
From: Wayne, Kathleen A (HSS)

Sent: Friday, April 04, 2014 2:53 PM

To: HSS DPA WIC Coordinators; Donn Bennice (donn@akafs.org); Welch, Scooter (HSS Sponsored); O'Gara, Kathy (HSS Sponsored)

Cc: HSS DPA WIC Juneau; HSS DPA WIC Anchorage; Olejasz, Aimee M (HSS); 'Danielle Rybicki' (afdrr@uaa.alaska.edu); Khmelev, Erin N (HSS)

Subject: WIC Update April 4

Hi Everyone,

Juneau state staff enjoyed a lunch-time baby shower in celebration for, and in great expectation of, Pavel, Erin's baby boy, due to arrive on April



25th.

Erin is modeling one of the many baby clothing items she received at the shower.

Have a great weekend.

Kathleen

1. Toxic Matters---see attachment

2. Summer Food Service Program—Attached are flyers and handouts on SFSP. **Please do not post or hand out this information until a week before your local school district closes for the summer.**
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. ENPR--- Apologies for sending out the updated ENPR too soon. We've been advised that MDs or others with prescriptive authority still need to authorize soy milk for children until October 1, 2014 (we'd hoped to roll it out earlier). Here's the version of the ENPR with soy milk still on it. You'll be receiving training on the New Food Rule soon. Thank you for your patience. Please contact Jennifer Johnson with any questions or comments at 465-8104.
5. Enfamil Prosoabee--- The label on Enfamil Prosoabee has changed slightly. A PDF is attached. Please contact Jennifer Johnson with any questions or comments at 465-8104.
6. Lower calorie Formula--The American Academy of Pediatrics sent out guidance for pediatricians on the recent change to formulas. The document is attached. Dr Bruce Chandler will also share this with pediatricians. Please contact Jennifer Johnson with questions or comments at 465-8104
7. Food Lists---Thanks to all LAs for sending the Vendor Management Unit your estimated Food List / Participant ID Folder needs for the next six months. The lists were mailed out to all clinics in your requested amounts this week, and you should receive them shortly. We have about 7,000 on hand in case anyone needs more.
8. MOV Update---Vendor staff met with our MOV contractor, AIRSA LLC, on April 2. We expect to improve our response time for requested tracking on delayed or missing MOV packages with a new email link for their packing staff. After Erin Khmelev begins maternity leave (April 21), please email both Sandy Harbanuk, sandra.harbanuk@alaska.gov and Gina Heffern, gina.heffern@alaska.gov if you need to check on the whereabouts of a package.
- 9.



SPIRIT Tips and Reminders:

⇒If you want to change a food prescription for an MOV client, remember to first check whether the order has been printed by AIRSA (Benefit History/ highlight benefit/Show Details/ Status: "Paid" means it's been printed, "Issued" means it has not yet been printed). If the order has been printed ("Paid"), it is too late to void the benefit. You can change the food prescription but it will not take effect until the next MOV benefit (check) printing. If it still shows as "Issued", you can follow the "VCR" process.

Go to "Benefit Management", Void the appropriate checks, Change the food prescription, and Replace the benefits. That way the new prescription will be picked up by SPIRIT and sent on to AIRSA.

SPIRIT Information:

⇒The ME Overweight 2-5 year olds Report (on the SPIRIT Utilities web site) is not completed and is not available for your use at this time. Improvements are being made to the report. Unfortunately, you will not be able to pull the overweight rates for this quarter's quarterly report.

⇒The risk code settings have been updated for 427.01-04. They will now be available by CPA assignment for a Breastfeeding woman with multiples.

The SPIRIT Utilities web site hosts Reports and Batch Issuance:

<https://wicspiritprod1.dhss.alaska.gov/WICSPIRITPROD1/BatchIssuance/Authentication/Login.aspx>.

(Log-in with your SPIRIT username and password).

SPIRIT Help Desk Info:

Send all questions, issues and errors to the WIC SPIRIT Helpdesk at wicspirithelpdesk@alaska.gov or phone them at 907-334-4900.

Nice To Know

Fruits and vegetables: Here's a link to some fun fruit and vegetable ideas: <http://www.fns.usda.gov/tn/popular-events-booklet> (you may have to cut and paste it into your browser)

Although it says the ideas are directed at school age kids, there are handouts and coloring sheets too.

10. **From:** iLactation Team [<mailto:iona@ilactation.com>]

Sent: Tuesday, April 01, 2014 9:39 PM

Subject: Breastfeeding continuing education

I am writing to you as your organisation's members may be interested in the group rate for 20 online breastfeeding education credits (CERPS or CNEs) at the Heart to Heart: connecting with breastfeeding mothers online conference. 6 people make a group. The online conference is available until April 30 and you can view presentations any time, anywhere with an internet connection. For more information, please see our website www.ilactation.com or feel free to contact me by email.

Topics that may be of interest include:

Breastfeeding Resource Nurses change institutional culture Dr Diane Spatz

Making the case for a targeted approach to racial equity in breastfeeding support Kiddada Green, Black Mothers' Breastfeeding Association

Working together: Communicating with physicians about breastfeeding Dr Jenny Thomas

Collecting and storing mother's milk: Clinical implications and evidence update Marie Biancuzzo

Health professionals and support for breastfeeding Dr Wendy Brodribb, President of Academy of Breastfeeding Medicine

The role of donor human milk in supporting lactation and breastfeeding on the neonatal unit and beyond Gillian Weaver

Helping parents survive the second night: A theoretical perspective on infant response to overstimulation Jan Barger

Counselling breastfeeding mothers of babies with congenital heart disease Rachelle Lessen

Late preterm infants, brain development and breastfeeding Dr Diane Spatz

Can you help me breastfeed? Building breastfeeding self-efficacy – from theory to practice Rebecca Glover

Cruelty in maternity wards – the dark side of institutionalizing care Henci Goer

The transfer of medications into human milk Dr Larry Noble
Infant feeding: a contentious topic? Professor Mary Renfrew

More are listed on our website www.ilactation.com or again, feel free to contact me by email.



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AAP News

What pediatricians need to know about new low calorie/low protein formulas

Frank R. Greer and Steven A. Abrams

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The online version of this article, along with updated information and services, is located on the
World Wide Web at:

<http://aapnews.aappublications.org/content/early/2014/03/28/aapnews.20140328-1>

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What pediatricians need to know about new low calorie/low protein formulas

by **Frank R. Greer, M.D., FAAP**, and **Steven A. Abrams, M.D., FAAP**

Infant formulas with lower energy density and lower protein content than those historically sold in the United States are being introduced this spring. This change follows the recent addition of novel components such as pre- and probiotics into some formulas.

As the number of formula choices increases and the selection process becomes more complicated, families may seek their pediatrician's advice. Pediatricians, therefore, should be on alert for new formulas and be familiar with the research on formulas with varying amounts of energy and protein.

Obesity a concern

Because the risk of overweight is higher in formula-fed infants than breastfed infants, some support lowering the protein content and energy density of infant formulas (Koetzko B, et al. *Adv Exp Med Biol.* 2005;569:69-79; Timby N, et al. *Am J Clin Nutr.* April 2014, <http://ajcn.nutrition.org/content/early/2014/02/05/ajcn.113.064295.abstract>).

It has been reported that the intake of both protein and total energy in formula-fed infants exceeds that of breastfed infants. Limited evidence indicates that this difference is due primarily to the increased volume of intake in formula-fed infants compared to breastfed infants (Hester SN, et al. *J Nutr Metab.* 2012;2012: 891201).

It also has been observed that the average energy density of formula is higher than that of breast milk — 67 kilocalories (kcal) per 100 milliliters (mL) of formula vs. 65.2 kcal per 100 mL in mature human milk. The average protein content in formula also is higher than that found in mature breast milk — 1.4 grams (g) vs. 1.3 ± 0.1 g per 100 mL (range 0.8 to 2.1 g per 100 mL) (Hester SN, et al. *J Nutr Metab.* 2012;2012:891201).

