RE: WIC Update January 10, 2014

From: Wayne, Kathleen A (HSS)
Sent: Friday, January 10, 2014 4:45 PM
To: HSS DPA WIC Coordinators; Welch, Scooter (HSS Sponsored); 'Donn Bennice'; 'Kathy O'Gara'
Cc: Ng, Su Chuen (HSS); HSS DPA WIC Juneau; HSS DPA WIC Anchorage; Olejasz, Aimee M (HSS); 'Danielle Rybicki'
Subject: WIC Update January 10

Hi All,

We have a question for on MOV packages for infants.

Do you automatically put all your infants on MOV (regardless of whether stores in your area have exemptions or not)?
Please respond to Dana Kent at dana.kent@alaska.gov to the questions below:

□ Yes Automatically put formula fed infants on MOV.
Reason: _____

□ No Don't put formula fed infants on MOV.

□ Sometimes Occasionally put formula fed infants on MOV.
Reason:_____

_____Agency

Thank you for your help as we look at trends in MOV formula issuance!

Have a great weekend.

Kathleen

In other news:

1-- The Mother's Milk Bank is soliciting letters of support for their project to have an Alaskan milk bank run by the Blood Bank of Alaska. The milk bank does not have final approval yet so your voice can make a difference to sick and premature babies in Alaska.
Please address the letter of support to the following address and cc the medical director, Norman Means.

Board of Directors
Blood Bank of Alaska
4000 Laurel Street
Anchorage, Alaska 99508

2. UHT Policy Follow-Up--- **Temporary** Policy For stores that have fresh milk exemptions, clinics are able to continue providing the fresh milk checks allowing clients to substitute all UHT for fresh milk. A formal policy will come out at the March Quarterly Teleconference. The policy will outline that starting July 2014; UHT cannot be entirely substituted for fresh milk. The policy change requires retraining clients to use evaporated and dry milk, and new vendor procedures and requirements be implemented. Clinics will need to update food packages to reflect the new policy. Please leave the current default food package for these clients until March (after the policy has been refined) to help keep the transition smooth for vendors and clients alike.

HOM Milk
A reminder to local agencies that when HOM is used in the default food package it is for a homeless package which contains all UHT milk & either dry or boiled eggs.

3. Breastfeeding Support Service Newsletter
Attached to the Friday Update you will find the Breastfeeding Support Service Newsletter. This newsletter is done quarterly for the Alaska WIC Breastfeeding Peer Counselors but can provide education to all of your staff. Please feel free to share this newsletter with your WIC staff. If you have any questions, please contact Danielle Rybicki at drrybicki@uaa.alaska.edu.

4. RD Teleconference---The RD working group meeting is January 16, 2014 at 8:15 AM. Our topic will be Ethics. Please visit http://cdrnet.org/news/ethics-requirements-for-recertification for an explanation of the Ethics training requirement for RDs. Attached is an article on Ethics in Dietetics Practice. We'll be using these links as part of the presentation: http://www.continuingeducation360.com/Free-Ethics-Dietetics.html or http://www.txhealthsteps.com/cms/ . We'll also have a short presentation from Tracy Gregg on her thesis project. Please attend if you can, and invite RDs at your local agency to set aside this time to get their Ethics CEU, required for all activity logs submitted for recertification in 2017 and afterward. Please dial in at 1-800-281-5354, passcode 259225. Contact Jennifer Johnson with any questions.

5. Similac Sensitive Update: Attached is guidance regarding transitioning from Similac Sensitive. We've also attached a letter to adapt and use with clients, and a handout on transitioning between formulas-in both English and Spanish, and the updated formula composition table. Please use these as appropriate with your clients. Please contact Jennifer Johnson with comments and questions.

6. Walker Computing will be expanding the functions on the Batch Issuance web site. We are planning to post agency reports on that site. The report listing Participants on Similac Sensitive, that Jennifer mentioned, will be the first report we post. It should be ready on Monday (1/13/14). We will send an email to everyone announcing the new functionality and explaining how to access the site and report.
We made some changes to the SPIRIT Roles this week.

1. The BFPCs can now see all notes and alerts in participant folders.
2. The Clinic Staff (Front Desk) can now see all notes.

SPIRIT Tips and Reminders:

1. Remember to Reset Local Reference Data at the start of each day.
2. Please send issues to the WIC SPIRIT Help Desk (334-4900, wicspirithelpdesk@alaska.gov). Don't worry, they will pass Bart and Dana issues on quickly!
3. The unredeemable checks that are printed for MOV orders should either be shredded (not kept at all!), scanned, or filed with the client's chart. They should not leave the clinic.
4. During the Batch Process, you may see a "Y" in a column for corrections that don't seem to be appropriate. For instance, a "Y" may appear under the "Needs Three Year rx,"
   But the child's cert end date is before his/her third birthday. Just go ahead and run batch. You will be entering that needed three year prescription during recertification. The process lists any data that is "missing." It doesn't compare every field to be sure the "Y" is appropriate. Another example is a Fully Breastfeeding baby for whom a "Y" appears in the "Needs Four Month Food rx".

Thank you all for your hard work and keep the suggestions and questions coming!

