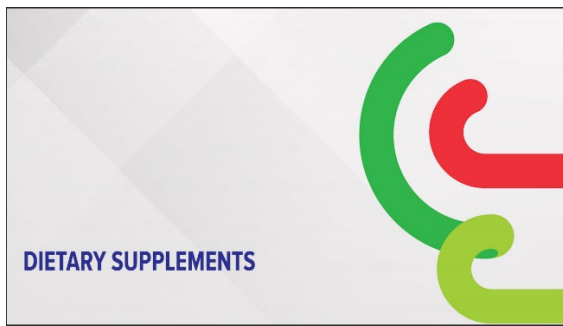




GENERAL INSTRUCTIONS

Facilitators: Use this discussion guide as a companion to the Supplements video for the group training session. The session is divided into topic sections when the video is paused while you facilitate discussion about the topic. Discussion questions are designed to generate ideas among WIC staff about how the information and associated WIC codes apply to working with participants and what staff experiences have been.



VIDEO PART 1: Introduction

This is an introduction to the video and overview of why supplements are important to WIC. WIC is focused on a few essential vitamins and minerals: fluoride, vitamin D, iron, iodine, and folic acid.

The dietary supplement codes are:

Routinely feeding/using dietary supplements with potentially harmful consequences

- 411.10 Infants
- 425.7 Children
- 427.1 Women

Routinely not providing/using dietary supplements recognized as essential by national public health policy when diet alone cannot meet nutrient requirements

- 411.11 Infants
- 425.8 Children
- 427.4 Women



DISCUSSION POINT 1: Current Practice

What is your current practice or experience assessing risk related to routine dietary supplement use? How often do you currently assign these dietary risk codes?

Optional follow-up question: If you assign these codes currently, do you assign some more often than others? In other words, do you assign the risk codes for potentially harmful supplement more often than the risk codes for not using recommended supplements?

Facilitator: Listen for any differences between staff experiences. This doesn't need to be a long discussion, but it may help you identify how much staff already know about this topic so you can adjust for later discussions if needed.

If during discussion, some staff share experiences that are different from others, especially about participant concerns or confusion, encourage them to share what they have found helpful in addressing participant needs.

If staff don't offer any different experiences, provide some different examples that might apply in this situation to help spark a discussion.

When you are finished discussing these questions with your group, click NEXT to continue the video.



VIDEO PART 2: What, Why, and Concerns

This section of the video explains:

- What supplements are
- Why people use them
- WIC's concerns with supplements

One common type of potentially harmful supplement that may be missed during assessment is herbal teas. Herbal teas may be commonly considered safe, but are still potentially harmful supplements. The key message for teas, like other non-recommended supplements, is that participants should discuss them with their healthcare providers.



Facilitator: The additional information provided below may be of interest to RDs / DTRs. You can share this information or skip it depending on what would be helpful to your group.

Additional information about dietary supplement labeling: The U.S. Food and Drug Administration (FDA) requires that dietary supplement product labels contain the following information: Statement of identity; quantity; Directions for use; Supplement facts panel, listing serving size, amount, and active ingredients; Other ingredients in descending order of predominance; and Name and place of business of manufacturer, packer, or distributor.



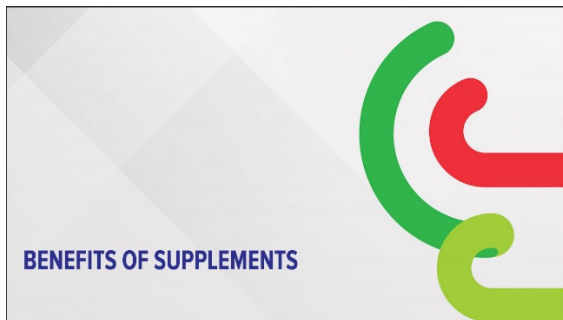
DISCUSSION POINT 2: Trouble Sleeping

You're working with a pregnant participant. She says, "I'm having trouble sleeping. My mother-in-law suggested I drink chamomile tea or take melatonin to help me sleep. I've used those before, but I wasn't sure if it was OK while I'm pregnant."

