



Lesson Plans

Delta Healthy Sprouts

Nutrition and Physical Activity Lesson
Plans Designed for Use with an Existing
Maternal, Infant, and Early Childhood
Home Visiting Program

USDA Agricultural Research Service

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Disclaimer

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These lesson plans and their content are not intended as a substitute for medical advice.

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Preface

Both excessive and inadequate gestational weight gain can complicate a woman's pregnancy and put her and her child at risk for poor delivery and birth outcomes. Further, feeding and activity habits established early in life can significantly impact the development of childhood obesity. Hence, the gestational and postnatal periods may be the most opportune times to target behavior change that will reduce the risk of obesity and its comorbidities in both mother and child. The lesson plans contained in this booklet were created for the Delta Healthy Sprouts Project. This project was designed to test a novel, combined approach to maternal weight management and childhood obesity prevention in pregnant women and their children at high risk for obesity and chronic disease.

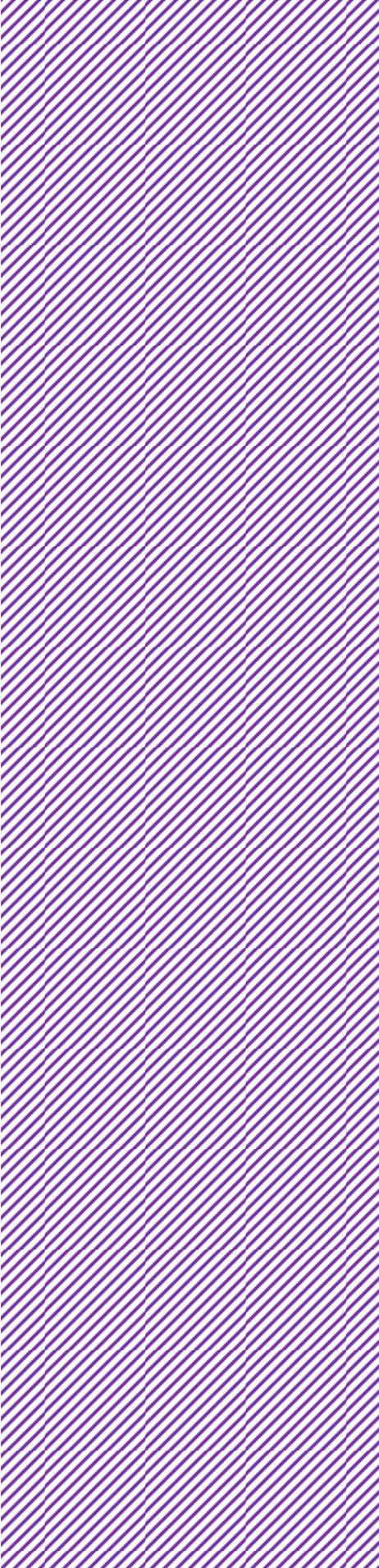
The topics of these lesson plans were chosen based upon recommendations by the Institute of Medicine, the American Academy of Pediatrics, and current research reported in the literature at the time of their creation. Specifically, gestational weight gain, infant growth, postnatal weight loss, and infant and toddler feeding were the focus of our search for recommendations and guidelines upon which to base these lesson plans.

These 16 lesson plans were created for an 18-month project. They are designed to be delivered once per monthly visit with study participants. No lesson plans were created for the first and last visits since such visits (enrollment and end of study, respectively) generally involve a relatively large amount of data collection. The lesson plan topics targeting the gestational period include: healthy weight gain, healthy eating, physical activity, and breastfeeding. The lesson plan topics targeting the postnatal period include: healthy weight loss (mom), healthy growth (baby), healthy eating (mom and baby), physical activity (mom and baby), modeling healthy eating and activity behaviors (mom), and creating a healthy home (mom).

The lesson plans are designed to be delivered in conjunction with and to enhance the nutrition and physical activity components of an established Maternal, Infant, and Early Childhood Home Visiting program, such as Parents as Teachers (www.parentsasteachers.org). They are also designed to be given in the order presented in this booklet. Typically, the lesson plans are 15-30 minutes in length and some include an instructional DVD which enhances the topic of the lesson. We have found that providing basic nutrition and physical activity training for Parent Educators, or research staff trained to deliver the home visiting program, without backgrounds in these fields is extremely helpful.

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Lesson 1

(Gestational Month 5)

Healthy Weight Gain During Pregnancy
and Tracking What You Eat and Drink

Parents as Teachers Enhanced Lesson 1 (GM 5): Healthy Weight Gain During Pregnancy and Tracking What You Eat and Drink

Objectives

1. Measure and track your mom-to-be's weight.
2. Teach your mom-to-be about healthy weight gain during pregnancy.
3. View the *MyPlate Nutrition During Pregnancy* DVD.
4. Introduce the personalized USDA MyPlate eating plan.
5. Demonstrate tracking what your mom-to-be eats and drinks.
6. Develop one new eating and one new activity goal.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Weight gain graph based on your mom-to-be's pre-pregnancy weight with weight from GM 4 visit plotted
4. *MyPlate Nutrition During Pregnancy* DVD
5. USDA MyPlate eating plan personalized for mom-to-be
6. USDA MyPlate tracking sheets personalized for mom-to-be (30 copies)
7. Measuring cups
8. Delta Delicious Cookbook
9. *Fish & Pregnancy* handout (PaTE)
10. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. At our first visit, we discussed your assignment to the Delta Healthy Sprouts experimental group. The goals of this study are to:

- Help you gain a healthy amount of weight during your pregnancy.
- Teach you about healthy eating and physical activity.
- Teach you about healthy infant and toddler feeding.
- Help you to get back to the weight you were before you were pregnant.
- Teach you how to create a happy and healthy home for you and your baby."

PE: "What do you think about being in the Delta Healthy Sprouts experimental group?"

- This question will help you determine if your mom-to-be understands the study.
- If your mom-to-be seems reluctant to share her thoughts, you can try prompting her with questions such as:
 - What part or parts of the study are you excited about?

- Is there anything that makes you nervous about the study?

PE: “Do you have any questions for me?”

PE: “Now let’s measure your weight.”

