

Soy Formula Transition

WIC Partner's iLinc

July 9th, 2015

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October 1st, 2015

- Soy Formula Transition
- CVV change



Soy Formula Transition



Enfamil ProSobee

Gerber Good Start Soy

Materials



Participant Report

- Report will be run for all participants currently on ProSobee
- Nutritionists and dietitians to assign ahead of time current participants a Good Start Soy package in HANDS for October
- Report will be run again after October 1st to catch those remaining participant assigned a ProSobee package

LA Org Code	Clinic Org Code	Cc Client Id	Effective Date	Ifp Food Package Id	Cur Cat Code	End Date	Birth Date
XX	XX	XXXXXXXXXX	03/14/15	AZ910002	IFF	08/22/15	08/23/14
XX	XX	XXXXXXXXXX	02/15/15	AZ910002	IFF	07/24/15	02/11/14
XX	XX	XXXXXXXXXX	04/18/15	AZ710002	IPN	03/06/15	03/07/15
XX	XX	XXXXXXXXXX	04/23/15	AZ910002	IPN ₊	11/09/15	11/10/15

Compatible Good Start Soy Package Tool

- Sorted By Food Package
 - Description
 - Number

Example:

ProSobee Food Package ID:	ProSobee Food Package Description		Corresponding Good Start Soy Food Package ID:	Good Start Soy Food Package Description
AZ410130	PROSOBEE,PWD,9 CANS,ALL FOODS,WH MILK,0 CHS,C1	→	AZ410603	GOOD START SOY,PWD,10 CANS,ALL FOODS,WH MILK,0 CHS,C1
AZ410131	PROSOBEE,PWD,9 CANS,ALL FOODS,WH MILK,1 CHS,C1	→	AZ410604	GOOD START SOY,PWD,10 CANS,ALL FOODS,WH MILK,1 CHS,C1
AZ410132	PROSOBEE,PWD,9 CANS,NO FOODS,C1	→	AZ410607	GOOD START SOY,PWD,10 CANS,NO FOODS,C1
AZ410138	PROSOBEE,PWD,9 CNS,ALL FDS,8TH CONT SOY,0CHS,C1	→	AZ410608	GOOD START SOY,PWD,10 CANS,ALL FDS,8TH CONT SOY,0CHS,C1
AZ410259	PROSOBEE,32 OZ RTF,28 BTL,NO MILK,NO CHS,C1	→	AZ410609	GOOD START SOY,32 OZ RTF,28 CANS,NO MILK,NO CHS,C1



- **Staff Month to Month Instruction sheet**

Example:

For the month of August:

- All infants who are **10 months old...**
- All infants who are **less than 10 months old...**
- All infants who are **11 months old...**

- **Frequently Asked Questions for Staff**





Breastmilk is the best nutrition for babies.



Available Infant formula effective **October 1, 2015**

WIC Formula Change

Before
If you get



Emfamil ProSobee

or

After
You will get



Gerber Good Start Soy

Still Available



Similac Advance

Available with a Prescription Only



Similac Sensitive



Similac For Spit-Up



Similac Total Comfort



Please let your WIC staff know what questions you have. This institution is an equal opportunity provider.

Participant Flyer



La leche materna es el mejor alimento para su bebé.



La fórmula de WIC cambia a partir del

1 de octubre de 2015

Cambio en la Fórmula WIC

Antes
Si recibe



Emfamil ProSobee

o

Después
Usted recibirá



Gerber Good Start Soy

Sigue Disponible



Similac Advance

Disponible con Receta Médica



Similac Sensitive



Similac For Spit-Up



Similac Total Comfort



Por favor dígame al personal de WIC si tiene alguna pregunta. WIC es un proveedor de igualdad de oportunidades.

Formula Transition Handout



Helping Your Baby Adjust to a New Formula



WIC believes breastmilk is the best nutrition for babies. Breastfeeding is recommended for at least 12 months or as long as desired by both baby and mom. Breastmilk is the best food, especially during this time of transition.

