Case Study Series: Addressing Anemia in the WIC Setting

Slide 1- Introduction

Good morning and welcome, everyone! We are so glad you are joining us! My name is [Introduce self and state your role in the agency]. If everyone would like to introduce themselves in chat, that would be great. I'll let my teammate introduce herself.

Thank you, everyone. We also wanted to share that this is a new style of training we are offering, so please give us grace. This training comes in response to staff asking for more engagement in training, and we truly hope this meets that need. This session will not be recorded. This is your opportunity to work together in a judgment-free zone. We will have time near the end for questions, but we also encourage you to use the chat freely throughout the presentation [or raise your hand if you are in-person]!

Slide 2- Agenda

Here is our agenda for our time together.

Just to let everyone know, this is a live PowerPoint, so you should be able to click backward on the slides by clicking the arrows if you'd like to review a slide. You would then click the "sync to the presenter" to return to the current slide.

You will also be able to click on many of the links in this presentation, but we will also send them out in a follow-up email.

Slide 3- Learning objectives

Here are the learning objectives for today's session.

- Identify early signs and contributing factors to iron deficiency anemia.
- Practice using supportive, participant-centered language to discuss concerns with families.
- Share practical, culturally appropriate strategies to promote healthy feeding behaviors and improve hemoglobin levels.
- Identify referral needs and resources to be offered.

Slide 4- Background

Alright, let's get started with our case study. Annie arrives at her local WIC clinic for a mid-certification appointment for her 9-month-old daughter, Everly. During the assessment, Annie shares that she is still breastfeeding Everly during the night, and she is offered two 4-oz bottles of formula during the day. Everly is eating mainly watered-down rice and soft vegetables at each of her three daily meals. The family has not yet introduced meat due to concerns of choking. Annie also shared that everything was "all good" at Everly's last well-child checkup.

During the visit, the staff member measures Everly and finds her to be at the 20th percentile weight for length with a hemoglobin measurement of 9.6. Following best practices, the staff member rechecked the level to be sure it was accurate and received 9.6 again the second time.

Slide 5- Poll

Now, with that background in mind, we'll take our first poll question. If the poll is not working for you, go ahead and answer in chat. Based on this child's measurements, is a hemoglobin level of 9.6 for an infant considered high risk?

Slide 6- Infant hemoglobin

The answer is yes! Everly's hemoglobin level of 9.6 would classify her as HR. If we look at the risk code 201 Low Hematocrit/Low Hemoglobin value by status, we will see that an infant between the ages of 5-12 months should have a hemoglobin level at or above 11.0. And…according to Exhibit 6-A High Risk and Medical Referral Criteria, an infant whose hemoglobin level is below 10.0 would be considered high risk.

We have some resources here for you to review later.

Slide 7- Chat response

For our next question, please type your response in the chat. What additional questions would you ask this parent?

[Read through the questions typed in chat]

Great. Thank you all for participating. These are great questions! Let's now get a little bit more information.

If needed: Some example questions include:

- How frequently is the child breastfeeding?
- What measurements were taken at the last well-child check?
- Did the doctor share any advice related to growth or feeding?
- Have they tried infant cereal with the child?
- What other beverages is the child having?

- What other foods has the family tried with this child?
- How is the child doing with the different textures.
- Is your child doing any self-feeding
- Who else is providing care for Everly? Feeding her?
- Did mom have any problems with low iron during or after her pregnancy?

Slide 8- Additional information

After probing further, Annie shared that she is not surprised that Everly's iron is low because she had low iron during her pregnancy, too. She reports that Everly stays with her grandparents during the day while Annie and her husband, Jack, work. Annie shares that her parents follow traditional Hmong practices; they believe that Everly shouldn't start eating meat until she is one year old. She also shared that she has thought about starting a cup but hasn't found the right time.

When Annie was asked about the traditional Hmong practices with infant feeding, she explained: In the Hmong culture, some elders believe a baby's stomach is not yet "strong" enough to handle meat before about 12 months, so they wait until the child can chew more solid food and digest it well. Until then, babies are often given soft rice and vegetables, or rice porridge mixed with small amounts of soup stock.

Annie was also asked about the frequency of breastfeeding and if she is pumping during the day: Annie shared she is still pumping once or twice during the day when she is at work and feeding at the breast when she is with Everly. Her parents do not offer Everly the pumped breastmilk during the day.

Annie also shared that neither mom nor child is currently taking any supplements.