7. MOV Glitch----Our apologies to clinic staff and participants – there was a glitch in the SPIRIT MOV subsystem that prevented AIRSA from viewing or downloading MOV orders from December 19 – January 2. They've hired three extra packers and are working hard to bring the mailings back to 10-15 days prior to prescription date. They expect to be on track by January 17.

8. Tax Credit Outreach Campaign: WIC Agencies Encouraged to Participate

The Center on Budget and Policy Priorities' 2014 National Tax Credit Outreach Campaign to promote the Earned Income Credit (EIC), the Child Tax Credit (CTC) and free tax filing assistance has launched. Throughout the United States, millions of people are working hard to make life better for themselves and their families. WIC agencies can play a critical role in informing participants about their eligibility for the EIC and CTC.

As part of the Campaign the Center produces several outreach materials WIC agencies can use in your outreach efforts. For example, full-color 11"

x 17" posters are available that provide an overview of who may be eligible to claim the tax credits. New for 2014, the posters also feature a message about the opportunity to enroll in new health insurance coverage.

WIC agencies can also download English and Spanish flyers and envelope stuffers about the EIC and CTC by visiting www.eitcoutreach.org. The flyers are also available in 19 additional languages. These materials can be reproduced and made available to WIC participants along with all other resources on the website.

Agencies interested in more detailed information about the tax credits may want to request a free copy of the Center's Tax Credit Outreach Kit. In addition to the outreach materials, the kit includes:

- fact sheets;
- a wide range of outreach strategies drawn from outreach efforts across the country;
- examples of innovative local outreach and tax assistance campaigns;
- a guide to finding even more information on www.eitcoutreach.org; and
- much more!

WIC agencies interested in requesting posters can email eickit@cbpp.org or contact Shaunya Owens at the Center: (202) 408-1080. To receive a free copy of the kit in the mail, visit: www.eitcoutreach.org/eitc-outreach-mailing-list.

Nice To Know

AK WIC

BREASTFEEDING SUPPORT SERVICE

JANUARY 2014

Caregivers Support:
Supporting the Goals of Breastfeeding Moms

Many mothers return to work or school and leave their babies with a care caregiver. Caregivers make a difference to the breastfeeding babies in their care. But they can also play a key role in helping the baby's mother meet her breastfeeding goals. Here are some of the many ways caregivers can support breastfeeding mothers:

Avoid Overfeeding

If baby takes too much milk while mother is away, baby will be less interested in breastfeeding when they are together. Less breastfeeding puts mother's milk supply at risk. She may also need to provide more pumped milk. Anything you can do to reduce the amount of milk mother needs to pump makes her life easier. Here are more basics.

- ***Know breastfeeding norms.***
- ***Feed when baby shows signs of hunger* rather than on a schedule.**
- ***Feed slowly using paced bottle feeding.***

Encourage Breastfeeding

One key way mother keeps her milk production steady is frequent breastfeeding. You can help by encouraging her to sit down and breastfeed just before leaving baby with you and as soon as she returns. To make this easier:

- ***Make comfortable seating available.***
- ***Offer a private area for nursing, if desired.***
- ***Make it clear that breastfeeding is welcome and encouraged.***

Store & Handle Milk with Care

You can also support mother by handling her milk with care so that little milk is discarded.

- ***Let mother know if baby regularly takes less milk than is in her containers.***
- ***Follow the milk storage guidelines she provides.***
- ***Thaw and warm milk gently and gradually, keeping heat low.***
- ***Swirl the milk to mix layers. Don't shake it.***
- ***Do not thaw or warm milk in a microwave, which changes the milk and heats it unevenly.***

For more information and a PDF file for caregivers click here. The pictures and the information for this article were summarized from Nancy Mohrbacher's blog, Breastfeeding Reporter. She is currently working on a new book for employed breastfeeding mothers that will be available this Spring.

When bottle feeding a baby, they should be held in a semi-upright or an upright position (see photos above).

Tap the baby's lips with the nipple until she opens wide. During feedings, the bottle should be help horizontal, so the flow isn't too fast.

Build in pauses every few minutes by lowering the end of the bottle.

Stop when baby stops.

Folic Acid Awareness Week- Jan 5-11th

Why folic acid is so important

Folic acid is very important because it can help prevent some major birth defects of the baby's brain and spine (anencephaly and spina bifida).

How much folic acid a woman needs

400 micrograms (mcg) every day.

When to start taking folic acid

For folic acid to help prevent some major birth defects, a woman needs to start taking it at least one month before she becomes pregnant and while she is pregnant.

Every woman needs folic acid every day, whether she's planning to get pregnant or not, for the healthy new cells the body makes daily. Think about the skin, hair, and nails. These – and other parts of the body – make new cells each day.

How a woman can get enough folic acid

There are two easy ways to be sure to get enough folic acid each day:

1. Take a vitamin that has folic acid in it every day.

Most multivitamins sold in the United States have the amount of folic acid women need each day. Women can also choose to take a small pill (supplement) that has only folic acid in it each day.