There are two important issues here. The first is whether the historically used protein content (1.4 g per 100 mL) and energy density (67 kcal per 100 mL) in formulas can be decreased safely. The second is whether such changes will meet the objective of decreased weight gain.

The minimal amount of protein in formula permitted by the Food and Drug Administration based on the Infant Formula Act is 1.2 g/100 mL ([www.fda.gov/Food/GuidanceRegulation/Guidance DocumentsRegulatoryInformation/InfantFormula/ucm136118.htm](http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/InfantFormula/ucm136118.htm).) The Infant Formula Act does not specify a minimum energy density requirement for infant formulas. However, a minimum level of 63 kcal/100 mL is recommended in a 1998 report on nutrient requirements of infant formulas from the Life Sciences Research Office of the American Society for Nutritional Sciences (<http://jn.nutrition.org/content/128/11/suppl/DC1>).

Research on new formulas

Few studies have looked at the impact of both reduced protein and energy in formulas on growth in term infants.

A recently published randomized, controlled study from Sweden with approximately 70 infants per group compared two formulas — an experimental formula containing 60 kcal and 1.2 g of protein per 100 mL and a standard formula containing 66 kcal and 1.27 g of protein per 100 mL (Timby N, et al. *Am J Clin Nutr.* April 2014, <http://ajcn.nutrition.org/content/early/2014/02/05/ajcn.113.064295.abstract>). The study also included a comparative group of breastfed infants. The infants were randomized to the formulas at 3 weeks of age, and complementary foods were introduced between 4 and 6 months of age.

Somewhat surprisingly, there were no significant differences in growth parameters during the first year of life among the three groups of infants. However, the authors documented a significantly increased volume of formula intake in the infants on the lower energy and lower protein formula between 2 and 6 months of age. The authors concluded that these infants self-regulated their intakes to compensate for the lower amounts of energy and protein in the experimental formula.

The new formula recently marketed in the United States contains 1.3 g of protein per 100 mL and 63.3 kcal per 100 mL, roughly a 5% decrease compared to infant formulas historically used in the United States. However, no studies have evaluated the risks or benefits of decreasing protein content and energy density by this amount in U.S. infants.

Advising parents

An important concern for pediatricians is that the U.S. Department of Agriculture requires that all routine (non-exempt) formulas used for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to deliver 67 kcal per 100 mL of formula. Since the WIC program accounts for slightly more than half of all of the formula consumed in the United States, the majority of U.S. infants would not be able to readily obtain newly released lower protein and energy dense formulas.

Some states may allow the new formula as a WIC prescription formula meaning a pediatrician would need to recommend it to WIC in writing. How each state will handle this has not been determined and may vary between states.

When advising parents on use of formulas with lower amounts of energy and protein, pediatricians must weigh the theoretical benefits of a 5% decrease in calories and protein against limited studies with no long-term outcome data to support the changes in ingredients. Neither parents nor pediatricians should assume that newer or more expensive products have health benefits for infants.

Dr. Greer is former chair and Dr. Abrams is a member of the AAP Committee on Nutrition.

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Frank R. Greer and Steven A. Abrams

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Starting Complementary Foods

Complementary Foods are foods other than breast milk or infant formula (liquids, semisolids, and solids) introduced to an infant to provide nutrients. Complementary foods are not intended to replace breastfeeding or formula feedings but rather be a slow introduction to the additional foods they will be eating as they grow. Many mothers have questions about when to start complementary foods and what foods to start with.

When to add complementary foods:

Usually around 6 months of age but this can vary for every baby. The best thing is to watch for the following signals that the baby is developmentally ready to start solid foods:

- Sit up, alone or with support
- Hold his head steady and straight
- Open his mouth when he sees food coming
- Keep his tongue low and flat to receive the spoon
- Close his lips over a spoon and scrape food off as a spoon is removed from his mouth and
- Keep food in his mouth and swallow it rather than pushing it back out on his chin. By 4 to 6 months of age, the infant's tongue thrust reflex, which causes the tongue to push most solid objects out of the mouth, usually disappears.

It is important not to start too soon. These milestones indicated that the baby's body and digestive tract has developed enough to digest the addition of some solid foods. It is also recommended not to wait too long (past 9 months) to add solid foods because this is a good time to expose them to solid foods and let them build the skills needed to feed themselves.

What complementary foods to add:

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.

- Introduce new foods one at a time.
- Introduce "single-ingredient" foods initially to determine the infant's acceptance to each food (e.g., try plain rice cereal before rice cereal mixed with fruit).
- Allow at least 7 days between the introduction of each new "single-ingredient" food. (This recommendation varies from 3-5 days to 7 days depending on the source).
- Introduce a small amount (e.g., about 1 to 2 teaspoons) of a new food at first (this allows an infant to adapt to a food's flavor and texture).
- Observe the infant closely for adverse reactions such as rash, wheezing, or diarrhea after feeding a new food.

There are suggestions to avoid adding specific foods such as eggs, fish and peanuts to reduce the risk of allergies but the research is not conclusive so families with history of allergies should seek the advice of their doctor on avoiding any foods. See the attached table: *Guidelines for Feeding Healthy Infants, Birth to 1 Year* for more details on introducing foods including the infant's age and serving sizes.

Baby food:

WIC provides baby food in their food packages and families that are not getting any formula supplements get the most! Families can also make their own baby foods. Making your own baby foods can help save money and it allows infants to eat the same foods the rest of the family is eating. Making baby foods at home can be quite simple and requires only a few inexpensive tools. It is important to remember food safety tips when making baby foods. Babies' immune systems are not fully developed so they are more susceptible to developing a food borne illness ("food poisoning") than adults. The following websites are good resources:

- [Baby Center](#)
- [Super Kids Nutrition](#)
- [Partnership for Food Safety](#)

Cautions to starting complementary foods:

Complementary foods should not be added before a baby is developmentally ready or into any other feeding devices such as a bottle or cup to avoid the following risks:

- Choke on the food
- Develop food hypersensitivities (allergies) because of an immature digestive tract or
- Consume less than the appropriate amount of breast milk or infant formula.

The texture and size of the foods being offered is very important. Foods should be smooth and gradually increase in thickness and texture. The following foods are considered choking hazards and should be avoided:

- Popcorn
- Peanuts
- Nuts and seeds
- Whole grapes, cherry tomatoes
- Whole kernel corn
- Olives
- Hot dogs
- Hard, raw fruits or vegetables such as apples, celery and carrots
- Chunks of meat or poultry
- Sticky foods, such as peanut butter, which can get stuck in the back of the mouth
- Hard candy, gum drops and jelly beans

Resources- click on the resources to go directly to the website.

- [Infant Nutrition and Feeding Guide](#)
- [American Academy of Pediatrics](#)
- [World Health Organization](#)
- [Academy of Nutrition and Dietetics](#)

NOW AVAILABLE!!

WE DISCUSSED THESE TOOL KITS IN OUR JUNE, 2013 TELECONFERENCE- HELPING MOMS RETURN TO WORK.



[Making it Work Toolkits](#)

The Making It Work Toolkit is an online resource for breastfeeding mothers returning to work or school. The toolkit is designed to provide assistance to breastfeeding mothers as well as tools and information for businesses and families.

The online toolkit can be printed, viewed on the website, shared with others, and downloaded onto your mobile device for easy access.