- Weigh your mom-to-be following the weighing protocol.
- Record her weight on the Supplemental-Gestational (Suppl-G) Survey.

PE: “Next, I have some questions I would like to ask you.”

- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Healthy Weight Gain During Pregnancy

PE: “Now let’s talk about why healthy weight gain is so important during pregnancy and how it can affect both you and your baby’s health.”

PE: “Let’s talk first about how gaining too much weight can affect you and your baby.

Gaining too much weight during your pregnancy can put you at risk for:

- Pregnancy-related diabetes;
- Pregnancy-related high blood pressure;
- Delivery problems if your baby is large which could mean an unplanned C-section;
- Difficulty losing weight after pregnancy which can put you at risk for high blood pressure, diabetes, heart disease, and cancer.

Gaining too much weight during your pregnancy can put your baby at risk for:

- Early birth (before baby is fully developed);
- Injuries at birth (e.g., shoulder dislocation);
- Asthma and allergies;
- Overweight and obesity.”

PE: “Gaining too little weight isn’t good either. Gaining too little weight can lead to:

- Nutritional deficiencies for you and your baby (e.g., low blood iron causing tiredness and adverse brain and immune development);
- Early birth;
- Low birth weight and length (possibly causing slow development);
- Difficulty breastfeeding;
- Overweight and obesity in your baby later in life.”

PE: “You can see that gaining too much or too little weight can affect both you and your baby. The amount of weight you should gain during pregnancy is actually based on your weight before you became pregnant.”

- Take out the weight graph for your mom-to-be before continuing.

PE: “When we met last time, you told me your weight before you became pregnant was _____. Let’s look at what this means in terms of how your weight before you became pregnant is classified. Doctors and other health professionals classify your weight using the Body Mass Index or BMI which takes into consideration your weight and height. Your BMI before you became pregnant was _____. This means that your weight before pregnancy put you in the _____ category.”

Weight Category	Body Mass Index (BMI)
Underweight	Less than 18.5
Healthy Weight	18.5-24.9
Overweight	25.0-29.9
Obese	Greater than or equal to 30.0

PE: “Based on this, let’s look at how much weight you should gain during pregnancy.”

- Using the following chart, tell your mom-to-be the amounts of her total weight gain goal and her weekly (rate of) weight gain goal.

**New Recommendations for Total and Rate of Weight Gain During Pregnancy
By Pre-Pregnancy BMI**

Pre-pregnancy BMI	BMI (kg/m²) (WHO)	Total Weight Gain Range (lbs)	Rates of Weight Gain* 2nd and 3rd Trimester (Mean Range in lbs/wk)
Underweight	<18.5	28-40	1 (1-1.3)
Normal weight	18.5-24.9	25-35	1 (0.8-1)
Overweight	25.0-29.9	15-25	0.6 (0.5-0.7)
Obese (includes all classes)	≥30.0	11-20	0.5 (0.4-0.6)

PE: “Your weight today is __ pounds.”

- Enter your mom-to-be’s weight into Excel weight gain chart.
- Plot your mom-to-be’s weight on the paper copy of the graph and give it to her.
- If your mom-to-be is on target (between upper and lower limits), praise her.
- If your mom-to-be is gaining too little or too much weight, let her know.

PE: “Remember, one of our goals is to help you gain a healthy amount of weight during your pregnancy which is good for both you and your baby. Let’s watch a short video that discusses the importance of healthy weight gain and nutrition during pregnancy.”

- Watch the *MyPlate Nutrition During Pregnancy* DVD (12 minutes).

PE: “Do you have any questions about the information you just heard?”

PE: “Experts recommend that we consume fish and seafood on a regular basis. Because some women have concerns about consuming fish and seafood during pregnancy, I am going to give you this handout that contains good advice about eating fish and seafood while you are pregnant.”

- Briefly review the PaTE version of the *Fish & Pregnancy* handout with your mom-to-be.
- Leave the handout with your mom-to-be.

Tracking What You Eat and Drink

PE: “During your pregnancy, I will help you follow a USDA MyPlate eating plan. Eating the MyPlate way will help you get all the nutrition you need during your pregnancy. It also will help you gain a healthy amount of weight during pregnancy.”

PE: “I created a personalized MyPlate eating plan just for you based on your weight before you became pregnant. This plan is for your second trimester. I will bring you a new plan during your third trimester.”

- Review the eating plan with your mom-to-be.

PE: “What do you think of this plan? Do you think it will be hard for you to follow this plan?”

- Allow your mom-to-be respond.
- Record any barriers your mom-to-be states that you are not comfortable addressing and bring them to weekly research meeting OR email the senior research team members.

PE: “Now let’s talk about tracking what you eat and drink. Tracking what you eat and drink will help you learn about foods and nutrients you need more or less of so that you gain a healthy amount of weight during your pregnancy. I will ask you to share your tracking sheets with me so that I can provide feedback on what foods and beverages will help you successfully reach your healthy weight gain goal for your pregnancy.”

- Give your mom-to-be the My Daily Food Plan tracking sheets corresponding to her eating plan.

PE: “Use these tracking sheets to record your food choices for the day. Be very descriptive about your food choices and the amounts you ate and drank.”

PE: “In the beginning, you will need to measure your food and beverages using the measuring cups that I will give you. As time passes, you will become a pro at estimating portion sizes. Then you will be able to eye ball your portion sizes and not need to use the measuring cups.”

- Give your mom-to-be the measuring cups.

PE: “Keep your tracking sheet with you so that you can write down what you eat or drink as soon as you finish a meal or snack. Include all the foods and beverages you consume, such as candy, nibbles or tastings of food, and samples you may get at the grocery store.”

PE: “Let’s go through an example of how to track what you eat and drink.”

- Demonstrate how to track one meal.
- Address any questions your mom-to-be may have.

PE: “It is very important to be honest and accurate with your tracking sheets. I can only help you on your journey to gaining a healthy amount of weight for you and your baby if I have a clear picture of what you are actually eating and drinking. Remember, I am here to help you and I will never judge what you eat or drink.”

PE: “It may seem hard to write down all your foods and beverages, especially at first. Getting used to it will take some time. But it’s worth the added effort because being aware of what you are eating and drinking is the first step toward a healthy pregnancy for you and your baby.”

