

Intro to Formula Trainer's Guide

What trainees should know by the end of training:

1. Trainees will be familiar with the preparation and storage recommendations for the different forms of formula (powder, concentrate, ready to feed).
2. Trainees will be familiar with the different "colors" of formula listed on the formula color chart.
3. Trainees will be familiar with the requirement for contract formulas to be issued unless there is a specific medical reason to issue a special or non-contract formula.
4. Trainees will be familiar with the common modifications that manufacturers make to infant formulas (e.g., "reduced lactose" and "partially hydrolyzed").
5. Trainees will be able to use the formula tailoring chart to correctly assign formula for IPN and IPN+ categories.
6. Trainees will be able to use the formula tailoring chart to correctly tailor the amount of formula issued to participants.
7. Trainees will be able to describe why it is important to appropriately tailor infant formula.
8. Trainees will be familiar with the circumstances for which the issuance of liquid formula is required.
9. Trainees will be familiar with the circumstances in which medical documentation is required for contract formulas.

Live Training Needed

- Review where to find and how to use formula resources for staff such as the [formula tailoring chart](#) and [formula color chart](#), including the following:
 - Determine when to use what type of formula
 - Look for comparable formulas when a participant requests a non-contract formula
 - Review commonly issued special formulas and why they should be issued
- Discuss how to probe about infant feeding to assign IPN or IPN+ category
- Review the 1 can rule and how this affects how much formula can be issued to IPN infants in the first month
- Discuss how to have conversations with families who are offering odd ounces of formula and using half scoops
- Discuss local agency policies regarding special formulas and review who has authority to approve formulas
 - Discuss with trainees what to do in the following situations:
 - A non-contract formula is requested
 - A special formula is requested
 - A conditionally special formula is requested
 - A formula is requested that WIC cannot provide (for example, a goat milk based formula or a powdered version of 360 total care)
 - A formula that requires medical documentation is requested but...
 - The FFR is missing
 - The FFR is incomplete
 - The FFR is invalid
 - Discuss with trainees
 - How to process medical documentation at your agency
 - Who in the agency makes calls/performs follow up when needed
- Discuss the policy on issuing powdered formula for preterm, low birth weight, and immunocompromised infants
- Discuss how to complete a mid month category change
 - Completing the assessment
 - Changing a category in HANDS
 - Updating the assessment screen
 - Writing a note
 - Contacting the WIC Service Desk, if necessary
- Review with trainees how to calculate corrected age for preterm infants and practice determining if an infant has reached 3 months corrected age
- This course has an item that is out of date.
 - Similac for Spit Up was discontinued and is no longer available. Enfamil AR is an alternative that can be issued with an FFR.

Suggested Exercises to Prepare for Observations

The following are recommended exercises to help trainees prepare for stage 3 Observations. They can be completed in any order, and may be repeated as often as needed for the trainee to grasp the concepts presented.

HANDS Practice

Have trainee practice assigning categories and tailoring benefits for IPN and IPN+ infants.

Verbal Practice

Have trainee review the following with the trainer:

- Explain the differences between a contract formula, a non-contract formula, and a special formula
- Explain the 1 can rule
- Explain the policy on issuing powdered formula to a preterm, low birth weight, or immunocompromised infant
- Explain how to prepare the following forms of formula:
 - Ready to feed
 - Concentrate
 - Liquid

Observe

Have trainee observe you or another staff member tailoring and issuing benefits to infants receiving formula.

Role Play

Practice determining what category to assign, how much formula to issue, what formula to issue, and providing appropriate nutrition education for formula-fed infants.

Role Play Ideas

Assigning Correct Category

You are certifying a 5-month-old infant. His mom offers both breast milk and formula. He feeds at the breast 3-4 times and is fed 4-5 4 oz bottles of Similac Sensitive formula in 24 hours.

Things trainee may cover:

- Calculating formula needed using formula tailoring chart (maximum of 20 oz/day)
- Assigning correct category (IPN+)
- Tailoring cans issued to meet estimated needs (7 cans maximum per month)
- Assessment of mom's breastfeeding goals

1-Can Rule

You are certifying a 1-week-old infant. His mom feels that she is still getting used to breastfeeding, but that things are going well overall. Baby is latching 8 times a day, every 3 hours; mom sets a timer to remind herself to feed him. In between feedings at the breast, she offers an ounce or two of Similac Advance formula if baby cries, which adds up to around 4 ounces a day.