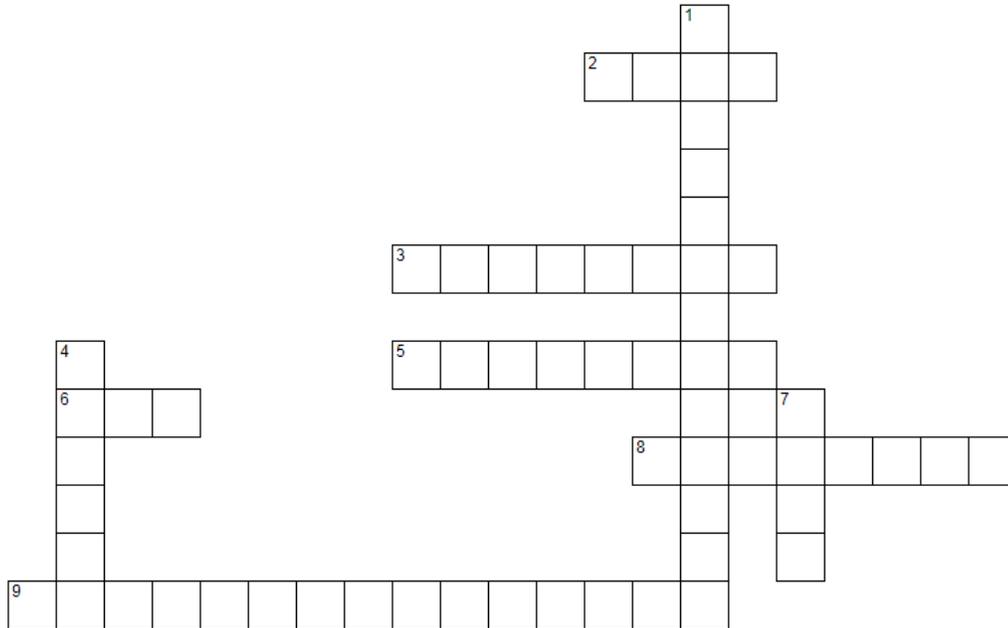
There are five individual toolkits, Making It Work:

1. For Moms
2. For Family Members
3. For Employers
4. The Law
5. Other Materials

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 drybicki@uaa.alaska.edu. This group is only for active Peer Counselors. If you have any questions or ideas for future newsletter topics let me know!

EDUCATION CORNER

Complementary Foods Crossword Puzzle



ACROSS:

2. Pureed meat or poultry actually may be the best first food to provide sources of _____ and zinc.
3. Adverse reactions to a food could include a rash, wheezing, or _____ after feeding a new food.
5. WIC provides baby food in their food _____.
6. Introduce _____ new food at a time.
8. One developmental sign an infant is ready for complementary foods is if the infant is able to hold his head steady and _____.
9. The best way to know when a baby is ready for solid foods is to look for signs he or she is _____ ready.

DOWN:

1. _____ foods are those foods other than breast milk or infant formula (liquids, semisolids, and solids) introduced to an infant to provide nutrients.
4. Solid foods should not be put into any other feeding devices such as a _____ or cup to drink.
7. Usually an infant is ready to begin solid foods around 6 months of age but this can _____ for every baby.

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

Appendix D: Guidelines for Feeding Healthy Infants, Birth to 1 Year Old

(Note: These are general guidelines for the healthy, full-term infant per day; serving sizes may vary with individual infants.)

Age	Breast Milk or Infant Formula	Grain Products	Juices	Vegetables	Fruits	Protein-Rich Foods
Birth–4 Months	Breast: 8–12+ feedings Iron-Fortified Infant Formula: 14–42 ounces (~108 kcal/kg body weight)	None				
4–6 Months	Breast: 5 or more feedings Iron-Fortified Infant Formula: 26–39 ounces (~108 kcal/kg body weight)	Iron-fortified infant cereals or enriched hot cereals (1–2 Tbsp)	None	Plain strained or pureed cooked vegetables (1–2 Tbsp)	Plain strained or pureed fresh or cooked fruits (1–2 Tbsp)	Plain strained or pureed protein-rich foods such as meats, egg yolk, and legumes may be introduced if an additional food source of iron is needed
The American Academy of Pediatrics (AAP) Section on Breastfeeding recommends exclusive breastfeeding for the first 6 months of life. The AAP Committee on Nutrition recommends that, in developed countries, complementary foods may be introduced between ages 4 and 6 months. This is a population-based recommendation, and the timing of introduction of complementary foods for an individual infant may differ from this recommendation.						
6–8 Months	Breast: 3–5 feedings Iron-Fortified Infant Formula: 24–32 ounces (~98 kcal/kg body weight)	Iron fortified infant cereals or enriched hot cereals (4–6 Tbsp) Dry toast, small pieces of crackers, or dry breakfast cereals and other grain products (4–6 Tbsp)	100 percent pasteurized fruit or vegetable juice (2–4 ounces) * Juice offers no nutritional benefit over whole fruits and vegetables. If offered, it should be in a cup.	Plain strained or pureed cooked vegetables (3–4 Tbsp)	Plain strained or pureed fresh or cooked fruits (3–4 Tbsp)	Plain strained or pureed protein-rich foods such as meats, egg yolk, and legumes (1–2 Tbsp)

Age	Breast Milk or Infant Formula	Grain Products	Juices	Vegetables	Fruits	Protein-Rich Foods
8-12 Months	Breast: 3-4 feedings Iron-Fortified Infant Formula: 24-32 ounces (~98 kcal/kg body weight)	Iron-fortified infant cereals or enriched hot cereals (4-6 Tbsp) Dry toast, small pieces of crackers, or dry breakfast cereals and other grain products (4-6 Tbsp)	100 percent pasteurized fruit or vegetable juice (2-4 ounces) * Juice offers no nutritional benefit over whole fruits and vegetables. If offered, it should be in a cup.	Plain pureed, mashed, or chopped cooked vegetables (3-4 Tbsp)	Plain pureed, mashed, or chopped cooked fruits (3-4 Tbsp)	Pureed or chopped lean meat, poultry, fish, egg yolk, cheese, yogurt, or mashed legumes (1-3 Tbsp)
Comments	<ul style="list-style-type: none"> By about 12 to 14 months, try to wean entirely off the bottle and onto a cup. An infant's health care provider may recommend feeding a small amount of sterile water (~4 to 8 ounces per day) in a cup when complementary foods are introduced. 	<ul style="list-style-type: none"> Examples of other grain products include zwieback, bread, noodles, mashed rice, corn grits, and soft tortilla pieces. Avoid wheat cereals until 8 months. Do not add sugar or syrups to cereal. Never add honey to cereal or any foods. Avoid foods that may cause choking. 	<ul style="list-style-type: none"> Avoid feeding soda, fruit punches, ades, and drinks, gelatin water, coffee, or tea. 	<ul style="list-style-type: none"> It is not necessary to add salt, sugar, oil, butter, other fats, or seasonings. Avoid foods that may cause choking. 	<ul style="list-style-type: none"> Do not add sugar or syrups to fruits. Never add honey to fruit or any foods. Remove seeds and pits from fruits. Avoid foods that may cause choking 	<ul style="list-style-type: none"> Avoid fried meats, gravies, sauces, processed meats (e.g., hot dogs, luncheon meats, bacon, and sausage). Check carefully for bones (especially in fish). Do not feed any shellfish, peanut butter, whole eggs, or egg whites before 1 year of age. Avoid foods that may cause choking.

Bibliography

- Nevin-Folino NL, editor. *Pediatric Manual of Clinical Dietetics*. 2nd ed. Chicago, IL: American Dietetic Association, 2003.
- Kleinman RE, editor. *Pediatric Nutrition Handbook*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2004.
- Samour PQ, King K, editors. *Handbook of Pediatric Nutrition*. 3rd ed. Sudbury, MA: Jones and Bartlett Publishers, Inc., 2005.

NON-CONTRACT FORMULAS AND MILK SUBSTITUTES

The Alaska WIC Programs provides infant formulas through a bulk purchasing contract which results in considerable savings of program funds. WIC encourages local agencies and healthcare providers to prescribe these WIC contract formulas when appropriate for formula-fed WIC infants. Substituting non-contract formulas costs the taxpayers and the WIC Program over ten times more than WIC contract formulas.