How would you respond to this participant?

Answer: Herbs and botanicals, including herbal tea like chamomile, may be harmful to her and her baby. Because we do not know what is safe in pregnancy, the AAP recommends that pregnant women use caution with herbal tea. Recommend she talk to her doctor about her sleep concerns and the safety of herbal tea and other dietary supplements for promoting sleep in pregnancy.

For more information about the risks associated with herbs and botanicals, see the nutrition risk manual or nutrition care guidelines for dietary supplement code information.



VIDEO PART 3: Benefits of Supplements

Some dietary supplements are helpful and have sufficient evidence to be recommended. At WIC, the focus is on fluoride and vitamin D for infants and children, iodine for pregnant women, and folic acid for all women who may become pregnant. WIC assesses iron levels for all participants.

Fluoride is mostly consumed through water. For more information about water fluoridation, visit the American Dental Association's website at <https://www.ada.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation/fluoridation-faq>



DISCUSSION POINT 3: Supplements for a Toddler

Let's return to the scenario from very beginning of this video. You just finished asking a mother if her toddler takes any dietary supplements, like a multivitamin. The mother replies, "We don't take any. Why? Do you recommend one?"

Should you assign a dietary risk code for this toddler? How would you respond to the mother's question?

Answer: You will need to probe a little further about diet and nutrition to accurately assess vitamin D and fluoride to assign the appropriate code (Code 425.8).

What do you say about recommended supplements? After finishing a complete ABCDE assessment, share the recommendation for vitamin D and fluoride, as appropriate, with the mother and recommend she talk to her child's doctor before starting any supplement.



Facilitator: Depending on time, interest, and staff knowledge, you may want to complete this optional activity after completing the discussion question above.

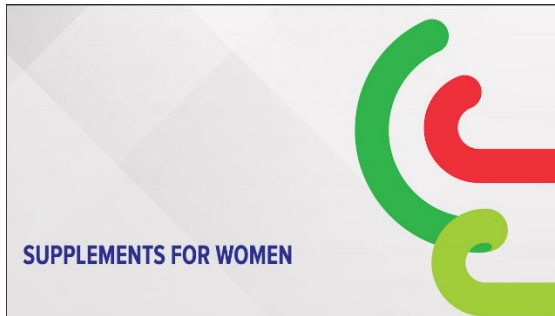
Optional activity: Practice assessing fluoride

Instructions: In pairs with another participant, practice assessing fluoride intake. One person will role play the participant. The other person will role play WIC staff. What questions would you ask to determine if the participant is getting sufficient fluoride? What follow up questions might you ask?

Facilitator: Give the group a chance to practice assessing for fluoride. After a few minutes, ask for volunteers to share what questions they asked. They should ask something like these questions:

- *Where do you get your water? From the tap or other sources?*
- *Do you filter your water? If so, how?*
- *Do you use a fluoride supplement?*

If they missed any of the questions above, suggest them to the group. Note any helpful questions asked by staff.



VIDEO PART 4: Supplements for Women

For women, WIC has three nutrients of concern: iron, iodine for pregnant women, and folate for all non-pregnant women. Deficiencies in any of these nutrients can cause serious health conditions. Therefore, a prenatal or standard multivitamin, containing the recommended amounts of these nutrients, as well as other key nutrients, is often recommended during pregnancy, while breastfeeding, or when postpartum.



DISCUSSION POINT 4: Dietary Sources of Folate

You're working with a postpartum participant. She's taking a daily multivitamin, but her doctor recommended she eat more foods with folate. She asks, "What foods in the WIC package are good sources of folate?"

What would you recommend?

Answer: Vegetables, especially dark leafy green, fruits and their juices, beans and lentils are good natural sources of folate. Fortified grain products like breakfast cereal are also good sources.

Facilitator: If any answers from the list above haven't been mentioned by participants in your group, suggest these additional items.



Optional follow-up question: Of the three nutrients of concern discussed in this section of the video (iron and iodine for pregnant women, folic acid for non-pregnant women), which do you see as the most common risk for your participants?