Setting Goals

PE: “Now let’s talk about setting goals. As you can see, at the bottom of the USDA MyPlate tracking sheet there is a place for you to write down one eating and one activity goal. Let’s come up with one eating and one activity goal for you to work on this month.”

PE: “An example of a short term eating goal is ‘This month, instead of drinking regular soda, I will switch to water or a low calorie beverage.’ Another example is ‘Each day, I will eat one piece of fruit with breakfast.’ An example of a short term activity goal is ‘I will take a 20 minute walk after dinner on Tuesdays and Thursdays.’ Another example is ‘I will watch only 2 hours of TV per day.’ Notice that these goals are very specific.”

- Ask your mom-to-be to write down one eating and one activity goal on the USDA MyPlate tracking sheet.
- Write down your mom-to-be’s goals for your records.

PE: “How will you reach these two goals? What problems do you think might come up that would prevent you from reaching these goals?”

- Allow your mom-to-be to respond.
- Help your mom-to-be solve any barriers she mentions.

PE: “We will continue to work toward and develop new eating and activity goals each month. Once you meet your goals, I want you to keep meeting these goals and also set new eating and new activity goals. In this way, these healthy eating and activity changes will become part of your daily routine and hopefully lifetime behaviors.”

Wrap-up

PE: “During the next visit, we will talk more about healthy eating and activity during pregnancy. To get you started, I am going to give you this little cookbook that contains healthier versions of local recipes. Likely you will find one of your favorite dishes in here that you can try before our next visit.”

- Briefly page through the Delta Delicious Cookbook with the mom-to-be and then give it to her.

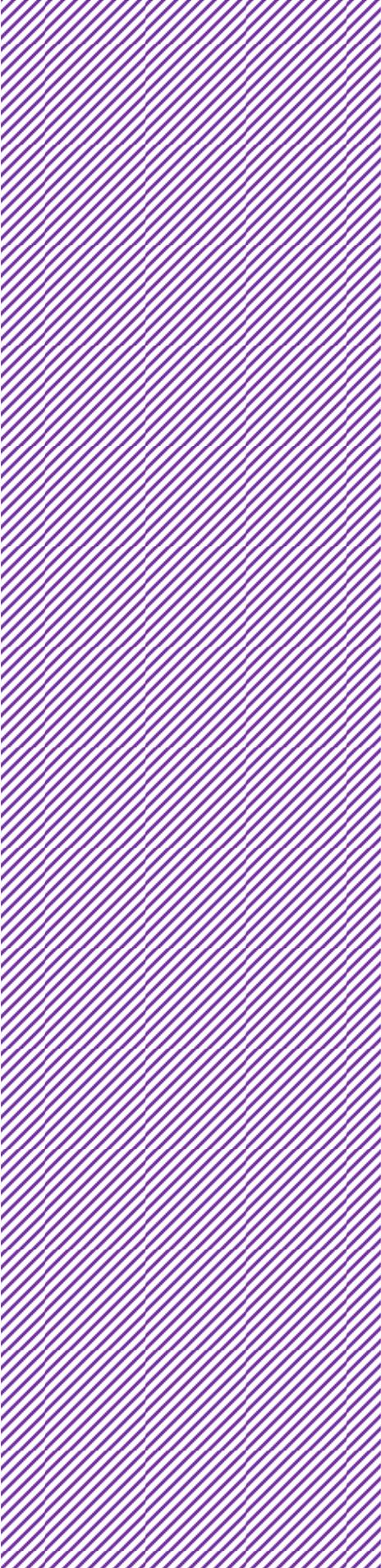
PE: “Let’s set up a day and time for our next visit.”

- Set the day and time for next home visit and record them for later entry into Family Personal Visit Record – Gestational (FPVR-G) Survey.

PE: “Do you have any questions before I leave?”

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write the question(s) down and bring it to the weekly research meeting or email it to the senior research team members.

PE: “Thank you again for meeting with me today.”



Lesson 2

(Gestational Month 6)

Reading the Nutrition Facts Food Label
and Introduction to Portion Size

Parents as Teachers Enhanced Lesson 2 (GM 6): Reading the Nutrition Facts Food Label and Introduction to Portion Size

Objectives

1. Measure and track your mom-to-be's weight.
2. Discuss your mom-to-be's experience tracking what she eats and drinks.
3. View *Nutrition Labels Reading Between the Lines* DVD.
4. Review your mom-to-be's food intake from the GM 4 visit's dietary recall.
5. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Weight gain graph with weights from GM 4 and GM 5 visits plotted
4. *Nutrition Labels Reading Between the Lines* DVD
5. *A Healthy Habit: Read Food Labels* handout
6. Diet cheat sheet (based on GM 4 visit's dietary recall)
7. USDA MyPlate tracking sheets personalized for mom-to-be (30 copies)
8. Healthy snack
9. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling today? Do you have any questions for me?"

PE: "Last time we discussed how gaining too much or too little weight can affect both you and your baby. Do you remember one way gaining too much weight can affect you? What about your baby?"

- Allow your mom-to-be to respond.
- Provide answers if your mom-to-be cannot recall any adverse effects for her or baby.

PE: "Now let's measure your weight and compare it to your healthy weight gain goal."

- Weigh your mom-to-be following the weighing protocol.
- Record her weight on the Supplemental-Gestational (Suppl-G) Survey.
- Enter her weight on the electronic (Excel) weight gain chart and plot it on the paper copy of the chart. Give the paper copy to your mom-to-be.
- If your mom-to-be is on target (between upper and lower limits), praise her.

- If your mom-to-be is gaining too little or too much weight, let her know.

PE: “Next, I have some questions I would like to ask you.”

- Conduct the 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Healthy Weight Gain During Pregnancy

PE: “During the last visit, we talked about using a food log. Tell me about that experience. Were you able to use the log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverage choices?”
- If no: “Why were you not able to do so?”

PE: “When we last met, I gave you a USDA MyPlate eating plan. This eating plan is designed to help you to get all the nutrition you need during and after your pregnancy. The plan also will help you gain a healthy amount of weight. Did you try following the USDA MyPlate eating plan? Was it easy or hard for you? Tell me what was easy and what was hard?”