However, the special needs of a small percentage of infants will require the use of an alternate formula. If a participant requires a formula other than one of the contract formulas due to a diagnosed medical condition, a health care professional, HCP, who is licensed to write prescriptions (such as physician, physician's assistant, or nurse practitioner) in Alaska may request that it be issued by WIC. The request must be documented on the Enteral Nutrition Prescription Request (ENPR) form available on the web at

http://www.hss.state.ak.us/dpa/programs/nutri/downloads/LocalAgency/ENPR_Form_6_13_08.pdf. Prescriptions written on prescription pads or made via telephone are not accepted by WIC. The ENPR form provides the WIC program with the medical documentation needed to issue WIC warrants for the purchase of the substitute formula. Providers may give the completed form to the WIC participant or fax it to their local WIC agency. The request must be reviewed by a local agency RD or Nutritionist (NSS 1.e.1). Local Agencies should have an established written protocol in their clinics for reviewing, and evaluating submitted ENPR forms. The procedure must include who is able to review, approve/deny requests at the Local Agency and the criteria that the approval/denial is based upon.

**ENPR
Form to
request
Non-
Contract
Formulas**

INSTRUCTIONS FOR THE REGISTERED/LICENSED DIETITIAN (RD/LD) OR COMPETENT PROFESSIONAL AUTHORITY (CPA) IN CONSULTATION WITH RD/LD

1. Verify the ENPR is complete:
 - a. Verify the formula/medical food requested is on the approved Alaska WIC non-contract formula list.
 - b. Verify that the supplemental food approval section is completed.
 - c. Verify that a length of time has been written and does not exceed 12 months.
 - d. The HCP has indicated amount of formula or has approved the maximum amount available.
 - e. Verify that the HCP has included their Medicaid provider number or State of Alaska License number.
 - f. Verify that the HCP has selected one diagnosis with an ICD-9 code or has written and Diagnosis with an ICD-9 code.
2. Using the RDA/RDI, the RD documents the current average daily calorie needs and the kcal needs for the age of infant/child for the last month of the ENPR.
3. WIC will provide the amount of supplemental foods prescribed based on foods for Children and Women in USDA WIC Food Package III.
4. If the client is currently participating in Denali Kid Care or Medicaid verify the Medicaid number and begin an application to the Durable Medical Equipment provider.

5. Children >12 months and Women require two forms for Medicaid approval. The Certificate of Medical Necessity form must be completed and signed by the physician. The ENPR and CMN are sent to the Durable Medical Equipment provider to obtain Medicaid approval for the special formula. An example of a CMN is in the appendix of this chapter.

6. Non RD CPAs may approve the use of Soy Milk for the following Medical Provider prescribed medical conditions: Vegan Diet and Religious Observance. The local agency RD must review the ENPR and document this review of the ENPR in the client record.

Formula Substitutions by Providers

FORMULA SUBSTITUTION RECOMMENDATIONS FROM HEALTH CARE PROVIDERS

Substitutions of non-contract formulas are permitted only when the health care professional determines and documents that the WIC participant has been diagnosed with any of the conditions listed on the ENPR form. General symptoms such as fussiness, colic, spitting up, constipation, etc. cannot be accepted as a justification for a non-contract formula substitution. While a health care provider and/or a parent or guardian may feel that a formula substitution is appropriate in some of these situations, WIC funding constraints limit the issuance of non-contract formulas to participants with serious medical conditions requiring the use of a substitute formula.

Length of Approval for WIC Non-Contract Formula Requests

DURATION OF APPROVAL FOR WIC NON-CONTRACT FORMULA REQUESTS

Local Agencies approve ENPR for the length of time the HCP determines a patient needs the non-contract formula prescription, not to exceed 12 months. Incomplete requests and requests not meeting the criteria listed on the ENPR cannot be approved. The local agency will consult the HCP if for any reason there is a need to recommend a change of non-contract formula.

A WIC client who is on Medicaid may be issued up to two months of food instruments while the Durable Medical Equipment Provider, DME, is processing the ENPR Medicaid application and begins providing formula.

Data Entry and Recordkeeping

DATA ENTRY AND RECORDKEEPING

The Alaska WIC (AKWIC) Management Information System AKWIC ENPR (ENPR) tab is the tool to use when completing non-contract formula prescriptions, entering issuance data, and maintaining records.

Local agencies should keep their non-contract formula issuance rate at 5% or less of the total number of formula prescriptions issued. To find out the quarterly non-contract formula issuance percentage rate, the local agency should run the AKWIC report #432 and the DHSS ENPR Usage report.

Non Contract Formula Issuance Rate Calculation

NCF Issuance Rate = $\frac{\text{Number of participants issued non-contract formula}}{\text{Total number of participants}} \times 100$

participants issued any formula (contract and non-contract)

DISAPPROVALS OF HEALTH CARE PROVIDER RECOMMENDATIONS

Non-Contract Formula Disapprovals

The WIC Program is not required to issue a substitute non-contract formula merely because it is prescribed by a health care provider. While the WIC Program strives to honor all recommendations by health care providers, the need to contain program costs makes it necessary to limit the issuance of substitute non-contract formulas to participants with serious medical conditions requiring the use of alternate formulas. The HCP must submit a completed ENPR form that includes identification of a serious medical condition with an accompanying ICD-9 code, in order for the ENPR to be approved by the local agency RD or Nutritionist (NSS 1.e.1).

If, after evaluating a health care provider's request for a non-contract formula substitution, the local agency RD or Nutritionist determines that there is no apparent intolerance or health condition contraindicating the issuance of a contract formula, or that the problem is apparently due to improper formula dilution, feeding or storage, the health care provider's recommendation should not be followed. The RD or Nutritionist should contact the health care provider to inform him or her of the circumstances of the decision. The RD or Nutritionist should explain that while there may be a need for a substitution and WIC does not question the clinical judgment of the health care provider, because of cost constraints WIC policy limits formula substitutions to serious medical conditions.

After consulting with the provider, the RD or Nutritionist may subsequently determine that there is sufficient justification for the prescription for the substitute formula, although this has not been documented on the ENPR sent to the local agency by the provider. State agency nutrition staff may be consulted as needed in situations in which health care providers question the non-contract formula substitution policy.

Appropriate counseling should be offered to the parent or guardian and documented in the participant's file when requests for formula substitutions are denied. Warrants for an appropriate WIC contract formula should be issued to the participant's parent or guardian.

Non-Contract Formula Documentation

DOCUMENTATION

The WIC RD or Nutritionist should complete a SOAP note in the certification tab of the participant, documenting her/his evaluation of the health status of any child for whom a substitute non-contract formula is prescribed, in reference to appropriate height and weight for age and whether the child is making progress towards developmental milestones of growth and development. Concerns in this or any other area found during the initial evaluation should be noted in the "Alaska WIC & Medicaid Affiliated Computer Services Use Only" section of the ENPR. A copy of the ENPR form must be placed in the participant's file.

WIC Medicaid application process Local Agency Responsibility

HOW TO OBTAIN NON-CONTRACT FORMULA FROM MEDICAID (FOR A MEDICAID CLIENT):

WIC Local Agencies need to inform WIC clients who are Medicaid recipients that WIC will begin the ENPR Medicaid application process for the non-contract formula. Alaska WIC can issue participants non-contract formula to allow Medicaid time to approve and supply non-contract formula.

Alaska WIC requires Medicaid provide non contract formula's to WIC clients that are participating in the Medicaid/DKC program. The local agency provides assistance in application process.