Facilitator: The additional information provided below may be of interest to RDs / DTRs. You can share this information or skip it depending on what would be helpful to your group.

Additional information on iron: The recommended daily intake for pregnant women is 27 mg. The median intake for pregnant women, based on NHANES data, is 14.7 mg/day.

Iron is available in many dietary supplements. Approximately 14% to 18% of Americans use a supplement containing iron, varying by age and gender, ranging from 6% of older children aged 12 to 19 years to 60% of women who are lactating and 72% of pregnant women.

(<https://ods.od.nih.gov/factsheets/Iron-HealthProfessional/>)

Participants may benefit from tips on how to take iron supplements. Iron supplements shouldn't be taken with milk or calcium supplements, but drinking orange juice with an iron supplement may increase absorption. Iron may interfere with some medications.

(<https://medlineplus.gov/ency/article/007478.htm>)

Additional facts about folic acid: The U.S. Food and Drug Administration (FDA) has required manufacturers to add 140 mcg folic acid/100 g to enriched breads, cereals, flours, cornmeal, pastas, rice, and other grain products to reduce the risk of neural tube defects (NTDs) since January 1998. Because Americans eat lots of enriched grain products, they have become important contributors of folic acid to the American diet. The fortification program increased mean folic acid intakes in the United States by about 190 mcg/day (<https://ods.od.nih.gov/factsheets/Folate-HealthProfessional/>)

The terms "folic acid" and "folate" are often used interchangeably, but they mean different things. Do you know the difference? Answer: Folic acid is the synthetic form used in supplements and fortified foods, whereas folate is the natural form found in foods, such as dark green leafy vegetables, strawberries, and orange juice (Arizona Nutrition Risk Criteria Manual, 427 Justification).



VIDEO PART 5 Assessment

You can listen for cues about dietary supplement use throughout the ABCDE assessment. During D, you may directly ask about supplement use. Red flags may come up at other points in the assessment though, so it's important to listen to any mention of home remedies or signs of deficiency.

The key education message for supplements is to recommend talking to their healthcare provider, who can make specific recommendations. Referrals to a healthcare provider are important. Programs providing free or discounted supplements or free dental care may also be helpful.



DISCUSSION POINT 5: Postpartum Recommendation

You're working with a breastfeeding woman. She says, "I stopped taking my prenatal vitamin six weeks ago. I'm not taking any supplements currently."

Should you assign a risk code for this participant? Why or why not? What educational messages or referrals would you provide, if any?

Answer: Yes, she is at risk because she is not taking recommended amounts of folic acid. You should assign risk code 427.4.

It is important that we provide breastfeeding and non-breastfeeding women with information about folic acid, foods that contain folate, and the recommendation for supplementation to prevent neural tube defects and encourage preventive practices that support positive health outcomes.



It is also important to provide postpartum women with any referral that will support them in getting adequate amounts of folic acid. You could refer her to her healthcare provider and a program offering free folic acid supplements like the Power Me A2Z Program.

Facilitator: Listen for any differences between staff responses. Help facilitate a discussion that focuses around best practices.

Facilitator: After the summary video, you may ask some or all of these reflection questions.

- *What is one important thing you learned during this training?*
- *What do you still need to learn more about (or what are you confused about)?*
- *What is one thing you will change due to this training?*

Citations and Resources

- <https://ods.od.nih.gov/factsheets/DietarySupplements-HealthProfessional/>
- <https://www.quality-supplements.org/about/what-dietary-supplement>
- <https://www.ncbi.nlm.nih.gov/pubmed/24724775>
- https://ods.od.nih.gov/Health_Information/ODS_Frequently_Asked_Questions.aspx#Regulatory
- https://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf
- <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4547570/>
- <https://www.ada.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation/fluoridation-faq>
- <https://www.ewg.org/tapwater/system.php?pws=AZ0407025>
- <https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/#h4>
- <https://ods.od.nih.gov/factsheets/Iron-HealthProfessional/>
- <https://medlineplus.gov/ency/article/007478.htm>
- <https://ods.od.nih.gov/factsheets/Iodine-HealthProfessional/>