PE: “Now I want to review with you the foods and beverages you told me you ate during the first visit. I want to point out foods and beverages that provided you and your baby with lots of nutrition, such as vitamins and minerals. I also want to point out other foods or beverages that just provided calories with little nutrition. Let’s compare what you ate and drank to the USDA MyPlate eating plan that I gave you.”

- Review your mom-to-be’s diet cheat sheet.
- Indicate how well your mom-to-be is adhering to her USDA MyPlate eating plan.
- Highlight foods and beverages that are better choices for her and her baby.
- Point out foods or beverages that provide little nutrition for her and her baby.
- Discuss ways to better adhere to her UDSA MyPlate eating plan.

Reading the Nutrition Facts Food Label and Portion Sizes

PE: “Making healthy food and beverage choices can be difficult. One of the most important tools you can use to be informed about what you are eating and drinking is the Nutrition Facts Food Label. Let’s watch a video together that will teach us how to use the Nutrition Facts Food Label and also learn about food portion sizes.”

- Watch the *Nutrition Labels Reading Between the Lines* DVD (21 minutes)
- Share a healthy snack with your mom-to-be while watching the DVD.
- Review the *A Healthy Habit: Read Food Labels* handout and help your mom-to-be answer the first 2 or 3 questions.

- Answer any questions your mom-to-be may have.

Setting Goals

PE: “Now let’s discuss the eating and activity goals you set last month.”

- Review your mom-to-be’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom-to-be’s ability to reach both, one, or none of her goals for later entry into the Family Personal Visit Record – Gestational (FPVR-G) survey.

For your mom-to-be who met both her goals:

PE: “It is important that you continue meeting these goals. Now let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom-to-be a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom-to-be write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom-to-be to base her eating goal on your earlier discussion about her dietary recall and adherence to her USDA MyPlate eating plan.
- Write down your mom-to-be’s goals for your records.

For your mom-to-be who met one or none of her goals:

PE: “Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let’s look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals.”

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom-to-be said that she was going to walk twice per week with a particular neighbor, but that neighbor was not available, ask your mom-to-be to think of another person she could walk with or maybe different days or times of the week that would better fit her neighbor’s schedule. It is fine to set a new goal, particularly if this is the second revision of the goal.
- Give your mom-to-be a new set of personalized USDA MyPlate tracking sheets to use during the next month.

- Have your mom-to-be write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom-to-be's goals for your records.

PE: “How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?”

PE: “Remember it is important to track what you eat and drink. Tracking what you eat and drink will help you to stick to your USDA MyPlate eating plan and to reach your eating goals.”

- Collect last month's USDA MyPlate tracking sheets.

Wrap-up

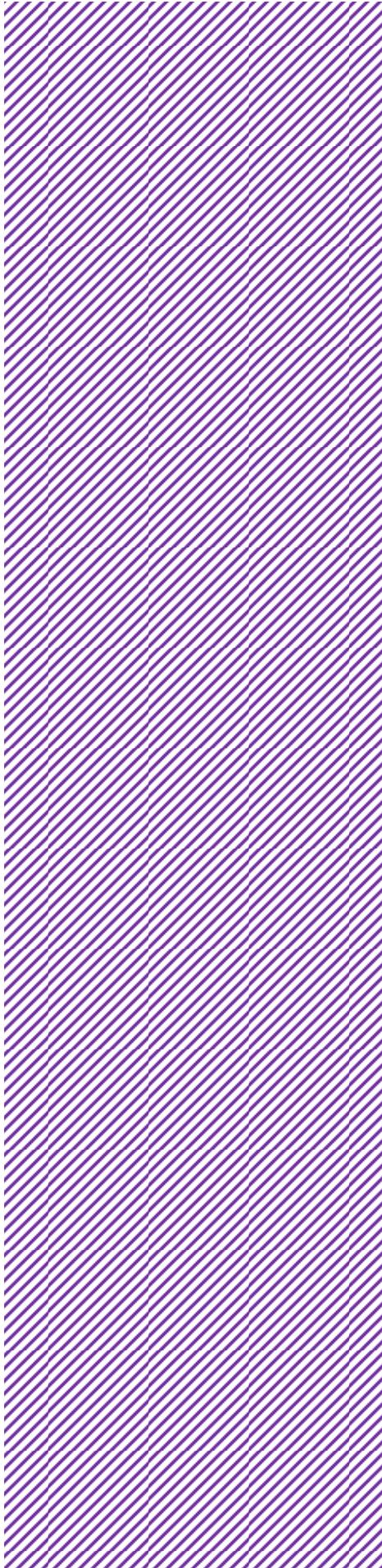
PE: “During the next visit, we will talk more about food portion sizes, healthy snacking, and staying active while you are pregnant. Let's set up a day and time for our next visit.”

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Gestational (FPVR-G) Survey.

PE: “Do you have any questions before I leave?”

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: “Thank you again for meeting with me today.”



Lesson 3

(Gestational Month 7)

Healthy Snacking, Portion Size, and
Being Active

Parents as Teachers Enhanced Lesson 3 (GM 7): Healthy Snacking, Portion Size, and Being Active

Objectives

1. Measure and track your mom-to-be's weight.
2. Discuss your mom-to-be's experience tracking what she eats and drinks.
3. Review your mom-to-be's food intake from the GM 6 visit's dietary recall.
4. Introduce the new (3rd trimester) personalized USDA MyPlate eating plan.
5. Teach your mom-to-be about healthy snacking, portion size, and being active.
6. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Weight gain graph with weights from GM 4 – GM 6 visits plotted
4. Diet cheat sheet (based on GM 6 visit's dietary recall)
5. USDA MyPlate eating plan personalized for mom-to-be (third trimester)
6. USDA MyPlate tracking sheets personalized for mom-to-be (third trimester; 30 copies)
7. Empty 3 oz bag of chips and empty 20 oz regular soda bottle (e.g., Sprite, 7-Up, Coke, Pepsi)
8. *What Counts As USDA MyPlate Serving* handout
9. *Portions with USDA MyPlate* handout
10. *Healthy Snacks* handout
11. Healthy snack
12. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling today? Do you have any questions for me?"