Multivitamins and folic acid pills can be found at most local pharmacy, grocery, or discount stores. Check the label to be sure it contains 100% of the daily value (DV) of folic acid, which is 400 micrograms (mcg).

2. Eat a bowl of breakfast cereal that has 100% of the daily value of folic acid every day.

Not every cereal has this amount. Check the label on the side of the box, and look for one that has "100%" next to folic acid.

This basic information was provided by the CDC. To find out more about folic acid visit the CDC website and/or listen to this audiocast by the CDC.

facebook

Our Facebook page for Alaska WIC Breastfeeding Peer Counselors is a great way to communicate, share ideas and keep connected. Check our page often, share relevant posts and feel free to ask questions to your fellow peer counselors.

If you are a Breastfeeding Peer Counselor for Alaska WIC and have not been invited to join our Facebook page please contact Danielle Rybicki at drrybicki@uaa.alaska.edu. This group is only for active Peer Counselors.

ChooseMyPlate.gov has great resources to help breastfeeding moms choose the right foods. Check out Tips for Breastfeeding Moms by clicking here.

If you know of anyone that works for WIC and is not getting this newsletter and does not have access to the listserve please have them contact Danielle Rybicki at drrybicki@uaa.alaska.edu.

EDUCATION CORNER

Breastfeeding Pop Quiz

- See how you do answering these questions about breastfeeding!
- Instructions: Circle True or False for each question.
- Look for the answers and more information on each of the questions to be posted in February.

1. Modern infant formula is very similar or the same as breast milk.
   True or False

2. Babies that breastfeed get sick less often than babies that formula feed.
   True or False

3. Most people think that breastfeeding in public is unacceptable.
   True or False

4. Most women don't produce enough milk to be able to breastfeed.
   True or False

5. Breastfeeding for a year or more makes your baby too dependent.
   True or False

6. Mothers who breastfeed must eat special foods.
   True or False

7. If you breastfeed, you are not able to go out and have fun with friends.
   True or False

8. If a mother needs to take medicine, she can still breastfeed.
   True or False

9. If a mother needs to go back to work or school after six weeks, it is not worth it to breastfeed.
   True or False

10. Mothers who have their nipples pierced can still breastfeed.
    True or False

Reading this newsletter and completing the education offering for the month is worth one continuing education hour for WIC CPAs. Continuing education hours are tracked at your local agency. Click here for a form to track your continuing education.

Alaska WIC Formula Composition, revised January 2014					
Formula	**CHO**	**Fat**	**Protein**	**Other characteristics**	**Indications**
Similac Advance	43% of calories contains lactose	49% of calories Oleic, safflower, soy, coconut	8% calories Whey/casein	prebiotics	Contract milk based formula for term infants
Enfamil Prosobee	42% of calories Corn syrup solids	48% of calories Palm, olein, soy, coconut, safflower, or sunflower	10% of calories Soy protein	Lactose free, galactose free	Contract soy based formula for term infants
ENPR Formulas					
Good Start Gentle	46% of calories, Lactose and maltodextrin	46% of calories, Palm, olein, soy, coconut, sunflower	9% of calories, Partially hydrolyzed, 100% whey	Proteins partially hydrolyzed	Milk based formula, proteins partially broken down to ease digestion
Good Start Soy	44% of calories Corn maltodextrin, sucrose	46% of calories Palm olein, coconut, soy, safflower or sunflower	10% of calories Hydrolyzed Soy protein	Lactose free, milk free	Milk and lactose free, proteins partially broken down to ease digestion
Enfamil Gentlease	43% of calories Lactose, corn syrup solids	48% of calories Palm olein, soy, coconut and sunflower	9% of calories Partially hydrolyzed	Proteins partially hydrolyzed, reduced lactose	Protein partially broken down to ease digestion
Enfamil AR	44% of calories Lactose and maltodextrin	46% of calories Palm olien, coconut, sunflower	10% of calories Whey/casein	Added rice starch, prebiotics	Severe gastrointestinal issues, vomiting with other causes ruled out
Alimentum	41% of calories Sucrose and modified tapioca starch	48% of calories Safflower, soy, 33% MCT	11% of calories Extensively hydrolyzed casein	Ready to feed form has no corn	severe food allergies, intact protein sensitivity, fat malabsorption
Nutramigen	41% of calories Corn syrup solids	48% of calories Palm olein, soy, coconut, sunflower	11% calories hydrolyzed casein	Amino acid based	cow milk protein allergy; suitable for gut impairment conditions