1. A completed ENPR form from the HCP is reviewed by the CPA/RD. HCP must have a Medicaid ID number documented on the form.
2. The participant is interviewed by the RD and an assessment is completed and documented in the client record.
3. The ENPR is reviewed for compliance to AK WIC and Alaska Medicaid requirements:
 - a. Client has current verified Medicaid number.
 - b. Current medical information for client is documented on ENPR (height and weight).
 - c. Form is completed by HCP licensed to prescribe medications in Alaska, and their Medicaid or Alaska License number is included on the ENPR.
 - d. For clients over 1 year of age and women, a Certificate of Medical Necessity must also be signed by the provider and submitted to the DME
 - e. HCP has selected amount of formula to provide or types of WIC foods to provide.
 - f. The HCP has selected a Medical Diagnosis approved by Alaska WIC or has written an appropriate diagnosis with correct ICD-9 code.
 - g. Signature of HCP, phone number and address of the HCP.
 - h. Duration that formula is to be provided is selected.
4. RD/CPA enters the ENPR into the ENPR tab.
5. One to two months of WIC warrants for the formula can be provided while the DME is processing the ENPR.
6. The local agency faxes a copy of the ENPR to the DME, and keeps the original ENPR in the client record.
7. In one to two weeks the DME is contacted by the local WIC agency for information on the approval process by Medicaid.
8. When the formula is approved by Medicaid, the local agency contacts the client and provides instruction on how to obtain the formula from the DME. It is recommended a letter be sent to the client with the procedure to obtain the approve formula from the DME. There are several options dependent on location of the DME:
 - a. The client will contact the local pharmacy to set up a monthly pick up schedule.
 - b. The client will contact the DME in Anchorage to have the formula shipped to the client home.
 - c. The client will need to contact the DME monthly to obtain the formula.

Client
Responsibility

**Non-
Contract
Formula
Orders by
Mail**

ORDERING NON-CONTRACT FORMULAS BY MAIL

If a local vendor does not stock a non-contract formula prescribed for a participant, and the local vendor is unable to order it for the participant in a timely manner, or the

client is on Mail Order Vendor (MOV) services, it may be necessary for a local agency to order the formula by mail. Such formulas may be ordered from the Mail Order Vendor, using the following procedure:

1. Obtain approval from the Local agency WIC Nutritionist or her alternate to order the prescribed non-contract formula.
2. If there is a food package in the WIC computer system for the non-contract formula, order it from the Mail Order Vendor through the computer system.
3. Generate a monthly MOV of the noncontract formula. Call the Vendor Manager or email to inform them that the Vendor Contractor may need to special order the non-contract formula. The local agency will be responsible to monitor the monthly issuance of the MOV for the non-contract formula. The Mail Order Vendor will mail the non-contract formula to the participant. The total cost of the non-contract formula plus shipping and the date will be written on the warrants. They will be deposited by the vendor like any other warrant.

WIC will not reimburse a WIC vendor or a Medicaid DME provider for the cost difference beyond the Medicaid covered cost.

**(DME)
Provider
Responsibilities**

DURABLE MEDICAL EQUIPMENT PROVIDER

The selected Medicaid DME provider:

- Submits the ENPR to Xerox Business Services, an organization that reviews, processes, and pays DME provider claims on behalf of Alaska Medicaid.
- The Local Agency contacts the DME 1-2 weeks after submission of the ENPR.
- The Local Agency is responsible for contacting the WIC client about the approval or disapproval of the ENPR application.

**Xerox
Responsibilities
Medicaid
Processing
Services**

Xerox (Medicaid Processing Services)

Xerox Business Services is responsible for:

- Evaluating the ENPR for authorization or denial.
- Notifying Medicaid DME providers about ENPR authorizations or denials.

**Local Agency
Responsibilities**

LOCAL AGENCY

WIC Local Agencies are Responsible for:

- Submission of the ENPR to the DME for processing.
- Maintaining a log of DME ENPR submissions.
- Inform WIC-Medicaid participants ENPR authorizations or denials decisions, as soon as they or received from the DME in order to prevent duplication of benefits.

CLIENTS NOT CHOOSING MEDICAID FOR HEALTH INSURANCE

The client should be encouraged to participate in Medicaid and have Medicaid pay for their non-contract formula, as Medicaid can provide 100% of monthly formula needs, whereas WIC is a supplemental nutrition program, and can only provide a portion of

**Clients That
Choose Not
to Pursue
Medicaid**

their formula needs. However, for clients that choose not to pursue Medicaid for health insurance, WIC cannot deny participants benefits.

The local agency may decide to provide monthly warrant issuance for Medicaid eligible WIC clients who have not applied to Medicaid/Denali Kid Care for health care coverage. The local agency may be able to provide family assistance in the Medicaid application process.

The CPA needs to document client activity, including the circumstances as to why Medicaid is not providing the non contract formula. Documentation can be either in the Family Comments field on the Demographic screen or in the Certification Notes on the Certification screen in the computer.

MILK SUBSTITUTES SOY MILK

The Alaska WIC program can provide a milk substitute of soy milk and Tofu for women that have a qualifying condition such as but not limited to: severe lactose intolerance, milk allergy, galactosemia, and vegan diet. Soy milk may also be provided to women for religious observance. Alaska WIC does not require an ENPR for the provision of soy milk for women.

A small percentage of children will require the use of soy milk. If a child >24 months requires a soy milk a health care professional who is licensed to write prescriptions (such as physician, physician's assistant, or nurse practitioner) in Alaska may request that it be issued by WIC. The request must be documented on the Enteral Nutrition Prescription Request (ENPR) form. Prescriptions written on prescription pads or made via telephone are not accepted by WIC. The ENPR form provides the WIC program with the medical documentation needed to issue WIC warrants for the purchase of the soy milk for a child. Providers may give the completed form to the WIC participant or fax it to their local WIC agency. The request must be reviewed by a local agency RD or Nutritionist (NSS 1.e.1). Local Agencies should have an established written protocol in their clinics for reviewing, and evaluating submitted ENPR forms. The procedure should include who is able to review, approve/deny requests at the Local Agency and the criteria that the approval/denial is based upon.

Children between the ages of 12 months to 24 months that require a soy product can be provided a Toddler Soy formula. The procedure for the completion and approval follows the non-contract formula ENPR procedure.

PRESCRIPTIONS FOR SOY FOOD PACKAGES

Prescriptions for soy food packages are required for children.

1. To request soy foods a medical provider must complete the ENPR:

- In the Child/Woman Box
- Food Prescription Section
- Selecting:

“Provide Soy Milk/Tofu for 12 months as part of a full WIC Package Due to:

**Soy Milk
Calcium Set
Tofu
Milk
Substitutes**

Vegan Diet/Religious Observance, Milk Protein Allergy, Severe Lactose Maldigestion”

2. The Medical Provider must sign and date the ENPR and write their Medicaid or State License number
3. For children one to two years of age, soy toddler formula may be provided in Place of soy milk. Toddler soy formula is a non contract formula requiring an ENPR. If the WIC client is on Medicaid/DKC then the Medical Provider must complete an ENPR and CMN.
4. The RD/CPA reviews the completed ENPR and CMN and if approved will submit to the DME for Medicaid processing.
5. The Local Agency can provide 1 to 2 months of Toddler soy formula while the DME is waiting for approval or denial for the formula.
6. Children who are receiving soy foods in another state and have transferred to Alaska WIC will be given a grace period to obtain a ENPR from a local health care provider. This grace period shall be through the end of their current certification period.
7. Lactose-free milk packages shall be offered as an option before issuing soy food packages to children for lactose intolerance. A trial of lactose-free milk is not required to issue soy foods, and a prescription is not required to issue lactose-free milk.
8. If a child’s growth plots above the 10th percentile weight for length, issue the prescribed soy foods.
9. If a child’s growth plots at or below the 10th percentile weight for length refer to a local agency R.D. for assessment of needs, recommendation of soy food. The Local Agency RD can contact the Health Care Provider.