The WIC Program recommends giving your baby 4 ounces per bottle feeding. Most babies can change to a new formula without any problems. If you think your baby is having a difficult time changing formulas, talk to a WIC Nutritionist and follow the directions below.

Formula Mixing Directions

Directions to make a 4 ounce bottle

You will need:

- 1 can powder, old brand of formula
- 1 can powder, new brand of formula

Day 1

Mix:

- 4 ounces water
- 1 scoop powder, **old** brand formula
- 1 scoop powder, **new** brand formula

1 Scoop



Day 2

Repeat formula mixing directions from Day 1

1 Scoop

Day 3

Repeat formula mixing directions from Day 1

Day 4

2 Scoops



Mix:

- 4 ounces water
- 2 scoops powder, **new** brand formula

Parenting Tips:

- It is best to feed your baby when he or she is hungry.
- A baby's stool may look or smell different when you change formulas. This is normal. If your baby has diarrhea or constipation, contact your doctor.
- If your baby refuses a new formula, try mixing the new brand of formula with the old brand of formula (directions above).
- If your baby has problems when you give a new formula, contact the WIC Nutritionist or your doctor.

Formula Transition Handout (Spanish)

Línea de Ayuda
para Lactancia
24 horas
1-800-833-4642



Ayudando a Su Bebé a Adaptarse a Una Nueva Fórmula:

Usted Hace Mucho
Nosotros Ayudamos un Poco

WIC promueve que la leche materna es la mejor nutrición para bebés. Además recomienda amamantar por lo menos 12 meses o el mayor tiempo posible. La leche materna es el mejor alimento, especialmente durante este tiempo de transición.

Si le da fórmula a su bebé, WIC recomienda que le dé 4 onzas por biberón y lo alimente con mayor frecuencia. La mayoría de los bebés se adaptan a una nueva fórmula sin ningún problema. Si usted cree que su bebé está teniendo dificultad con la nueva fórmula, hable con una Nutrióloga de WIC y siga estas instrucciones.

Instrucciones para Mezclar Fórmula: Usted necesitará:
Instrucciones para preparar un biberón de 4 onzas
1 lata de polvo, marca de fórmula de antes
1 lata de polvo, marca de fórmula nueva

Día 1	<p>Mezcle: 4 onzas de agua 1 cucharada de polvo, marca de fórmula de antes 1 cucharada de polvo, marca de fórmula nueva</p>	<p>1 Cucharada</p>
Día 2	<p>Repita las instrucciones del día 1 para mezclar la fórmula</p>	<p>1 Cucharada</p>
Día 3	<p>Repita las instrucciones del día 1 para mezclar la fórmula</p>	
Día 4	<p>Mezcle: 4 onzas de agua 2 cucharadas de polvo, marca de fórmula nueva</p>	<p>2 Cucharadas</p>

Consejos para el bienestar del bebé:

- Es mejor alimentar a su bebé cuando tenga hambre.
- Las heces del bebé puede oler o verse diferente cuando usted cambia de fórmula. Esto es normal. Si su bebé tiene diarrea o estreñimiento, contacte a su médico.
- Si su bebé se rehúsa a tomar una nueva fórmula trate de mezclar la nueva marca de fórmula con la anterior (ver las instrucciones de arriba).
- Si su bebé tiene problemas cuando usted le dé la nueva fórmula, contacte a su Nutrióloga de WIC o a su médico

Formula Comparison Sheet for Staff

Enfamil ProSobee and Good Start Soy –
They're more alike than you might think!