Neosure	40% of calories from Lactose corn syrup solids	49% of calories Soy, coconut, MCT	11% of protein Whey/Casein	Increased vitamins and minerals, higher calories	Post discharge feeding of preterm infants
Enfacare	42% of calories from Lactose and corn syrup solids	47% of calories Oleic sunflower/safflower, soy, coconut, MCT	11% of calories Whey/Casein	Increased Vitamins and minerals, higher in calories	Post discharge feeding of preterm infants
Elecare	42% of calories from Corn syrup solids	43% of calories Safflower, soy, MCT 33%	15% of calories	Amino acid based no lactose or fructose	severe food allergies, short bowel syndrome, GI impairment
Neocate* as of 9/2013	43% of calories from Corn syrup solids	46% of calories Canola oil, MCT 5%	11% of calories	Amino acid based no lactose or fructose	severe food allergies, short bowel syndrome, GI impairment
Child					
Neocate Jr	42% of calories from Corn syrup solids	45% of calories Coconut, canola, safflower	13% of calories	Amino acid based	severe food allergy to cow or soy milk, or multiple protein intolerances, short bowel syndrome, esophagitis
Pediasure	54% calories Sucrose, corn maltodextose	34% of calories Oleic safflower, soy, MCT	12% of calories Milk and soy proteins	30 kcal/oz, prebiotics	For children over one year; formulated for oral feeding but can be tube fed
Enfamil Toddler Transitions Soy	58% calories from corn syrup solids	20% of calories palm olein, soy, coconut and high oleic sunflower oil	17% calories soy protein isolate	20 kcal/oz	For children over 1 year with lactose intolerance or galactosemia or IGE mediated allergy to cow's protein

Photograph is from the Anne Geddes Calendar Collection

January 8, 2014

Dear WIC Families:

WIC has an important message for you since your baby is using the Similac Sensitive formula as your baby's formula choice.

- We want to let you know that beginning April 1, 2014, Alaska will be offering two formulas- the milk based formula Similac Advance and the soy based formula Enfamil Prosobee. We will no longer be able to offer Similac Sensitive.

- Babies who have a medical reason to receive special/medical formula may get special approval with a prescription from the baby's doctor, nurse practitioner, or physician's assistant to receive a different formula from WIC.

Contact the WIC staff, your baby's doctor or health care provider to discuss what formula to feed your baby. If we do not hear from you, starting April 1, 2014 your baby will receive Similac Advance. We want to help support your decision.

Your WIC Staff
XXXXWIC Program
Contact Information

ALASKA FAMILY NUTRITION
Department of Health and Social Services

ALASKA WIC
Good Nutrition For Women, Infants & Children

Revised 12/19/14

Avoiding Ethical and Legal Issues in Practice Settings

THERE ARE SOME CLEAR ethical lines that everyone knows should not be crossed—lying, cheating, stealing—but what happens when the line becomes a bit blurry? I used to encourage students and colleagues to use the "gut" test to determine whether or not something was ethical. Unfortunately, at present it seems those "guts" are either not functioning properly or people are ignoring them.

Bending the rules for a good outcome is often cited as a defense for not adhering to a particular policy, regulation, law, or rule, but most legal experts agree that bending the rules—even with the best of intentions—is risky business.[1] As Jonathan Cooperman, JD, MS, PT, past president of the Ohio Physical Therapy Association, put it, "Bending the rules is a slippery slope, and once you start bending a rule, then you start bending it a little harder and a little harder and a little harder."[2] After a while, no one remembers the proper procedure. Nonadherence to approved policies could result in ethical violations as well as regulatory and legal liability to the practitioner and/or the institution. Even if a patient is not harmed, bending the rules can put you and your institution in jeopardy.[1]

Dietetics practitioners encounter many ethical and legal gray areas in professional practice every day. These issues may include patient-related decisions, appropriate business practices, or relationships with professionals, customers, and employees. In today's litigious world, with expanding and changing practices in both institutional and private practice setting, many professionals are experiencing an increase in ethical conflicts and greater exposure to legal action than ever before. And, unfortunately, sometimes making the wrong decision can have long-lasting and significant negative consequences for our lives and careers.

Fortunately, the Academy of Nutrition and Dietetics has developed tools to help dietetics practitioners recognize and avoid legal and ethical pitfalls in our various work environments. The Academy and Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics[2] is recognized and respected by our members as well as many other health care professionals. This article addresses three areas of practice that may present ethical and legal dilemmas for many practitioners. These include 1) practicing beyond a person's qualifications, capabilities, education, or experience; 2) billing and proper use of health care resources; and 3) advertising services.

*This article was written by **Dianne K. Polly**, JD, RD, LDN, a legal and nutrition consultant, Memphis, TN.*

http://dx.doi.org/10.1016/j.jand.2013.10.005

To take the Continuing Professional Education quiz for this article, log in to www.eatright.org, click the "myAcademy" link under your name at the top of the homepage, select "Journal Quiz" from the menu on your myAcademy page, click "Journal Article Quiz" on the next page, and then click the "Additional Journal CPE Articles" button to view a list of available quizzes, from which you may select the quiz for this article.

PRACTICING BEYOND ONE'S QUALIFICATIONS, CAPABILITIES, EDUCATION, OR EXPERIENCE

Similar to most other credentialed professions, dietetics practitioners must pass a basic knowledge examination administered by an independent organization, specifically the Commission on Dietetic Registration's Registration Examinations for Dietitians and Dietetic Technicians. The successful completion of these tests acknowledges that an individual has demonstrated minimal competence for entry-level practice. It does not mean that every person passing the examination should immediately begin practicing in a specialist practice area with which he or she does not have adequate familiarity. The Academy has developed an interactive decision analysis tree to help determine whether practitioners are qualified in a particular area.[3] There are knowledge and competency differences between an entry-level and an advanced practice dietetics practitioner. There are many dietetics practitioners who have completed additional training and have been granted authorization or privilege by their institution or state licensure body to perform tasks such as insulin regulation, diet ordering, and placement of nasal gastric tubes. If a patient or client asks the practitioner about his or her experiences with a certain disease, diet, or treatment plan, the practitioner should respond honestly.