MAXIMUM AMOUNTS OF WIC FORMULAS AND/OR FOODS PER MONTH

Infant Age	0-3 months	4-5 months	6-12 months	Prescribed WIC Formula 6-12 months when foods are contraindicated*
Powder (reconstituted)	Up to 870 fl. oz.	Up to 960 fl. oz.	Up to 696 fl. oz.	Up to 960 fl. oz.
Concentrate (reconstituted)	Up to 806 fl. oz.	Up to 884 fl. oz.	Up to 624 fl. oz.	Up to 884 fl. oz.
Ready to Feed	Up to 832 fl. oz.	Up to 896 fl. oz.	Up to 640 fl. oz.	Up to 896 fl. oz.
Prescribed WIC Foods				
Baby cereal	None	None	24 oz.	None Foods are contraindicated due to medical diagnosis.
Baby food fruits and vegetables	None	None	128 oz	None Foods are contraindicated due to medical diagnosis.
Maximum Amounts of WIC Formulas and/or Foods per Month Infant Age	0-3 months	4-5 months	6-12 months	6-12 months when foods are contraindicated*

Alaska WIC Nutrition Program Enteral Nutrition Prescription Request Form

State of Alaska Department of Health & Social Services/Public Assistance

Please Fax to _____

Prescription must be completed by Health Care Provider (must be eligible to write prescriptions in AK)

Client Name _____ DOB _____

Parent's/Caregivers Name _____ Address: _____

Medicaid Eligible? No Yes Medicaid # _____ End date _____

Current Measurements (if available): Medical date _____ Ht = _____ in/cm Wt = _____ lbs/kg

<p style="text-align: center;"><u>Infant</u></p> <p>FORMULA _____</p> <p>PRESCRIBED AMOUNT OF FORMULA: <input type="checkbox"/> MAXIMUM ALLOWABLE OR <input type="checkbox"/> _____ OUNCES (RD can calculate, based on current weight)</p> <p>Was another Formula Tried <input type="checkbox"/> Yes <input type="checkbox"/> No Formula Tried _____</p> <p style="text-align: center;"><u>INFANTS 6-11 MONTHS</u></p> <p>Check foods to avoid: <input type="checkbox"/> Infant Cereal <input type="checkbox"/> Infant Fruits/Vegetables</p> <p>DURATION: <u>12 MONTHS</u> OR _____ MONTHS</p>	<p style="text-align: center;"><u>CHILD/ WOMEN</u></p> <p>FORMULA _____</p> <p>PRESCRIBED AMOUNT OF FORMULA: <input type="checkbox"/> MAXIMUM ALLOWABLE OR <input type="checkbox"/> _____ OUNCES <input type="checkbox"/> WHOLE MILK IN ADDITION TO FORMULA</p> <p>FOOD PRESCRIPTION (check one) <input type="checkbox"/> Allow Age appropriate WIC foods. Exceptions specify: _____</p> <p><input type="checkbox"/> No solid foods: offering solids is contraindicated at this time, provide medical formula only.</p> <p><input type="checkbox"/> Provide Soy milk/Tofu for 12 months as part of a full WIC package due to: Vegan Diet/ Religious Observance, Milk Protein Allergy, Severe Lactose Maldigestion</p> <p><input type="checkbox"/> Additional Cheese</p> <p>DURATION: <u>12 MONTHS</u> OR _____ MONTHS</p>
--	---

CHOOSE AT LEAST ONE DIAGNOSIS OR WRITE IN SPACE PROVIDED

(QUALIFYING CONDITION – MEDICAL DIAGNOSIS WITH ICD-9 CODE)

Growth issues	Medical issues	Development issues	
Failure to Thrive (783.41)	Severe gastrointestinal issue (536.9)	Developmental sensory/motor delays (783.4)	
Inadequate growth (783.40)	Malabsorption syndromes (579.9)	Fetal Alcohol Spectrum (760.71)	
Underweight (783.22)	Genetic-congenital disorders (740-759)	Pregnancy issues	
Prematurity (765.10)	Metabolic disorders/Inborn errors of amino acid metabolism (277.9)	Low maternal weight gain (646.8)	
Low birth weight (765.10)	Food allergies (693.1)	Maternal weight loss during pregnancy (783.2)	
Blood issues	Celiac disease (579.0)	Multifetal gestation (783.2)	
Anemia (281.9)	Heart/circulatory/respiratory diseases (390-519)	Vegan diet	
	Persistent dermatological condition (692.9)	Vegan Diet	
Other medical diagnosis (some conditions may not qualify for special formula through WIC)			
			ICD-9 code _____

Signature _____	Date _____		Medical Provider Address & Phone
Medical Provider Name _____	Provider Medicaid ID # _____		

WIC REGISTERED DIETITIAN/LICENSED DIETITIAN (RD/LD) & MEDICAID USE ONLY

Formula average daily calorie needs for _____ months = _____

Date _____ RD approved _____ CPA approved _____ Denied _____ Date Range approved: _____

Pharmacy use only Product _____ Size _____ Cans/day _____ Date _____

Pharmacist signature _____ XEROX use only Authorized Denied

State of Alaska WIC Program

Directions: Please complete the Enteral Nutrition Prescription Request (ENPR) form so that WIC can provide a Non Contract formula for your patient. This form can be provided to the WIC client or faxed to the WIC office. If measurements were completed during the medical exam please document the most current information. The prescription must be completed by a Health Care Provider eligible to write prescriptions in Alaska. Please include your Alaska License number or Medicaid Provider number. If the ENPR form is approved by the Local Agency Registered Dietitian, WIC will provide the Non Contract formula. If your client is currently participating in the State of Alaska Medicaid or Denali Kid Care program, WIC will apply to Medicaid for the Non Contract Formula. The Local Agency will assist the WIC family in the application process. If Medicaid approves your prescription for the Non Contract Formula the client can obtain from a local pharmacy or the formula will be shipped directly to your patient's home. This process may take more than a month for completion, during which time WIC will provide the Non Contract formula for your patient.

Important: Medical documentation is federally required in order to issue special formula and some supplemental food to WIC women, infants and children who have qualifying condition(s) that require the use of the special formulas listed below. The program does NOT authorize issuance of special formulas for:

- 1). Non specific symptoms such as intolerance, fussiness, gas, spitting up, constipation or colic OR
- 2). Enhancing nutrient intake or managing body weight without an underlying medical condition.

WIC is a supplemental Food Program. Infants who are not breastfed may require more formula than WIC is able to provide.

ALASKA WIC STANDARD CONTRACT FORMULAS:

The following contract formulas **DO NOT REQUIRE MEDICAL DOCUMENTATION** for infants younger than 12 months:

Similac Advance (milk based)
Enfamil Prosobee (soy based)

NON CONTRACT FORMULAS: MEDICAL FORMULAS THAT MAY BE PROVIDED BY A PHYSICIAN REQUEST

Other Infant	Amino Acid Based	Special Formulas Medical Food Children/Women
Good Start Gentle Plus	Neocate Infant	Pediasure
Good Start Soy Plus	Neocate Jr.	Pediasure with Fiber
Hydrolyzed Protein	Elecare	Carnation Instant Breakfast
Similac Expert Care Alimentum	Premature Infant Post Discharge	Ensure all Flavors
Nutramigen with Enflora	Enfacare	Soy for Children
Pregestimil	Neosure	Enfagrow Toddler Transitions Soy
Lactose Reduced	Added Starch	
Gentlease	Enfamil AR	

ESTIMATED ENERGY AND PROTEIN REQUIREMENTS FOR INFANTS

	Age in Years	RDA Energy (kcal/kg)	Protein (g/kg/day)
Infants	Premature	120	2.2
	0-6months	108	2.2
	6-12 months	98	1.6
Children	1-3 years	102	1.2
	4-6 years	90	1.1

<i>Females Velocity of Weight Gain</i>	<i>gm/day</i>	<i>Males Velocity of Weight Gain</i>	<i>gm/day</i>
Birth-3 month	24	Birth-3 month	28
3-6 months	19	3-6 months	21
6-9 months	14	6-9 months	15
9-12 months	11	9-12 months	11
12-18 months	8	12-18 months	8
18-36 months	5	18-36 months	5
3-4 years	5	3-4 years	5
4-5 years	6	4-5 years	6