Enfamil ProSobee	Gerber Good Start Soy
Protein source: Soy Protein Isolate	Protein source: Enzymatically Hydrolyzed Soy Protein Isolate (Hydrolyzed means broken down for easier digestion)
Fat source: Vegetable oil (palm olein, coconut, soy, and high oleic sunflower oils)	Fat source: Vegetable oil (palm olein, soy, coconut, and high-oleic safflower or high oleic sunflower oils)
% of Calories: Protein: 10% Carbohydrate: 44% Fat: 46%	% of Calories: Protein 10% Carbohydrate: 42% Fat: 48%





Medical Documentation Form for Special Needs Food Packages

Client Name: _____

Date of Birth: _____ WIC Client ID: _____

Please fully complete every section (1-7) to avoid delays in issuance. Please choose WIC routine formulas whenever possible, as noted by '**'

- 1. Current Formula Request:**
- | | |
|--|--|
| <input type="checkbox"/> Similac Advance (20 Cal/oz.)* | <input type="checkbox"/> Alimentum |
| <input type="checkbox"/> Similac Sensitive* | <input type="checkbox"/> Nutramigen |
| <input type="checkbox"/> Similac for Spit-up* | <input type="checkbox"/> Gerber Extensive HA (Powder) |
| <input type="checkbox"/> Similac Total Comfort* | <input type="checkbox"/> Enfamil Enfascare (Powder and RTF) |
| <input type="checkbox"/> Gerber Good Start Soy* | <input type="checkbox"/> Similac Expert Care Neosure (Powder and RTF) |
| <input type="checkbox"/> Gerber Graduates Soy* | <input type="checkbox"/> Pediasure (must meet WIC criteria for issuance) |
| | <input type="checkbox"/> Other: _____ |

- 2. Amount of Formula Requested Per Day:** _____
 (If no amount written, amount defaults to WIC Maximum)
- Oral Tube Feeding

- 3. Form of Formula:**
- Powder Concentrate Ready-to-feed
- Note: Concentrate or Ready to feed form given to premature clients unless otherwise specified.

- 4. Diagnosis for Similac Advance (20 Cal/oz.), Similac Sensitive (19 Cal/oz.), Similac for Spit-up (19 Cal/oz.), Enfamil ProSobee, and Similac Total Comfort (19 Cal/oz.):**
- Formula Intolerance Food allergy Inappropriate growth patterns Other: _____

- Diagnosis for Special Formula or Medical Food:**
- Prematurity GERD or reflux Dysphagia Failure to thrive
- Severe food allergy _____ Other: _____
- Note: Must be a specific medical diagnosis.

- 5. WIC Foods:**
- Default to WIC Registered Dietitian (RD)/Qualified Nutritionist to choose appropriate WIC foods
 OR Check any foods listed below that are not appropriate for this patient

Category	WIC Foods	Do Not Give	Note:
Infants (6-11 mo.) or Special Needs Women/Children	Infant cereal	<input type="checkbox"/>	Children 12-23 months old are typically given whole milk. Anyone 2 and older is given 1%/fat free milk. If another milk type is needed please include in comment section.
	Jarred-fruits/vegetables	<input type="checkbox"/>	
Children (1-5 yr.) and Women	Cow's milk	<input type="checkbox"/>	Comments: _____
	Cheese	<input type="checkbox"/>	
	Yogurt	<input type="checkbox"/>	
	Eggs	<input type="checkbox"/>	
	Peanut butter	<input type="checkbox"/>	
	Whole grains**	<input type="checkbox"/>	
	Cereal	<input type="checkbox"/>	
	Beans	<input type="checkbox"/>	
	Vegetables/fruits	<input type="checkbox"/>	
	Juice	<input type="checkbox"/>	
	Goat milk	<input type="checkbox"/>	
	Soy milk	<input type="checkbox"/>	
Tofu	<input type="checkbox"/>		

- Exclusively Nursing Only:**
- Women Canned Fish
- Infants (6-11 mo.) Infant Jarred Meats
- **Grains include the options of whole wheat bread, brown rice, whole wheat pasta, whole wheat tortillas, and/or corn tortillas.