Things trainee may cover:

- Identifying correct category and estimated formula needs using formula tailoring chart (4 oz per day --> 2 cans Similac Advance per month --> IPN category)
- Education on 1-can rule
- Assessment of formula preparation to determine if half scoops are being used
- Potential education on feeding on demand to build milk supply

Category Change

You are speaking with the parent of a 3-month-old infant. They pumped exclusively for the first 3 months, but experienced a decrease in milk supply after returning to work and would like some formula added to their food package. They pump 5 times in 24 hours and usually get 5 ounces per pumping session. Baby takes a 4 oz bottle of either breastmilk or formula 7-8 times a day.

Things trainee may cover:

- Determining new category and tailoring to correct formula amount
 - 32 oz max per day minus 25 oz breastmilk = 7 oz formula needed per day = IPN category
 - 3 cans of standard contract formula needed
- Offering education on formula preparation, if desired
- Assessing interest in additional breastfeeding support to rebuild supply

Special Formula

A parent brings in a complete FFR for Enfamil Nutramigen (ready to feed) for their IFF infant. They have used all their formula benefits for this month, but you are able to adjust next month's benefits.

Things trainee may cover in this scenario will vary based on their specific role at the local agency. This may include notifying another staff member for approval or approving themselves, voiding and reissuing next month's benefits, and/or offering education on how to prepare the formula.

Formula Change

A parent calls the WIC office to report that their infant was issued Similac Advance formula. However, they notice that their infant seems to be passing a lot of gas and spits up more than their other children did as infants. They wonder if we have any other formula options that might help.

Things trainee may cover:

- Assessing whether doctor has any concerns about infant's health
- Using formula color chart to suggest alternative contract formula based on baby's symptoms
- Explaining differences between various standard contract formulas

Non-Contract Formula Request

A parent states that their infant has been fussy and constipated on Similac Sensitive. They tried offering Enfamil Gentlease and feel that their infant is less fussy and passes stool more easily, and they wonder if you can replace their formula with Enfamil Gentlease.

Things trainee may cover:

- Explaining contract vs non-contract formulas
- Use formula color chart to suggest equivalent formula
- Recommend following up with doctor on any concerns about baby's stooling patterns

Premature Infant

You are certifying a 1-month-old infant who was born at 36 weeks gestation. Baby's dad states that the doctor said baby has gained enough weight that they can give them a standard formula. He asks for Similac Advance and requests the powdered form.

Things trainee may cover:

- Explaining policy regarding issuing liquid formula to premature infants
- Suggest obtaining an FFR for powder from doctor and/or attempt a verbal approval
- Discuss what form of liquid formula would work best for the family (concentrate vs RTF)
- Offering education on how to prepare concentrate or ready-to-feed formula

Guidebook Answers

Estimated seat time for course/guidebook: 1 hour

Module 1

1. What are the steps to prepare each type of formula and store an opened container?

Powder

- Add water to the bottle first
- Add powder in the ratio specified on the formula container (for many formulas that is 1 unpacked level scoop to each 2 ounces of water)
- Mix well and immediately store or use
- To warm the bottle, run under warm water, do not microwave
- Store the powder in a cool, dry place and use within one month

Concentrate

- Mix the concentrated formula container well before opening; the bottle of concentrate will be stored in the refrigerator after opening
- Add equal amounts of water and concentrated formula to clean bottles
- Mix well and immediately feed or store in the refrigerator

Ready to feed

- For larger ready to feed formula, shake before opening. Pour the desired amount into a clean bottle.
- For smaller ready to feed bottles (2oz, 8oz), the caregiver can screw a clean nipple onto the bottle. Keep in mind that younger infants will likely not consume 8oz during a feeding, and the caregiver will need to pour a smaller amount of formula into a clean bottle to feed to reduce waste.
- Once opened, ready to feed containers can be stored in the fridge for up to 48 hours. Some manufacturers allow for a safe storage time of 3 days (72 hours) for 32 ounce ready to feed formula in its original container. Participants can reference the container for additional information.