PE: "During the last 2 visits, we discussed how gaining too much or too little weight can affect both you and your baby. So let's start today by measuring your weight and comparing it to your healthy weight gain goal."

- Weigh your mom-to-be following the weighing protocol.
- Record her weight on the Supplemental-Gestational (Suppl-G) Survey.
- Enter her weight on the electronic (Excel) weight gain chart and plot it on the paper copy of the chart. Give the paper copy to your mom-to-be.
- If your mom-to-be is on target (between upper and lower limits), praise her.

- If your mom-to-be is gaining too little or too much weight, let her know.

PE: “Next, I have some questions I would like to ask you.”

- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Healthy Weight Gain During Pregnancy

PE: “During the last 2 visits, we talked about using a food log. Tell me about that experience. Were you able to use the log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices?”
- If no: “Why were you not able to do so?”

PE: “Let’s review the foods and beverages you told me you ate during our last visit. I want to point out foods and beverages that provided you and your baby with lots of nutrition such as vitamins and minerals. I also want to point out other foods or beverages that just provided calories with little nutrition. Let’s compare what you ate and drank to the USDA MyPlate eating plan that I gave you.”

- Review your mom-to-be’s diet cheat sheet.
- Indicate how well your mom-to-be is adhering to her USDA MyPlate eating plan.
- Highlight foods that are better choices for her and her baby.
- Point out foods that provide little nutrition for her and her baby.

PE: “You are entering or are now in the 3rd trimester of your pregnancy. During this last trimester, your baby is growing rapidly and you will need a few extra calories, about 150 – 200 calories, to keep pace with your baby’s growth. Today I am going to give you a new USDA MyPlate eating plan which takes into account your small increase in calorie needs for this last trimester.”

- Review the new 3rd trimester eating plan and compare it to the old 2nd trimester eating plan.
- Discuss ways to adhere to 3rd trimester USDA MyPlate eating plan.

Healthy Snacking & Portion Size

PE: “One way to fulfill your increased calorie needs during the 3rd trimester is by adding a healthy snack that contains about 150-200 calories. The snack you choose should be packed with vitamins and minerals to support your baby’s growth and your body’s needs.”

- Share a healthy snack with your mom-to-be while reviewing the *Healthy Snacks* handout.

PE: “To achieve the 150-200 calorie increase, we discussed several examples of snacks that are packed with vitamins and minerals. However, I want you to notice that I suggested a specific amount for each of these snacks or what is called a portion. Specifying a portion amount helps to control the number of calories you are consuming.”

PE: “Being aware of portion sizes is a very important tool that can help you manage your weight during and after pregnancy. Today we will review some basic concepts regarding portion size. We will continue to revisit portion sizes throughout the study. Let’s start off by talking about the difference between a food portion and a food serving.”

PE: “A *portion* is the amount of food you put on your plate or the amount you are given at a restaurant. A *serving* is the amount of a food defined by a common measure such as a cup or tablespoon. It is the amount often displayed on a food label or recommended by USDA MyPlate.”

PE: “For example, a recommended *serving* of cereal may be 1 cup according to the food label but your *portion*, or the amount you pour into your bowl, may be 2.5 cups. This means you need to multiply amounts on the food label by 2.5 to know how many calories and nutrients you consumed in your portion.”

PE: “Another example to help you understand a portion versus a serving is a 20 oz bottle of soda.”

- Take out the soda bottle to illustrate.

PE: “This 20 oz bottle is typically consumed as one portion. However, it actually has 2.5 servings, so the food label information needs to be multiplied by 2.5.”

- State the total number of calories in the bottle.

PE: “Likewise, a 3 oz bag of chips, which some would consider a single portion, contains 3 servings.”

- Take out the chip bag to illustrate.

PE: “So in this case, the food label information needs to be multiplied by 3.”

- State the total number of calories in the bag.

PE: “Let’s look at your USDA MyPlate eating plan to get a better understanding of portion size. If you look at the grains group, your plan recommends **X** oz or servings of grains per day.”

- Personalize this statement using the amount from your mom-to-be’s eating plan.

PE: “On this handout, you can see examples of what counts as a USDA MyPlate serving for grains.”

- Discuss *What Counts As USDA MyPlate Serving* handout with mom-to-be.

PE: “For example, if you ate a sandwich made with two slices of regular sized bread, you would have consumed 2 ounces or 2 servings of grains which would leave you with **X** servings to consume the remainder of the day.”

- Personalize this statement using the amount from your mom-to-be’s eating plan.

PE: “Like the grains group, each USDA MyPlate food group has a standard or defined serving amount for specific foods and beverages. This handout details what counts as a serving in each of the USDA MyPlate foods groups. This information will help you to determine the amount of food you should serve yourself so that you can stick to your eating plan.”

PE: “I also have a handout that gives examples of portion sizes in terms of common household objects. By thinking of portion sizes in terms of common objects, you won’t have to measure your food with measuring cups or a food scale.”

- Discuss *Portions With USDA MyPlate* handout with mom-to-be.

PE: “You also can control your portions by doing the following:

- Use a smaller plate and bowl. Plates have increased in size from 9 inches to 12 or more inches over the years. We like to fill our plates, and by doing so we are eating more food than we did years ago.
- Use the food label to guide your serving amount.
- When eating at a restaurant, ask for a “take home” or “to go” container when ordering your food and place half of it in the container at the start of the meal. In this way, you will not be tempted to clear your plate. Think about it as two meals for the price of one.
- Eat slowly and stop when comfortably full. You don’t need to clean your plate.
- Don’t supersize your foods or meals. It’s way too much food. Think about your and your baby’s health and not the value of getting a few more fries or soda for a few cents more.”

PE: “The bottom line is that if your portion, or the amount you serve yourself, is close to the serving size on the food label, or on your USDA MyPlate eating plan, you will be better equipped to manage your weight now and after pregnancy.”

Being Active

PE: “A good way to burn off the extra calories we take in from foods and beverages when we don’t eat correct portions is through daily physical activity. Physical activity also keeps your heart and lungs healthy during and after pregnancy, and helps improve mood throughout the postpartum period.”