According to Principle 14 of the Code of Ethics, the dietetics practitioner assumes a lifelong responsibility and accountability for personal competence in practice.[2] If you do not have the knowledge, desire, or capacity to acquire the information on a nutritional matter, you should not accept or counsel a client on that issue. Your private practice can choose which patients you accept as long as you do not discriminate solely by denying legally protected classes of persons. As described in Principle 1 of our Code of Ethics, dietetics practioners have a responsibility to recognize the limits of their qualifications and to conduct their business with honesty, integrity, and fairness.[2]

Another important consideration for dietetics practitioners is to recognize that their scope of practice goes beyond simply completing the required paperwork. For example, an organization/institution may have a policy that says all clients with a particular diagnosis must be seen and assessed by a registered dietitian nutritionist within a certain number of hours. Merely seeing and charting an assessment is not the end of our responsibility. We have a duty to follow up on those recommendations to ensure that they were implemented and that the patient does not suffer harm. This supports Principle 2 of the Code of Ethics, which states that the dietetics practitioner supports and promotes high standards of professional practice.[2]

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BILLING AND PROPER USE OF HEALTH CARE RESOURCES

A relatively new legal and ethical issue facing dietetics practitioners is improper billing of procedures. Some dietetics practitioners have incorrectly charged insurance and other third-party payers for their services. Even honest billing mistakes can have legal implications, but more alarming is that some dietetics practitioners overcharge because they believe that they are not being reimbursed at adequate funding levels. Charging for services not performed or time not spent with the client is unethical behavior. In the May 2012 issue of *ACP Hospitalist*, Virginia Hood, MBBS, MPH, MACP, former president of the American College of Physicians and past chair of its Ethics, Professionalism, and Human Rights Committee, said, "The major ethical issue is how do you balance doing good, and not doing harm, with involving patients in shared decision making and making sure resources are justly distributed to everyone?"[4] Dietetics practitioners need to provide patients with what is jointly determined as necessary. Similar to physicians, dietetics practitioners have a responsibility to practice effective and efficient health care and to use health care resources responsibly. The American College of Physicians Ethics manual elaborates on their very significant obligation to provide parsimonious care that uses the most efficient means to effectively diagnose and treat a patient and respects the need to use resources wisely.[5]

Some dietetics practitioners have created problems with third-party payers by charging for more expensive assessment services than were rendered. It is important to develop and use standardized billing procedures. You should be able to provide written documents that explain your billing policies and procedures to each of your clients. Minimally, these documents should indicate what is included in the office visit, what the fees are for visits, what and when payment is due, and your policy on missed and canceled payments.[6] Dietetics practitioners, like physicians, may be bound by contract to provide care to beneficiaries of health plans in which they participate.[7] Therefore, it is important to read and understand the contracts you sign with third-party payers. Often policies are developed and rewritten after problems with nonpayment and/or noncompliance issues. Your billing document may be changed but it needs to be administered and used fairly with all clients.

A comprehensive chart was developed by Mary Hodorowicz, MBA, RD, CDE, CDC, and Jane White, PhD, RD, FADA, and published in the *Journal* in March of 2012 to show the basic elements of sound business and ethical billing practices for dietetics practitioners.[6] The accompanying article also emphasized that lack of knowledge about the statutes and regulations regarding third-party payers will not be an excuse for errors. Consequences of improper billing could result in loss of professional credentials, licenses, and even prison sentences.

More clinicians need to be involved with conducting basic outcomes studies to determine whether they are truly providing cost-effective services. Principle 16 of our Code of Ethics emphasizes that the dietetics practitioner certifies that services have been rendered only if he or she has personally provided or supervised the provision of those services.[2] If you inadvertently make a billing error, do not try to hide it, but rather report it and take corrective action to ensure that it does not happen again.

ADVERTISING SERVICES

Some professional organizations have very strict guidelines for advertising their services. For example, lawyers were once prohibited from any type of advertising. At present, state law often controls the type of advertising that is allowed by licensed professionals. The Internet has also expanded marketing opportunities, particularly for those in private practice. According to the American Speech-Language-Hearing Association, the relaxation of their advertising restrictions has increased the number of advertising-related ethics complaints received by their national board.[8] Several ethics complaints have also been submitted to the Academy of Nutrition and Dietetics regarding false advertising claims by credentialed and noncredentialed practitioners. The American College of Physicians Ethics manual states, "Advertising by physicians or health care institutions is unethical when it contains statements that are unsubstantiated, false, deceptive, or misleading, including statements that mislead by omitting necessary information."[7] Registered dietitian nutritionists (RDNs) who choose to advertise their services must be honest in all of their claims and should specifically list their areas of preferred or limited practice if they are working only in a specialty area. For example, if an RDN specializes and only works in sports nutrition, he or she should clearly state that in all advertising and billing materials. In addition, he or she should ensure all third-party payers are also aware of this limited specialty and clearly indicate this restricted area of practice in their patient literature. The analogy is similar to that of a physician who specializes in only one type of medicine. For example, a cardiologist would not be expected to perform colonoscopies. An RDN specializing in eating disorder counseling may not be knowledgeable about complicated renal issues and the diets of these patients. The dietetics practitioner should not claim or guarantee results if he or she is unable to document those results. Principle 6 of the Code of Ethics states, "...the dietetics practitioner does not engage in false or misleading practices or communications."[2]