Full Provisions of WIC Formula and Food for a month

Infants	Children and Women
<ul style="list-style-type: none"> ● 0-3 months of age: 26 ounces of formula/day ● 4-5 months of age: 29 ounces formula/day ● 6-11 months of age: 20 ounces formula/day* 24 ounces infant cereal 32 four ounce containers baby food fruit/vegetables <p>*Infants unable to consume baby foods may be eligible for up to 29 ounces formula per day.</p>	<p>Eggs 1 dozen Juice 1 gallon(children approx. 4oz/day)</p> <p>Fruits/Vegetables \$6-\$10 Whole grains 1-2 pounds</p> <p>Cereal 36 ounces Beans 1 pound</p> <p>Cheese 1 lb Peanut Butter 18 ounces</p> <p>Milk up to 4 gallons (children have a choice of (children 13-17ounces/day) beans or peanut butter)</p> <p>Exclusively Breastfeeding Women receive additional WIC foods</p> <p>Formula for Children and Women is approximately 29 ounces/day</p>

NEW LOOK!

Enfamil[®] ProSobee[®]

Current Look



NEW LOOK



**For More
Information about
Summer Food
Service Programs:**

Alicia Stephens, SFSP Program Specialist

Email: alicia.stephens@alaska.gov

Telephone: (907) 465-4788

Website:

<http://www.eed.state.ak.us/tls/cnp/sfsp.html>

To find a Summer Food Service Program
near you go to:

aksummerfood.com or ak211.org



*This institution is an equal opportunity provider and
employer.*

Child Nutrition Programs
801 West 10th Street, Suite 200
P.O. Box 110500
Juneau, AK 99811-0500



A Child Nutrition
Program of the Food
and Nutrition Service,
U.S. Department of
Agriculture

Alaska Summer Food Service Program (SFSP)

Information for Parents

Your child can receive free,
nutritious meals during the
summer at participating
Summer Food Service Program sites.



What is SFSP?

The SFSP is funded and administered at the Federal level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA). Alaska's program is administered by the Alaska Department of Education and Early Development.



The SFSP provides Federal Funds to schools, faith-based organizations, housing developments, tribal organizations and non-profits who serve free meals to children 18 and under during the summer

when school is out.

When school lets out, millions of low-income children lose access to school breakfast, lunch and after-school meals that are available during the regular school year. SFSP fills this gap by providing free meals and snacks to children and helps parents stretch their food dollars at home during the summer months. When your child participates in SFSP, you can be assured that they are getting balanced, nutritious meals. SFSP sites may be reimbursed for up to two meals and one snack that follow USDA meal patterns a day to each child.

USDA Meal Patterns

Programs participating in SFSP must create menus that meet the USDA's SFSP Meal Pattern Requirements. Some of the goals of using USDA guidelines to create meals are to incorporate more whole grains, reduce saturated fat content and lower sodium content in children's meals and snacks.

Here are some examples of USDA standard summer meals:

Day 1	Day 2	Day 3
Lunch	Lunch	Lunch
-Baked beef and bean burrito, 5.75 oz, 1 bread	-Turkey hot dog, 2 oz.	-Chicken meatballs 2 oz.
-Tortilla from the burrito -1 bread	-1 Whole wheat bun	-Whole wheat spaghetti, 1 cup
-1% Milk 1/2 pint	-1% Milk 1/2 pint	-1% Milk 1/2 pint
-Mexicali corn, 1/2 cup	-Carrots, 1/2 cup	-Tomato sauce, 1/2 cup (low sodium)
-Apple, 1/2 cup or seasonal fresh fruit	-Warm spiced fruit, 1/2 cup	-Peas, 1/2 cup
-Ketchup, mustard		
Snack	Snack	Snack
-Quaker whole grain oatmeal square	-Whole grain granola bar	-Whole grain fiber enriched graham cracker
-Seasonal fresh fruit	-Seasonal fresh fruit	-seasonal fresh fruit
-100% orange juice	-100% apple juice	-100% grape juice

How will participation in a Summer Food Service Program benefit you and your family?

- ◇ SFSP contributes to healthy growth and development of children by providing them with nutritious snacks and meals when school is out so they are better able to learn when they return to school.
- ◇ Many SFSP sites provide educational enrichment and recreational activities in addition to meals, which enables children to learn and stay safe when school is out.
- ◇ Staff receive training and monitoring by sponsoring organizations or the state agency, which means better oversight of overall program operations.
- ◇ Your monthly food costs may lower because children will receive free meals while participating in SFSP.



Summer Food Rocks!

Find Sites Serving Summer Meals



Call

1-866-3-HUNGRY or 1-877-8-HAMBRE

Visit www.whyhunger.org/findfood
to find help getting food for your family

La comida en verano es lo máximo!

Encuentra Sitios que Sirven Comidas en el Verano



¡Comida, Sol y
Diversión!



Llama a

1-866-3-HUNGRY o 1-877-8-HAMBRE

Visita www.whyhunger.org/findfood

para encontrar ayuda en conseguir comida para tu familia

SUPPLEMENT YOUR SNAP ALLOTMENT TO MEET YOUR CHILD'S FOOD NEEDS

HUNGRY KIDS?



SUMMER FOOD REFERRAL SLIP

NO APPLICATION NECESSARY!
TO FIND A SUMMER FEEDING
SITE NEAR YOU CALL:

1-866-3 HUNGRY

1-877-8 HAMBRE

Toxic Matters

Protecting Our Families from
Toxic Substances



Program on Reproductive
Health and the Environment

To view this brochure online, go to:
www.prhe.ucsf.edu/prhe/toxicmatters.html

A Publication of the University of California, San Francisco
Program on Reproductive Health and the Environment
From Advancing Science to Ensuring Prevention (FASTEP)

FASTEP is an alliance of academic, governmental and non-governmental partners spanning the fields of reproductive, environmental, occupational and pediatric health and toxicology. Our goal is to secure each and everyone's right to optimal reproductive health by fostering environments that prevent exposure to toxic substances and support healthy pregnancies, children, adults and future generations.

Magee-Womens Hospital of UPMC



Researched and written by Julieta Pisani McCarthy, MA
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Toxic substances are chemicals and metals that can harm your health. Everyone is exposed to toxic substances every day. This brochure can help you prevent or reduce your exposure to these substances. This way you can protect your health and your family's health.

Exposure to toxic substances can harm the reproductive systems of women and men and make it harder to get pregnant. Developing fetuses, infants, children, pre-teens and teenagers are especially vulnerable. Being exposed to even small amounts of toxic substances during important times of development can lead to disease early in life, later in life, or even across generations.

To Learn More

This brochure lists some of the many ways to prevent exposure to substances that can harm reproductive health and development. The prevention measures described here are based on recommendations by leading authorities on environmental and occupational health.

Find links to those sources and to many more tips for avoiding exposure to toxic substances at:
www.prhe.ucsf.edu/prhe/tmlinks.html#authorities.

Contact Us



Program on Reproductive
Health and the Environment

1330 Broadway, Suite 1100

Oakland, CA 94612

Phone: (510) 986-8990

Email: prhe@obgyn.ucsf.edu

www.prhe.ucsf.edu/prhe

Make The Government Work For You

Individual actions help but can only go so far in preventing exposure to toxic substances in the environment. In order to really solve this problem, we need public policies that stop chemical pollution in the first place.



You can influence public policy.

- Become informed about pollution.
- Get involved with groups working to prevent pollution.
- Let your representatives know what you think. You can find contact information for your state and federal representatives at: www.prhe.ucsf.edu/prhe/tmlinks.html#government.



Support policies that prevent pollution.

- We need policies that identify existing toxic substances, phase out their use and replace them with alternatives that are safer for human health and the environment.