PE: “Almost all women can and should be physically active every day, even during pregnancy. However, it is important to talk to your health care provider first, before starting any physical activity, particularly if you have high blood pressure, diabetes, or anemia. Other reasons your doctor might restrict your physically active during

pregnancy include preeclampsia, a cervix that is partially opened, or a placenta that sits low and covers the cervix.”

PE: “Even if you were not active before your pregnancy, becoming physically active is an important habit to start, given your health care provider’s permission to do so. The March of Dimes recommends that pregnant women should be physically active at least 30 minutes every day. If you are not physically active now, remember to start slow and build up your activity little by little. For example, you can start by walking 10 minutes per day this week and then build up to 30 minutes by adding 5 additional minutes per day for the next 4 weeks. Aim for at least 30 minutes per day, 5-7 days per week.”

PE: “Being physically active during pregnancy helps to:

- Gain the right amount of weight;
- Reduce fatigue and manage stress;
- Relieve back pressure;
- Improve posture and balance;
- Improve circulation and lower blood pressure;
- Decrease constipation.”

PE: “Types of physical activities that are appropriate during pregnancy include:

- Walking (e.g., outdoors, in place in front of the TV, or at the mall);
- Dancing;
- Low impact aerobic classes;
- Swimming.”

PE: “Types of physical activities that should be avoided during pregnancy include:

- Contact sports (e.g., football, karate, kickboxing);
- Any activity for which you could get hit in the stomach (e.g., basketball, softball);
- Any activity for which you have to lay on your back as it can limit blood flow to the baby;
- Any activity with excessive jumping or leaping;
- Outdoor activities on excessively hot and humid days.”

PE: “During physical activities, make sure to drink plenty of water. Also, pay close attention to how you feel while you are active. Note that it is normal to have some shortness of breath during your 2nd and 3rd trimester because your growing baby is putting pressure on your lungs and your heart might beat a little faster to get blood and oxygen to your baby. Throughout your pregnancy, including when you are physically active, call your health care provider if you experience any of the following:

- Vaginal bleeding;
- Dizziness;
- Swelling in the legs and/or feet;
- Contractions;
- Chest pain.”

PE: “Once your baby is born, physical activity can help you regain your energy, return to your pre-pregnancy weight, and prevent the ‘baby blues.’ We will continue to talk more about your and your family’s physical activity throughout the study.”

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom-to-be’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom-to-be’s ability to reach both, one, or none of her goals for later entry into the Family Personal Visit Record – Gestational (FPVR-G) survey.

For your mom-to-be that met both her goals:

PE: “It is important that you continue meeting these goals. Now let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom-to-be a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom-to-be jot down one eating and activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom-to-be to base her eating goal on your earlier discussion about her dietary recall and adherence to her USDA MyPlate eating plan.
- Write down your mom-to-be’s goals for your records.

For your mom-to-be that met one or none of her goals:

PE: “Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let’s look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals.”

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom-to-be said that she was going to walk twice per week with a particular neighbor, but that neighbor was not available, ask your mom-to-be to think of another person she could walk with or maybe different days or times of the week that would better fit her neighbor’s schedule. It is fine to set a new goal, particularly if this is the second revision of the goal.

- Give your mom-to-be a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom-to-be write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom-to-be's goals for your records.

PE: "How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?"

PE: "Remember it is important to track what you eat and drink. Tracking what you eat and drink will help you to stick to your USDA MyPlate eating plan and to reach your eating goals."

- Collect last month's USDA MyPlate tracking sheets.

Wrap-up

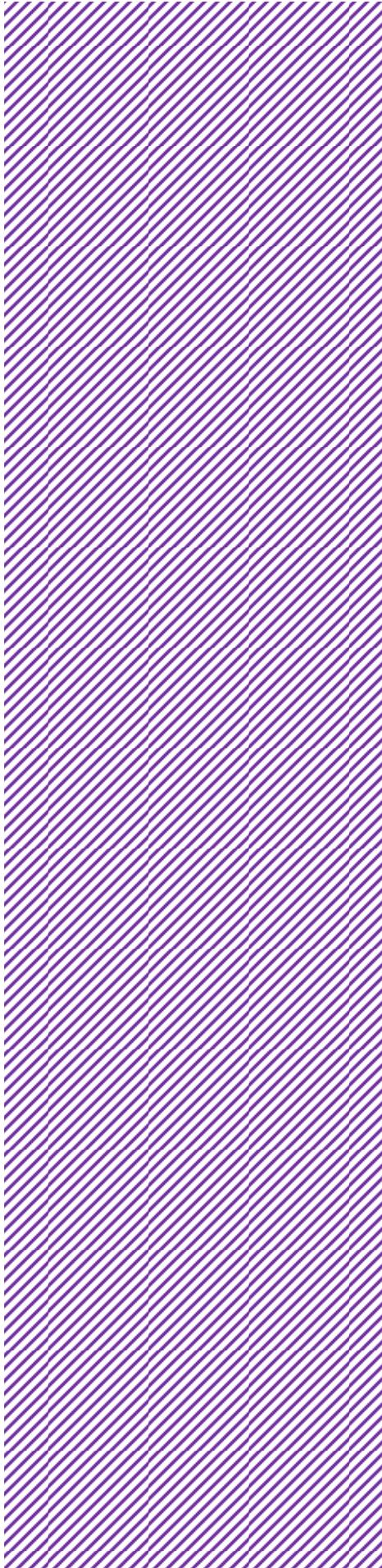
PE: "During the next visit, we will talk about breastfeeding. Let's set up a day and time for our next visit."

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Gestational (FPVR-G) Survey.

PE: "Do you have any questions before I leave?"

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: "Thank you again for meeting with me today."



Lesson 4

(Gestational Month 8)

Breastfeeding

Parents as Teachers Enhanced Lesson 4 (GM 8): Breastfeeding

Objectives

1. Measure and track your mom-to-be's weight.
2. Discuss your mom-to-be's experience tracking what she eats and drinks.
3. Teach your mom-to-be about the benefits of breastfeeding for both her and her baby.
4. View the *Breastfeeding with Bravado* DVD.
5. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Weight gain graph with weights from GM 4 – GM 7 visits plotted
4. *Breastfeeding with Bravado* DVD
5. USDA MyPlate tracking sheets personalized for mom-to-be (30 copies)
6. Incentive
7. Delta Healthy Sprouts monthly newsletter

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling today? Do you have any questions for me?"