As our profession expands and shifts from treating diseases to preventing them, dietetics practitioners must keep abreast of changes in practice. Private practice RDNs could benefit from using an outside organization to conduct periodic risk assessments to identify any risky behaviors that might have been inadvertently adopted.[1] As members of an evidence-based profession, we must keep our practices sound, both nutritionally and ethically. Some of the ways to improve our general ethical practices are to take courses in moral and ethical reasoning and decision making, review health care laws and regulations, serve on institutional ethics committees,[9] and review the many ethics educational resources that have been created to assist practitioners in understanding the practical application of the Code of Ethics.[10] These include:

- Ethics committee
- Ethics education toolkit
- Resources available for required continuing professional education in ethics
- Ethics opinions
- Ethics in Action columns

- Guidelines regarding the recommendation and sale of dietary supplements
- Ethics complaints and violations
- Video and case studies
- Promotional pieces for newsletters
- International Code of Ethics and Code of Good Practice
- Code of Ethics "For Further Reading" list

Dietetics practitioners experience ethical and legal challenges daily, and sometimes the two may not be in total agreement. If conflicts emerge between ethical and legal obligations, practitioners are advised to seek legal counsel for clarification about any potential legal consequences of their decisions.

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Similac Sensitive Transition Guidance

Similac Sensitive will no longer be an AK WIC contract formula as of April 1, 2014.

Providers are being informed.

Please support and facilitate breastfeeding, the healthiest infant feeding method.

Clients receiving Similac Sensitive need to be contacted, and encouraged to transition to the WIC milk based formula, Similac Advance. Clients with full term infants can also choose the WIC contract soy formula, Prosobee.

The WIC contract formulas are appropriate for healthy infants. Most healthy, full-term infants will do well on any of the infant formulas on the market, as their composition is mandated by federal law.

- Please provide education and support to your clients on transtioning formulas, and use the handouts provided.
- At this time, AK WIC <u>will not</u> be able to offer Similac Sensitve by ENPR.

Similac Sensitive has been "expired" in Spirit as of April 1, 2014. For infants with packages that begin on or after April 1, 2014 who still have packages in Spirit for Similac Sensitive, those packages have been removed. <u>All infants receiving Similac Sensitive will need a new package entered with the April 1 date.</u>

For those printing checks tri-monthly, on or around Feb 1 issuance you should begin to see error messages in your batch printing for infants who haven't had a different package entered.

Accurate lists of clients receiving Similac Sensitive formula will be available online beginning the week of January 13. Please consult the Spirit update for the most up to date information on infants at your agency receiving Similac Sensitive.

- Our suggestion is that you begin contacting clients now, with either a phone call or when they come into the office for their next appointment. Let them know that this formula will no longer be available and talk to them about their options. Change their packages accordingly.

- If you can't reach a client, send them information on the change in formulas. Include a request that they call you to discuss the coming change and how to transition their infant. <u>Let them know the package will be changed to Similac Advanced as of April 1, 2014</u> if you don't hear from them. The letter is attached. It's a word document with a space to insert your local agency's contact information.

- If some of these infants need to transition to ENPRs for a medical formula, remember that the regular ENPR procedure must be followed and medical need must be specified by a doctor or HCP with prescriptive authority. Also consider the formulas available in your area- don't give mailed FIs for a formula a client won't be able to find on the shelf.

Similac Sensitive Transition Guidance

Similac Sensitive will no longer be an AK WIC contract formula as of April 1, 2014.

Providers are being informed.

Please support and facilitate breastfeeding, the healthiest infant feeding method.

Clients receiving Similac Sensitive need to be contacted, and encouraged to transition to the WIC milk based formula, Similac Advance. Clients with full term infants can also choose the WIC contract soy formula, Prosobee.

The WIC contract formulas are appropriate for healthy infants. Most healthy, full-term infants will do well on any of the infant formulas on the market, as their composition is mandated by federal law.

- Please provide education and support to your clients on transtioning formulas, and use the handouts provided.
- At this time, AK WIC <u>will not</u> be able to offer Similac Sensitve by ENPR.

Similac Sensitive has been "expired" in Spirit as of April 1, 2014. For infants with packages that begin on or after April 1, 2014 who still have packages in Spirit for Similac Sensitive, those packages have been removed. <u>All infants receiving Similac Sensitive will need a new package entered with the April 1 date.</u>

For those printing checks tri-monthly, on or around Feb 1 issuance you should begin to see error messages in your batch printing for infants who haven't had a different package entered.

