

USDA Center for Collaborative Research on WIC Nutrition Education Innovations at the
USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine and Texas
Children's Hospital

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Supporting Baby Behavior Through Pediatric Offices

Infant-feeding practices such as early cessation of exclusive breastfeeding, early introduction of solid foods, use of sugary beverages, and overfeeding are associated with increased risk for poor health outcomes. Public health interventions, often focused on motivational messages have had limited success in preventing these behaviors, particularly among participants in WIC. In preliminary studies, we found that parents' misinterpretation of infant behaviors was associated with uninformed infant-feeding decisions. Collaborating with the California Department of Public Health WIC Division (CA WIC), we created and tested an innovative program to improve parents' abilities to form realistic expectations and better recognize normal infant sleep and crying patterns. In 2010-2011, CA WIC initiated a statewide Baby Behavior Campaign. In an effort to develop consistent messaging for WIC participants related to infant behavior, this project will test low-cost video trainings and tools targeted to medical staff in pediatric clinics serving low-income families in order to support ongoing Baby Behavior education for WIC participants. Age-specific messages and materials will be developed to help providers to effectively address parents' most common questions related to infant feeding and behavior during each regularly scheduled well-baby check. Online surveys of providers, medical staff, and participants will be used assess knowledge transfer, acceptance, and feasibility of message delivery as well to evaluate the added value of provider education versus WIC-only Baby Behavior messages for participants. The study will be conducted among approximately 480 WIC-enrolled patients in 30 physician offices (randomly assigned to intervention vs. control groups) who serve the WIC population in California. We hypothesize the cost-neutral intervention will result in age-appropriate growth trajectories as assessed by the change in infant weight-for-length Z-score during the first 6 months. It also is expected that the intervention will improve adherence to infant-feeding guidelines, improve indicators of maternal stress and self-efficacy, and be associated with normal values on indicators of infant development. If successful, this collaborative effort between WIC and community health care providers could serve as a model for other health interventions by building a continuum of care to improve infant-feeding practices and reduce children's risk for overweight and obesity.