6. Length of Time Requested: Up to first birthday OR # months: _____

7. Print Provider Name: _____ **Title (Circle):** M.D., D.O., P.A., N.P. **Date:** _____

Healthcare Provider Signature: _____ **Phone Number:** _____

Updated Medical Form

Formula Issuance Color Chart

Formula issuance:

Green (bolded): Can always issue without RX

Yellow (italicized): Only RD and nutritionists can approve 1 month without script if client has been on the formula prior.

Red (underlined): One month without prescription **cannot** be issued. Must contact the state for approval.

Grey: Unable to issue.

Similac	Enfamil	Gerber	<u>Neocate</u>	Nestle Nutrition	Use
Similac Advance	<u>Enfamil Newborn or Infant</u>	<u>Good Start Protect</u>			Regular
<i>Similac Sensitive for Fussiness & Gas</i>	<u>Enfamil Gentlease</u>				Lactose intolerance
<u>Similac Soy Isomil</u>	<u>Enfamil Prosobee</u>	Gerber Good Start Soy			Milk protein allergy, lactose intolerance, or dairy free diet
<i><u>Similac for Spit-Up</u></i>	<u>Enfamil AR</u>				Reflux, GERD, or GER

Other suggestions?

- Report on participants on Prosobee
- Compatible Good Start Soy Packages tool
- Staff Month to Month Instruction sheet
- Frequently Asked Questions for Staff
- Participant Flyer
- Formula Comparison Sheet
- Formula Transition Handout
- Updated Medical Form
- Updated Color Formula Chart



CVV



- **Increasing from \$10 to \$11 for:**
 - Exclusively Nursing, Partially Nursing, Partially Nursing Plus & Postpartum, Partially Nursing with Multiples
- **Increasing from \$15 to \$16.50 for:**
 - Exclusively Nursing with multiples
 - PG & EN women
- **Children's CVV will remain \$8**



CVV change



- Effective **October 1, 2015**
- The new CVV amount will automatically print on the checks starting October 1, 2015
- Participants won't need to switch packages
- Those participants who had October checks printed prior to October 1st, will have the option to come back to the clinic and get the new CVV amount



available
NOW

**Menu of
WIC Foods**

You plan the meal
And find the ingredients
You cook healthy and yummy

You Do A Lot
We help A Little

This food list is effective April 1, 2015. Vendors may not carry all items listed and/or pictured on the WIC food list.

- Can be ordered through the warehouse under **“FOOD PACKAGE MENU - GLOSSY 9"X15" BOOK - STAFF RESOURCE”**

Pregnant Woman



Any combination of eligible fresh, frozen, or canned fruits and vegetables – Up to \$10.00



Whole grain products (whole wheat bread, brown rice, whole wheat pasta, corn tortillas AND/OR whole wheat flours tortillas) – 1 pound



Fruit juice – 144 ounces



Fat free or Low fat (1%) milk**, cheese and yogurt options –

4.5 gallons, 1 lb cheese, 1 quart yogurt
OR 4.5 gallons & 1 quart milk, 1 lb cheese
OR 5.5 gallons of milk



Dry beans OR canned beans –
1 pound dry beans OR
64 ounces canned beans



Eggs – 1 dozen



** Other options – Goat milk, soy milk, and tofu substitutions available.



Cereal – 36 ounces

Children



Any combination of eligible fresh, frozen, or canned fruits and vegetables – Up to \$8.00



Whole grain products (whole wheat bread, brown rice, whole wheat pasta, corn tortillas AND/OR whole wheat flours tortillas) – 2 pound



Fruit juice – 128 ounces



Fat free or Low fat (1%) milk**, cheese and yogurt options –
3 gallons, 1 lb cheese, 1 quart yogurt
OR 3 gallons & 1 quart milk, 1 lb cheese
OR 4 gallons milk



Dry beans OR canned beans –
1 pound dry beans OR
64 ounces canned beans OR
18 oz peanut butter



Eggs – 1 dozen



Cereal – 36 ounces



** Other options – Goat milk, soy milk, and tofu substitutions available.



Thank you!