Accurate lists of clients receiving Similac Sensitive formula will be available online beginning the week of January 13. Please consult the Spirit update for the most up to date information on infants at your agency receiving Similac Sensitive.

- Our suggestion is that you begin contacting clients now, with either a phone call or when they come into the office for their next appointment. Let them know that this formula will no longer be available and talk to them about their options. Change their packages accordingly.

- If you can't reach a client, send them information on the change in formulas. Include a request that they call you to discuss the coming change and how to transition their infant. <u>Let them know the package will be changed to Similac Advanced as of April 1, 2014</u> if you don't hear from them. The letter is attached. It's a word document with a space to insert your local agency's contact information.

- If some of these infants need to transition to ENPRs for a medical formula, remember that the regular ENPR procedure must be followed and medical need must be specified by a doctor or HCP with prescriptive authority. Also consider the formulas available in your area- don't give mailed FIs for a formula a client won't be able to find on the shelf.

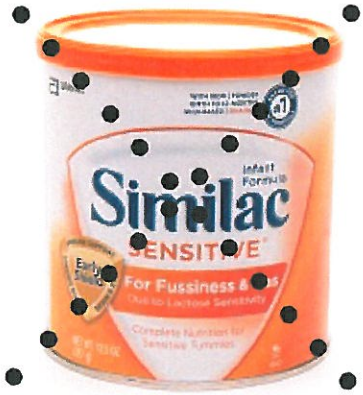
WIC believes breastmilk is the best nutrition for babies.

Contact a WIC personnel, breastfeeding peer counselor, La Leche League or a health care provider for breastfeeding support.

WIC formula changes effective April 1, 2014.

Through March 31, 2014

Starting April 1, 2014



NO LONGER AVAILABLE

Still Available

Changing to a New Formula
Powder

Most babies will change to a new formula without any problems.

Tips

- It is best to feed your baby when he or she is hungry.
- Be patient and give your baby time to adjust. If you have questions, talk to your WIC staff or your health care provider.

Did you know?

- Your baby's stool (poop) may look or smell different when you change formulas. This is normal.
- Your baby may burp or spit up a little more at first.
- Powdered formula blends better when you use a bigger bottle.
  - Prepare 4 ounces of formula in a 6-ounce bottle.
  - Prepare 6 ounces of formula in an 8-ounce bottle.
- Every formula tastes a little different. If your baby tried the new formula and did not like it, try changing formulas, little by little, by using the directions below.

Directions for Helping Your Baby Change to the New Formula:

- Mix powders of different formulas together <u>before</u> mixing with water.
- You will need the **new** formula and the **old** formula.

4 Ounce Bottle	
Day 1	Mix: • 1 scoop **old** formula • 1 scoop **new** formula • 4 ounces water
Day 2	Repeat Day 1
Day 3	Mix: • 2 scoops **new** formula • 4 ounces water

6 Ounce Bottle	
Day 1	Mix: • 2 scoops **old** formula • 1 scoop **new** formula • 6 ounces water
Day 2	Mix: • 1 scoop **old** formula • 2 scoops **new** formula • 6 ounces water
Day 3	Mix: • 3 scoops **new** formula • 6 ounces water

Cómo cambiar la fórmula de su bebé
En polvo

La mayoría de los bebés se adaptan a una nueva fórmula sin ningún problema.

Consejos:

- Es mejor alimentar a su bebé cuando tenga hambre.
- Sea paciente y déle a su bebé tiempo para adaptarse. Si tiene preguntas, hable con el personal de WIC o con su proveedor de atención de la salud.

¿Sabía usted?

- Las heces (popó) de su bebé pueden tener un aspecto o un olor diferente cuando cambia de fórmula. Eso es normal.
- Su bebé puede eructar o volver la fórmula un poco más al principio.
- La fórmula en polvo se mezcla mejor cuando usa un biberón más grande.
  - Prepare 4 onzas de la fórmula en un biberón de 6 onzas.
  - Prepare 6 onzas de la fórmula en un biberón de 8 onzas.
- Cada fórmula sabe un poco diferente. Si su bebé probó la fórmula nueva y no le gustó, intente cambiar la fórmula poco a poco.

Instrucciones para ayudar a su bebé a cambiar a la nueva fórmula:

- Mezcle el polvo de las diferentes fórmulas antes de agregar el agua.
- Necesitará la fórmula **nueva** y la fórmula **anterior**.

Para un biberón de 4 onzas	
Día 1	Mezcle: • 1 medida de la fórmula **anterior** • 1 medida de la fórmula **nueva** • 4 onzas de agua
Día 2	Repita el Día 1
Día 3	Mezcle: • 2 medidas de la fórmula **nueva** • 4 onzas de agua

Para un biberón de 6 onzas	
Día 1	Mezcle: • 2 medidas de la fórmula **anterior** • 1 medida de la fórmula **nueva** • 6 onzas de agua
Día 2	Mezcle: • 1 medida de la fórmula anterior • 2 medidas de la fórmula **nueva** • 6 onzas de agua
Día 3	Mezcle: • 3 medidas de la fórmula **nueva** • 6 onzas de agua

Changing to a New Formula
Liquid Concentrate

Most babies will change to a new formula without any problems.