PE: "During the last 3 visits, we discussed how gaining too much or too little weight can affect both you and your baby. So let's start today by measuring your weight and comparing it to your healthy weight gain goal."

- Weigh your mom-to-be following the weighing protocol.
- Record her weight on the Supplemental-Gestational (Suppl-G) Survey.
- Enter her weight on the electronic (Excel) weight gain chart and plot it on the paper copy of the chart. Give the paper copy to your mom-to-be.
- If your mom-to-be is on target (between upper and lower limits), praise her.
- If your mom-to-be is gaining too little or too much weight, let her know.

PE: "Next, I have some questions I would like to ask you."

- Conduct the 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Healthy Weight Gain During Pregnancy

PE: “During the last 3 visits, we talked about using a food log. Tell me about that experience. Were you able to use the log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices?”
- If no: “Why were you not able to do so?”

PE: “You are in the 3rd trimester of pregnancy. This is a time when your baby is growing rapidly. During our last visit, I gave you a new USDA MyPlate eating plan which took into account the small amount of extra (approximately 150 – 200) calories you need to support your baby’s growth in this last trimester. Were you able to follow your new eating plan?”

- If yes: “What strategy did you use to follow your new eating plan? What foods did you chose to meet your needs?”
- If no: “What did you find difficult about following the new eating plan?”

PE: “Did you try any of the 150-200 calorie snacks we discussed during the last visit?”

- If yes: “Which snacks?”
- If no: “Why not?”

Breastfeeding

PE: “Today we are going to start discussing feeding your baby. We will talk first about breastfeeding. During the next visit, we will talk about formula and mixing breast milk and formula feedings. You may have already decided how you will feed your baby, but I want you to be well informed regarding your options.”

PE: “Let’s talk about some of the benefits of breastfeeding for your baby.

- The first milk you make is called colostrum. It is a gentle, natural laxative that helps clear your baby’s intestine, decreasing the chance for jaundice or yellowing of your baby’s eyes and skin to occur.
- Breast milk may be particularly important for premature babies. Breast milk is easier for premature babies to digest and will help develop their immune system and protect them from serious illness. Often, a neonatal care nurse will provide a premature baby a mixed feeding of special premature infant formula along with breast milk.
- The superior nutrition provided by breast milk may benefit your baby’s brain development.
- The skin-to-skin contact that occurs during breastfeeding offers your baby greater emotional security and enhances bonding between you and your baby.

- The activity of sucking at the breast enhances development of your baby’s oral muscles, facial bones, and aids in optimal dental development.
- Breastfeeding may reduce the risks of obesity and hypertension for your baby.
- Breastfeeding may reduce the risks of asthma and allergies for your baby.
- Breastfeeding helps your baby’s immune system mature more quickly, protecting your baby from bacteria and infections.”

PE: “Now let’s talk about some of the benefits of breastfeeding for you. Breastfeeding:

- Helps you heal after delivery by reducing bleeding and shrinking the uterus.
- Burns about 600 calories a day which can help you return to your pre-pregnancy weight more quickly.
- Releases a hormone that creates a strong connection between you and your baby. It also helps you feel calm and relaxed.
- Lowers your chance of developing breast and ovarian cancer, diabetes, and cardiovascular disease.”

PE: “Let’s watch this video that discusses the benefits of breastfeeding for both you and your baby. It also discusses some of the barriers and myths that may prevent a new mom from breastfeeding.”

- Watch the *Breastfeeding with Bravado* DVD (25 minutes).
- Ask your mom-to-be if she has any questions about the information presented.

PE: “Do you think you might breastfeed your baby?”

- If yes: “Would you like me to set up a meeting for you with a lactation specialist? She can help you get started breastfeeding after the birth of your baby. If you are not comfortable with a one-on-one meeting, there are breastfeeding classes that are offered every month in this area. The locations, dates, and times are listed in our monthly newsletter. Perhaps you would like to attend one of these?”
 - Point out these classes in the monthly newsletter.
 - Give your mom-to-be the monthly newsletter.
- If maybe/not sure: “Would you like me to set up a meeting for you with a lactation specialist? She can answer any questions or address any concerns you may have about breastfeeding as well as help you get started breastfeeding after the birth of your baby. If you are not comfortable with a one-on-one meeting, there are breastfeeding classes that are offered every month in this area. The locations, dates, and times are listed in our monthly newsletter. Perhaps you would like to attend one of these?”
 - Point out these classes in the monthly newsletter.
 - Give your mom-to-be the study’s monthly newsletter.

- If no: “Okay – ultimately, it is your decision how to feed your baby, but I want you to be well informed about your feeding options. Just in case you change your mind, there are breastfeeding classes that are offered every month in this area. The locations, dates, and times are listed in our monthly newsletter.”
 - Point out these classes in the monthly newsletter.
 - Give your mom-to-be the monthly newsletter.

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom-to-be’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom-to-be’s ability to reach both, one, or none of her goals for later entry into the Family Personal Visit Record – Gestational (FPVR-G) survey.

For your mom-to-be that met both her goals:

PE: “It is important that you continue meeting these goals. Now, let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom-to-be a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom-to-be write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom-to-be to base her eating goal on your earlier discussion about her USDA MyPlate eating plan.
- Write down your mom-to-be’s goals for your records.

For your mom-to-be that met one or none of her goals:

PE: “Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let’s look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals.”

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom-to-be said that she was going to walk twice per week with a particular neighbor, but that neighbor was not available, ask your mom-to-be to think of another person she could walk with or maybe different days or times of the week

that would better fit her neighbor's schedule. It is fine to set a new goal, particularly if this is the second revision of the goal.

- Give your mom-to-be a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom-to-be write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom-to-be's goals for your records.

PE: "How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?"

PE: "Remember it is important to track what you eat and drink. Tracking what you eat and drink will help you to stick to your USDA MyPlate eating plan and to reach your eating goals."

- Collect last month's USDA MyPlate tracking sheets.