Some toxic substances build up in our bodies. This build-up can affect our health and future pregnancies long after we have been exposed. This is why the recommendations here are designed for women, men and children. They apply to all of us, whether or not we have children, are pregnant or want to have children in the future.

5 Things To Do

- Prevent exposure at home
- Prevent exposure at work
- Prevent exposure in your community
- Become a smart consumer
- Make the government work for you

To view this brochure online, go to:
www.prhe.ucsf.edu/prhe/toxicmatters.





Prevent Exposure At Home



Don't smoke.

- Talk to your doctor if you need help quitting.
- Don't let people smoke around you and stay away from public places where people are smoking.



Use non-toxic personal care products.

Many of these products have ingredients that can harm reproductive health.

- Find safer products at:
www.prhe.ucsf.edu/prhe/tmlinks.html#personalcare.

Become A Smart Consumer



Use non-toxic products

Many of the products you use everyday may contain toxic substances. Some consumer guides can help you find non-toxic products. Find links to some of these guides at:
www.prhe.ucsf.edu/prhe/tmlinks.html#consumerguide.



Prevent Exposure In Your Community

You can also help reduce pollution in your community.



Help create a better environment for your family and everyone around you.

- Drive less. Carpool, take public transportation, ride your bike, or walk.
- Never burn trash, especially furniture, tires and plastics.
- Don't use pesticides. Use organic or integrated pest management techniques in lawns and gardens. Learn more at: www.prhe.ucsf.edu/prhe/tmlinks.html#community.
- Never throw toxic substances down drains or toilets or in the garbage. Examples of toxic substances include car oil, gasoline, pesticides, paints, solvents and medicines. Contact your local health department to find out how to safely dispose of those substances. Check the government section of your phone book or call the U.S. Centers for Disease Control and Prevention (CDC) at 800-232-4636.



Don't spray bugs.

Pesticides are toxic chemicals for killing insects, rodents, weeds, bacteria and mold.

- Keep insects and rodents out of your home. Clean up crumbs and spills. Store food in tightly closed containers. Seal cracks around doors, window sills, and baseboards. Repair drips and holes. Get rid of standing water.
- Use baits and traps instead of sprays, dusts and bombs.
- Don't use chemical tick-and-flea collars, flea baths, or flea dips.
- Hire only licensed pest exterminators.
- Find pesticide-free alternatives at: www.prhe.ucsf.edu/prhe/tmlinks.html#pestcontrol.



Get out your mop.

Toxic substances like lead, pesticides and flame retardants are present in dust. Sweeping or dusting with a dry cloth can spread the dust into the air instead of removing it.

- Use a wet mop or wet cloth to clean floors and surfaces.



Take off your shoes.

Shoes can carry toxic chemicals into your home.

- Wipe shoes on a sturdy doormat if you want to keep them on.



Clean your home with non-toxic products.

- It is easy and cheap to make effective, non-toxic cleaners. You can use common items like vinegar and baking soda.
- Find out how to shop for non-toxic cleaning products and get recipes to make your own at: www.prhe.ucsf.edu/prhe/tmlinks.html#cleaningproducts.





Don't dry-clean your clothes.

Most dry-cleaning systems use a chemical called perchloroethylene (PERC). Dry-cleaned clothes release PERC, polluting the air in your home.

- Use water instead. Most clothes labeled “dry-clean only” can be washed with water. Hand wash these clothes or ask your dry cleaner to “wet clean” them for you.



Pick your plastics carefully.

Some plastics release toxic chemicals like vinyl chloride, phthalates and bisphenol A (BPA).

- Don't buy products made with soft PVC. For example, some shower curtains and toys are made with soft PVC.
- Don't use plastic containers for hot food or drinks. Use glass or stainless steel.
- Use glass instead of plastics in the microwave.
- Learn more about plastics at: www.prhe.ucsf.edu/prhe/tmlinks.html#plastics.

- If you are pregnant or planning a pregnancy and are exposed to toxic substances at work, request a change in your duties. Talk to your doctor or your union for guidance. You can find more information about pregnancy and work at: www.prhe.ucsf.edu/prhe/workmatters.html#pregnancy.
- If you live with anybody who works with toxic chemicals, that person should change and shower after work. The person should also keep work tools and clothing away from other people and living areas in the home. Work clothes should be washed separately.
- Get more information or file a complaint with your regional Occupational Safety and Health Administration (OSHA) office if you believe that your employer is violating OSHA standards or that your workplace poses serious hazards. You can find a directory of regional OSHA offices by calling 800-232-4636 or at: www.prhe.ucsf.edu/prhe/tmlinks.html#work.
- If you are a farm worker, you can find information about reducing your exposure to agricultural pesticides at: www.prhe.ucsf.edu/prhe/tmlinks.html#work.





Prevent Exposure At Work

Many substances used on the job, in office buildings, or in workplace renovation projects are toxic to reproductive health.



By law, you have a right to a safe and healthy work environment.

- Get information and training about hazardous substances in your workplace. Your employer is required by law to provide information and training about workplace hazards, including access to handouts about toxic substances called Material Safety Data Sheets (MSDS).
- Follow guidelines to avoid exposure. Use protective gear. Ask your employer about substitutes for toxic substances and other ways to prevent harmful exposures.



Choose safer home improvements.

Many paints, glues and flooring materials can release toxic chemicals long after you complete a project.

- Ask for “VOC-free” and “water-based” materials.
- If you are pregnant, don’t work on or near remodeling projects.
- Stay away from recently remodeled rooms.
- Learn more about safer materials at: www.prhe.ucsf.edu/prhe/tmlinks.html#remodeling.



Keep mercury out of your diet, home, and garbage.

- Choose fish that are less contaminated with mercury. Find information on healthy and environmentally sustainable fish at: www.prhe.ucsf.edu/prhe/tmlinks.html#mercury.
- Check local fish advisories. Fish advisories are warnings about fish. Don’t eat the fish you or others catch before checking these warnings to make sure the fish is safe to eat. Learn more about fish advisories at: www.prhe.ucsf.edu/prhe/tmlinks.html#mercury.
- Replace your mercury thermometer with a digital one. Don’t throw your mercury thermometer or any other item containing mercury (such as compact fluorescent light bulbs) in the trash. Your local health department can tell you where to bring these items for safe disposal. To contact your local health department, check the government section of your phone book or call the U.S. Centers for Disease Control and Prevention (CDC) at: 800-232-4636.





Avoid pesticides and other toxic substances in food and water.

- Eat organic food when possible to reduce your exposure to pesticides. If you can't afford to buy organic produce, buy the fruits and vegetables with the lowest pesticide levels and avoid the most contaminated ones. Learn more about reducing your exposure to pesticides from food at: www.prhe.ucsf.edu/prhe/tmlinks.html#foodandwater.
- Limit foods with a lot of animal fat. Many toxic substances build up in animal fat.
- Avoid canned foods and beverages as much as you can. Eat fresh or frozen fruits and vegetables. This helps you avoid exposure to BPA. BPA is a toxic substance used in the lining of most cans.
- To learn how to reduce toxic substances in your drinking water, go to: www.prhe.ucsf.edu/prhe/tmlinks.html#foodandwater.



Avoid lead exposure.

There may be lead in house paint, dust, and garden soil. Any home built before 1978 may have lead paint.

- Call the National Lead Information Center for information about how to prevent exposure to lead at: 800-424-LEAD.
- If you have lead paint in your home, cover it with a fresh coat of paint, wallpaper or tiles.
- Never sand or remove lead paint yourself. Hire a contractor who is certified in lead abatement.



Test your home for radon.

Radon is a radioactive gas found in many basements and ground floors.

- Purchase a testing kit at your local hardware store. Kits are cheap and easy to use.
- Learn more about radon by calling 1-800-SOS-RADON or at: www.prhe.ucsf.edu/prhe/tmlinks.html#radon.