Tips

- It is best to feed your baby when he or she is hungry.
- Be patient and give your baby time to adjust. If you have questions, talk to your WIC staff or your health care provider.

Did you know?

- Your baby's stool (poop) may look or smell different when you change formulas. This is normal.
- Your baby may burp or spit up a little more at first.
- Every formula tastes a little different. If your baby tried the new formula and did not like it, try changing formulas, little by little, by using the directions below.

Directions for Helping Your Baby Change to the New Formula:

Step 1 Mix 13-ounce can of the **new** formula + 13-ounce can water = 26 ounces **new**.

Step 2 Mix 13-ounce can of **old** formula + 13-ounce can water = 26 ounces **old**.
Note: This makes enough formula (52 ounces) for about 2 days.

Step 3 Follow the **directions below** to make a 4 or 6 ounce bottle.

4 Ounce Bottle	
Day 1	Mix: • 3 ounces **old** formula • 1 ounce **new** formula
Day 2	Mix: • 2 ounces **old** formula • 2 ounces **new** formula
Day 3	Mix: • 1 ounce **old** formula • 3 ounces **new** formula
Day 4	Mix: • 4 ounces **new** formula

6 Ounce Bottle	
Day 1	Mix: • 4 ounces **old** formula • 2 ounces **new** formula
Day 2	Mix: • 3 ounces **old** formula • 3 ounces **new** formula
Day 3	Mix: • 2 ounces **old** formula • 4 ounces **new** formula
Day 4	Mix: • 6 ounces **new** formula

Cómo cambiar la fórmula de su bebé
Líquido concentrado

La mayoría de los bebés se adaptan a una nueva fórmula sin ningún problema.

Consejos:

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¿Sabía usted?

- Las heces (popó) de su bebé pueden tener un aspecto o un olor diferente cuando cambia de fórmula. Eso es normal.
- Su bebé puede eructar o volver la fórmula un poco más al principio.
- Cada fórmula sabe un poco diferente. Si su bebé probó la fórmula nueva y no le gustó, intente cambiar la fórmula poco a poco.

Instrucciones para ayudar a su bebé a cambiar a la nueva fórmula:

Paso 1 Mezcle 13 onzas de la fórmula **nueva** + 13 onzas de agua = 26 onzas de la **nueva**.

Paso 2 Mezcle 13 onzas de la fórmula **anterior** + 13 onzas de agua = 26 onzas de la **anterior**.
Nota: Esto es suficiente fórmula (52 onzas) como para 2 días.

Paso 3 Siga las **siguientes instrucciones** para preparar un biberón de 4 ó 6 onzas.

Para un biberón de 4 onzas	
Día 1	Mezcle: • 3 onzas de la fórmula **anterior** • 1 onza de la fórmula **nueva**
Día 2	Mezcle: • 2 onzas de la fórmula **anterior** • 2 onzas de la fórmula **nueva**
Día 3	Mezcle: • 1 onza de la fórmula **anterior** • 3 onzas de la fórmula **nueva**
Día 4	Mezcle: • 4 onzas de la fórmula **nueva**

Para un biberón de 6 onzas	
Día 1	Mezcle: • 4 onzas de la fórmula **anterior** • 2 onzas de la fórmula **nueva**
Día 2	Mezcle: • 3 onzas de la fórmula **anterior** • 3 onzas de la fórmula **nueva**
Día 3	Mezcle: • 2 onzas de la fórmula **anterior** • 4 onzas de la fórmula **nueva**
Día 4	Mezcle: • 6 onzas de la fórmula **nueva**

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Powder

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Día 1	Mezcle: • 2 medidas de la fórmula **anterior** • 1 medida de la fórmula **nueva** • 6 onzas de agua
Día 2	Mezcle: • 1 medida de la fórmula anterior • 2 medidas de la fórmula **nueva** • 6 onzas de agua
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Day 4	Mix: • 4 ounces **new** formula

6 Ounce Bottle	
Day 1	Mix: • 4 ounces **old** formula • 2 ounces **new** formula
Day 2	Mix: • 3 ounces **old** formula • 3 ounces **new** formula
Day 3	Mix: • 2 ounces **old** formula • 4 ounces **new** formula
Day 4	Mix: • 6 ounces **new** formula

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Nota: Esto es suficiente fórmula (52 onzas) como para 2 días.

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Día 2	Mezcle: • 2 onzas de la fórmula **anterior** • 2 onzas de la fórmula **nueva**
Día 3	Mezcle: • 1 onza de la fórmula **anterior** • 3 onzas de la fórmula **nueva**
Día 4	Mezcle: • 4 onzas de la fórmula **nueva**

Para un biberón de 6 onzas	
Día 1	Mezcle: • 4 onzas de la fórmula **anterior** • 2 onzas de la fórmula **nueva**
Día 2	Mezcle: • 3 onzas de la fórmula **anterior** • 3 onzas de la fórmula **nueva**
Día 3	Mezcle: • 2 onzas de la fórmula **anterior** • 4 onzas de la fórmula **nueva**
Día 4	Mezcle: • 6 onzas de la fórmula **nueva**