Slide 9- Polls

Time for our next pool. Again, if the poll is not working for you, go ahead and answer in chat. What do you think is the biggest challenge in this case?

A. Lack of finger foods
B. Drinking from the bottle
C. Limited amount of iron-rich food
D. Cultural concerns

We will give it about 30 seconds here for you to answer.

Slide 10- Sources of iron for infants

Okay, the answer to this one is a limited amount of iron-rich foods. Since Everly is consuming about 8 oz of formula during the day, along with breastmilk, and primarily eating vegetables and rice, she may not be getting enough iron in her current diet. Supplementation Recommendations for a breastfeeding infant include introducing iron-containing food around 6

months of age. While the iron in breast milk is highly bioavailable, it is limited. Full-term infants usually have adequate iron stores for 4 to 6 months but become at risk of developing iron deficiency at 6 to 9 months, unless they obtain adequate iron from complementary foods, iron-fortified formula, or iron supplementation.

Since Annie is still breastfeeding but also offering formula, she receives the mostly breastfeeding food package. WIC has much to offer to help her supplement Everly's diet. We will talk more about that when we move from the assessment to education in a bit.

Slide 11- Polls

Alright, final poll question to answer. Would you send a healthcare referral for Everly to her doctor? (Yes or No)

Slide 12- Risk referrals

The answer to this one is yes, a referral should be sent to Everly's healthcare provider **IF** she is not currently being followed for the condition. Staff would follow the guidance found in MOM Section 6.6: High Risk Individual Nutrition Care Plans that state, if the participant is not receiving medical care for the identified high risk condition, a written medical referral should be made. The referral should be discussed first with parents or guardians, as they do have the right to decline. We can encourage them to agree to the referral by educating them on the importance of swift follow-up for this condition.

You can find a few examples of recommendations for follow-up and referral procedures on our Anemia Resources webpage. Here, we show guidance from Ramsey County WIC on the procedures their staff would follow in this situation.

Agencies are not required to have a procedure beyond following what is outlined in section 6.6. We provide this example to support those who would like to create one. If you have questions about the recommendations or procedures, please follow up with your supervisor or state consultant.

Now I will pass it off to my team mate.

Slide 13- Breakout discussion

Okay, next, we are going to place everyone in breakout rooms. We have a few questions that you can work through together. We encourage each member to participate by taking turns answering the questions and learning from each other's responses!

First, once you get into your rooms, take a minute to introduce yourself before diving in! You'll have about 15 minutes in your rooms to work through the questions. We will share the questions in your breakout room chats. You can focus on the 4 main questions, and if you have time, work through the related ones found under questions 2 & 3. When we come back together, we will talk through each of the questions.

If you are a state staff member and are moved to a breakout room, please return to the main room. We want this to be a safe space for CPAs to practice skills without the pressure of observation.

I'll read through the questions before moving you into rooms.

[Read through the questions before moving into rooms]

1. How would you start the conversation with Annie about Everly's low hemoglobin level without causing shame or blame?
2. What guidance could you share with Annie to help her understand the importance of iron deficiency for infants?
    a) How might Annie encourage her parents to begin offering more iron-rich foods?
3. How can Annie use the WIC food package to improve Everly's eating behaviors?
    a) Considering the cultural aspect, how would you gently offer guidance on the introduction to more iron-rich foods?
4. How does your agency handle referrals to the health care provider?

You'll be moved into your rooms shortly and we'll see you back in 20 minutes.

Slide 14- Assessment to education

Welcome back, everyone. We hope you enjoyed your conversations. Let's take a few minutes to walk through the questions. Before we share some suggestions, would anyone like to share something they took away from their time in breakouts? You can share in chat of raise your hand to share out loud.

Slide 15- Building trust

Question one was about building trust.

How would you start the conversation with Annie about Everly's low hemoglobin level without causing shame or blame?

1. Begin by praising her for what is going well.

You may say something like, "I am so glad that breastfeeding is continuing to go well for you. You clearly care about Everly's health."

Praising someone before education helps to build positive relationships, boosts confidence, and encourages a growth mindset. By validating their effort and fostering belief in their ability to improve, we can make participants more receptive to learning and open to the education that WIC offers.

Slide 16- Barriers and solutions

Question two focused on barriers and solutions.

