Fruit drinks and artificially-flavored juices are not nutritionally equivalent to fruit juice and should not be included in the diets of infants and children. Apple and pear juices should only be fed in small amounts and diluted to avoid side effects, such as chronic diarrhea, from the malabsorption of carbohydrates.
 - Juice should be given in a cup as a part of a meal or a snack while seated at a table. Infants and children should not be given juice in a bottle or at bedtime.

- All children should be encouraged to eat whole fruits to meet their recommended daily fruit intake. Juice should not replace more than one serving of fresh fruit of the Food Guide Pyramid recommendation of 2-3 servings per day.
- Avoiding frequent exposure to sugars from fruit juice to reduce the risk of dental caries in children.
- Establishment of good eating patterns and habits to decrease the incidence of malnutrition – both over and under nutrition, carbohydrate malabsorption, and incidence of dental caries in children. The following educational messages and information are provided to all parents and caregivers:
 - use a cup when offering fruit juice
 - offer water on a regular basis instead of juice when children are thirsty
 - offer only 100 % pasteurized fruit juice
 - recognize the importance of establishing healthy eating behaviors, which includes limiting juice intake to no more than 4-6 ounces per day for children 1-6 years of age, and restricting sugar
 - read beverage bottle labels for sugar content and hidden sugars.
- Good oral hygiene for infants and young children, including brushing teeth, should begin when the child's first tooth erupts. Visiting the dentist should begin at age 12-15 months.

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Weigh of Life...Taking Action Together

Targeted Messages for Hispanic Families

1. Message - A slender looking child is a healthy child.

Background: To Hispanic mothers, the appearance of an overweight child means the child is healthy. They worry that if a child is too thin, he will get sick and have health problems. Thin equates with being sickly. Parents are subject to disapproving comments from family or friends if the child is thin. This message depicts a child at a healthy weight.

2. Message - Developing good eating habits makes a lifelong difference.

Background: Mothers are not aware that eating patterns established early in life are directly related to lifelong health. They also are not aware that overweight in early childhood sets the stage for weight issues in adolescence and adulthood. Part of teaching good eating habits means allowing the child to eat according to his innate sense of hunger and fullness, rather than controlling the amount of food that is consumed. This message promotes establishing healthy eating patterns that can last a lifetime.

3. Message - Eat together as a family.

Background: Hispanic families eat together in the old country because that is the custom. Businesses close, schools send children home to eat lunch and moms prepare meals that are shared by everyone. Hispanic mothers living in the U.S. often work and have schedules that don't allow for family meals. In addition, they often feed their child separately or allow them to eat in front of the TV. Hispanic mothers know the importance of eating together. This message encourages mothers to go back to their cultural traditions by having regular family meals.

4. Message - Offer your child a variety of food instead of a steady diet of milk and juice.

Background: To Hispanic families, milk is a core, essential food for children. It is not unusual for children to remain on the bottle until five years of age. This leads to the consumption of large quantities of milk and juice - often up to 10 cups a day - causing the child to eat very little other foods. Hispanic mothers view milk as a protective food and a complete meal. This message encourages drinking the right amount of milk and offering a variety of other foods for a balanced diet.

5. Message - Mom knows what is best for her child.

Background: Raising children is a family affair in the Hispanic culture. Often grandparents or other relatives are the caregivers while the mother is at work. Mothers feel they lack control over their child's diet. Mothers may want to wean the child from the bottle, cut milk or limit sweets, but feel powerless when others are caring for their child. Mothers complain that all their hard work to establish good eating habits can be "undone within hours at Grandma's house". This message encourages mothers to take control of their child's eating patterns regardless of who is feeding him and to encourage family members to show their child love in ways other than with food.

6. Message - Mothers will be surprised that children enjoy eating healthy foods—and this will make mothers happy.

Background: Mothers feel they are good mothers when they can offer food to their children that the children like and will eat. Mothers need to continue to offer a wide-range of foods because children's likes and dislikes can change constantly. This message encourages mothers to make healthy food a part of everyday life - offering healthy food will make both mother and child happy.

Prescription for Your Healthy Child

NAME _____

DATE _____

Prescription for diet change:

- | | |
|---|--|
| <input type="checkbox"/> Offer low-fat milk only | <input type="checkbox"/> Serve child-size amounts of food |
| <input type="checkbox"/> Serve 2-3 cups of low-fat milk a day | <input type="checkbox"/> Offer fruit instead of candy or cookies |
| <input type="checkbox"/> Wean from bottle to cup | <input type="checkbox"/> Offer water instead of soda or juice drinks |
| <input type="checkbox"/> Offer more fruits and vegetables | |

Prescription for activity change:

- | | |
|---|---|
| <input type="checkbox"/> Schedule active play for at least _____minutes daily | <input type="checkbox"/> Watch TV no more than _____minutes daily |
|---|---|

Other: _____

- Talk with your WIC counselor for personalized help on feeding your child

_____ MD

Take this prescription form with you to your local WIC office. **1-800-WIC-1007**

Receta para Un Niño Saludable

NOMBRE _____

FECHA _____

Receta para el cambio de dieta:

- Ofrezcale solamente leche descremada
- Sírvalle 2 a 3 tazas de leche descremada al día
- Cambie el biberón por una taza
- Ofrezcale más frutas y vegetales

- Sírvalle porciones de comida adecuadas para un niño
- Ofrezcale frutas en lugar de dulces o galletas
- Ofrezcale agua en lugar de sodas o bebidas con sabor a frutas

Receta para cambio de actividad:

- Programe una actividad física por lo menos _____ minutos diarios

- Permítale mirar la TV no más de _____ minutos diarios

Otros: _____

- Hable con su consejero de WIC para que le ayude con la alimentación específica para su niño

Dr. _____

Lleve esta receta a la oficina de WIC en su localidad. **1-800-WIC-1007**