Prepared Formula Storage Time Limits

| Form | Discard prepared formula when... |
|---|--|
| Powder | <ul style="list-style-type: none">• At room temperature more than 2 hours• Stored in the fridge for more than 24 hours• Not consumed within one hour of the start of the feeding |
| Liquid formula (concentrate and ready to feed) | <ul style="list-style-type: none">• At room temperature more than 2 hours• Stored in the fridge more than 48 hours• Not consumed within one hour of the start of the feeding |

2. In the first month of life, infants in the IPN category get 1 can of formula.

What are Arizona WIC's current contract formulas and in what forms are they available? Note: all of these formulas can be issued without medical documentation except for in specific situations.

| Contract Formula | Forms Available |
|---|---|
| Similac Advance | Powder, concentrate, ready to feed |
| Similac 360 Total Care | Ready to feed |
| Similac Soy Isomil | Powder, concentrate, ready to feed |
| Similac Sensitive | Powder and ready to feed |
| Similac 360 Total Care Sensitive | Ready to feed |
| Similac for Spit up (shown in course but has been discontinued) | N/A; This product has been discontinued and is no longer a contract formula |
| Similac Total Comfort | Powder |

Below, note the differences between non-contract, special, and conditionally special formulas. Note: all of these formulas require medical documentation.

| Formula Type | Important Details |
|------------------------------|--|
| Non-Contract | <p>What is the difference between a contract formula and non-contract formula?</p> <ul style="list-style-type: none"> Non-contract formulas are made by manufacturers who did not win the AZ WIC contract. They are usually nutritionally equivalent to contract formulas. <p>When can a non-contract formula be issued?</p> <ul style="list-style-type: none"> Only in rare circumstances and when approved by the state. |
| Special | <p>When can this type of formula be issued?</p> <ul style="list-style-type: none"> For medical conditions |
| Conditionally Special | <p>When can this type of formula be issued?</p> <ul style="list-style-type: none"> When a participant has a medical condition and meets AZ WIC criteria |

Module 2

1. List the reasons why we tailor formula for partially breastfed infants.

- Promote as much breastfeeding as possible since caregivers will only have the amount of formula they need
- Reduces the risk of extra containers of formula being resold by WIC participants

2. Since powdered formula is not sterile, it can contain **Cronobacter** bacteria that can be harmful to infants with a compromised immune system. This bacteria is associated with an increased risk of sepsis, meningitis, cerebritis, and necrotizing enterocolitis.

3. Which infants are required to be issued liquid formula and for how long?

Infants who are preterm, low birth weight, or immunocompromised (e.g., cancer, cystic fibrosis, etc.) until 3 months corrected age. Liquid concentrate is preferred unless it is unavailable, then ready to feed can be issued.

4. In most cases, WIC staff can issue contract formulas without medical documentation. When would you need medical documentation for a contract formula?

- The formula is requested for a child or adult
- Approved current medical documentation for any other formula (other than another contract formula) has been scanned into HANDS
- Issuing powder for a preterm, low birth weight, or immunocompromised infant less than 3 months corrected age

Practice Activities

1. Using the formula tailoring chart, if a 3 month old baby is drinking 10oz of Similac Advance a day, what category should they be in and how many cans should be provided?

IPN and 4 cans of formula

2. A parent states that they are breastfeeding their 3 month old 5x a day and offering formula. They offer 4oz 4 times per day of Similac Sensitive. What category would they be in and how many cans of formula would you tailor it to?

IPN+ and 6 cans of formula

3. A caregiver requests Similac Advance powder for their newborn baby that was born full term but at a low birth weight. Can you issue powder formula in this situation? Why or why not?

No, the infant is not yet 3 months of age. You will need medical documentation to issue powdered formula to this infant. Liquid formula can be issued until you receive an FFR.

4. A caregiver tells you that they like to make a pitcher of formula to offer their baby. They use powdered formula and mix the formula as instructed on the can. They keep the pitcher in the fridge and the pitcher holds 60 ounces of formula, which takes their baby about two and a half days to go through. What would you say to this caregiver?

Prepared powdered formula can be stored in the fridge for up to 24 hours. Recommend to the caregiver to only prepare the amount that an infant can go through in one day.