1. What guidance could you offer Annie to help her understand the importance of iron deficiency for infants?

Explain to her in basic terms what we found today and what it means. So, saying something like, "When we checked Everly's hemoglobin today, her level was a bit low. We expect the level to be above 11.0, and it was 9.6. A low hemoglobin level could mean that Everly may not be getting enough iron-rich foods in her diet. Iron is important because it carries oxygen around the body, giving the body energy. Iron-rich foods for Everly's age would be things like infant or other WIC cereals, meats, fish, or chicken."

If you got to the second question here:

2. How might Annie encourage her parents to begin offering more iron-rich foods?

Annie might explain to her parents that Everly's iron level tested low; she could share that this is a very normal thing that can happen to some children, but can also be very serious. Annie could ask her parents how they would approach this first before offering the suggestions that WIC provided. Since Annie's parents are involved in feeding Everly, getting her parents on board is an important step in changing feeding habits. They may have some great ideas and will be more willing to try them if they are included in the decision-making.

Slide 17- Offering guidance

Question three got you thinking about the nutrition guidance.

1. How can Annie use the WIC food package to improve Everly's eating behaviors?

Annie could mix infant cereal with the vegetable and rice mixture that Everly is already eating. Annie could also introduce iron-rich foods like eggs, chicken, or beef as a part of family mealtime. Adding these foods will advance textures, along with increasing the intake of iron-rich foods. Introducing the cup with a bit of water or pumped breastmilk will provide some moisture to wash down the food, aid in digestion by helping to break down food for absorption, and help with avoiding constipation.

If you got to question number two:

2. Considering the cultural aspect, how would you gently offer guidance on the introduction to more iron-rich foods?

Start with understanding that culture is an important part of every family, and we want to honor that by offering a few suggestions that may work well with foods the family currently eats. So, we could start by asking what iron-rich foods the family is already eating at mealtimes. We can explain that it is safe to offer meats to children at this age, yet if they choose to wait, they could

try things like cereal, tofu, egg, or beans mixed with the veggies and rice. Adding fruits to meals or snacks will also provide vitamin C, which helps with iron absorption.

Slide 18- Referrals

Finally, question four was learning about how each other handled referrals.

1. How does your agency handle referrals to the health care provider?

This may have been different or the same in your agencies. If you aren't sure what your procedure is, you can ask your supervisor or team lead, and most importantly, review MOM 6.6 for guidance on both referrals and follow-up.

Slide 19- Key takeaways

Okay, we are going to start the wrap-up with some takeaways for you all, and also open our remaining time up for questions.

First thought, infants and children are at risk for iron deficiency anemia, given their high iron requirements to support their rapid growth. Infants born to mothers with iron deficiency anemia during pregnancy may be born with lower iron stores and are more likely to develop iron deficiency anemia as infants and children. Numerous studies have linked iron deficiency anemia in infants and children to later adverse cognitive, motor, and behavioral effects. Addressing iron deficiency anemia rapidly improves the long-term health and development of the child.

Second thought, approaching cultural feeding traditions with empathy and cultural humility will help to build trust and ensure better health outcomes. It is best practice to tailor education to reflect the family's perspectives and traditions and offer advice that builds on their cultural practices.

Final thought, between the nutrition assessment, education and counseling, referrals, and the foods we offer, WIC makes a significant impact on the lives of our participants. You should all be very proud of the work you are doing!

Now, we want to open up time for questions, or if you have a story to share about low hemoglobin levels that you have experienced, we welcome that as well.

You can place any questions you have in the chat or you can raise your hand to share a story or questions. Just a note…If we don't get to your question today, we will answer those in the follow-up email.

Slide 20- Resources for participants

Okay, and here we have a list of possible resources that you may offer a family in Annie's circumstance.

We have a few nutrition education cards, a link to information about WIC infant foods, and finally, wichealth.org offers numerous lessons to support participants in building healthy eating behaviors- we have offered a few suggested topics here.

Slide 21- Resources for staff

Here we have a few resources for you all to explore and learn more about the topic discussed today. We will be sending these and the resources for families out in a follow-up email.

Slide 22- Thank you for joining

Finally, we want to thank you for taking the time to join us today as we learned together while practicing real-life skills. This case study will be repeated in March. At the end of this Anemia series, the PowerPoint with resources will be posted on our Case Study webpage.

We encourage you to return for our next case study series to continue learning with us in April, June, or July on Childhood Obesity.

We have placed the evaluation link in chat, it is here on the slide, and we will send it with the follow-up email. Please take the time to fill that out; this is also how you will receive your continuing education credits.

Have a great day, everyone!