Wrap-up

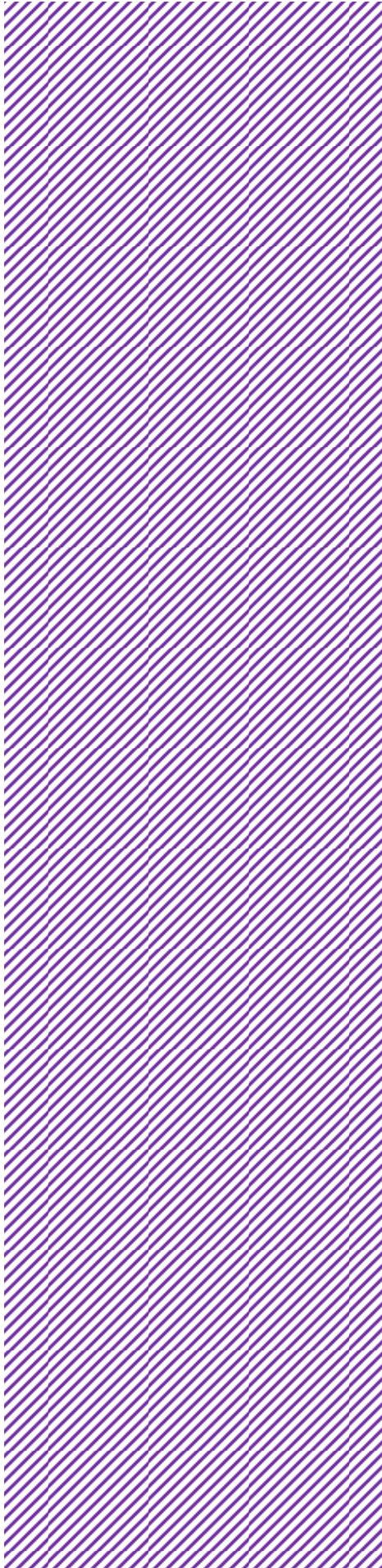
PE: "During the next visit, we will talk about formula feeding and mixing breast milk and formula feedings. Let's set up a day and time for our next visit."

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Gestational (FPVR-G) Survey.

PE: "Do you have any questions before I leave?"

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: "Thank you again for meeting with me today."



Lesson 5

(Gestational Month 9)

Healthy Mom and Healthy Baby

Parents as Teachers Enhanced Lesson 5 (GM 9): Healthy Mom and Healthy Baby

Objectives

1. Measure and track your mom-to-be's weight.
2. Discuss your mom-to-be's experience tracking what she eats and drinks.
3. Review your mom-to-be's food intake from the GM 8 visit's dietary recall.
4. Review the benefits of breastfeeding for both your mom and her baby.
5. Teach your mom-to-be about other feeding options and infant feeding cues.
6. Discuss your mom-to-be's nutritional needs in the postnatal period.
7. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Paper copy of Satisfaction Survey (appropriate color for experimental group) with self-addressed stamped envelope
4. Weight gain graph with weights from GM 4 – GM 8 visits plotted
5. Diet cheat sheet (based on GM 8 visit's dietary recall)
6. USDA MyPlate tracking sheets personalized for mom-to-be (30 copies)
7. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling today? Do you have any questions for me?"

PE: "During the last 4 visits, we discussed how gaining too much or too little weight can affect both you and your baby. So let's start today by measuring your weight and comparing it to your healthy weight gain goal."

- Weigh your mom-to-be following the weighing protocol.
- Record her weight on the Supplemental-Gestational (Suppl-G) Survey.
- Enter her weight on the electronic (Excel) weight gain chart and plot it on the paper copy of the chart. Give the paper copy to your mom-to-be.
- If your mom-to-be is on target (between upper and lower limits), praise her.
- If your mom-to-be is gaining too little or too much weight, let her know.

PE: "Next, I have some questions I would like to ask you."

- Administer the electronic surveys for this visit.

- Have your mom-to-be fill out the electronic Satisfaction Survey using the laptop tablet or leave the paper copy and envelope with her to fill out and mail later.

[Perform PaT lesson.]

Healthy Weight Gain During Pregnancy

PE: “During the last 4 visits, we talked about using a food log. Tell me about that experience. Were you able to use the log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices?”
- If no: “Why were you not able to do so?”

PE: “Let’s review the foods and beverages you told me you ate during our last visit. I want to point out foods and beverages that provided you and your baby with lots of nutrition such as vitamins and minerals. I also want to point out other foods or beverages that just provided calories with little nutrition. Let’s compare what you ate and drank to the USDA MyPlate eating plan that I gave you.”

- Review your mom-to-be’s diet cheat sheet.
- Indicate how well your mom-to-be is adhering to her USDA MyPlate eating plan.
- Highlight foods that are better choices for her and her baby.
- Point out foods that provide little nutrition for her and her baby.

PE: “It may be harder to eat during your last month of pregnancy as your baby may be pushing on your stomach or you may be experiencing heartburn. If this is the case, eat smaller meals more frequently (every 2-3 hours) and sit upright for at least 30 minutes after you eat to avoid heartburn. Continue to follow your 3rd trimester USDA MyPlate eating plan to get all the nutrition you and your baby need.”

Breastfeeding Review

PE: “During our last visit, we discussed some of the benefits of breastfeeding for you and your baby. Do you remember some of the benefits of breastfeeding for your baby?”

- Allow your mom-to-be to respond.
- If she cannot remember any or remembers only a few, remind her of the benefits she missed.

Breastfeeding benefits for baby:

- The first milk you make is called colostrum. It is a gentle, natural laxative that helps clear your baby’s intestine, decreasing the chance for jaundice or yellowing of your baby’s eyes and skin to occur.
- Breast milk may be particularly important for premature babies. Breast milk is easier for premature babies to digest and will help develop their immune system

and protect them from serious illness. Often, a neonatal care nurse will provide a premature baby a mixed feeding of special premature infant formula along with breast milk.

- The superior nutrition provided by breast milk may benefit your baby's brain development.
- The skin-to-skin contact that occurs during breastfeeding offers your baby greater emotional security and enhances bonding between you and your baby.
- The activity of sucking at the breast enhances development of your baby's oral muscles, facial bones, and aids in optimal dental development.
- Breastfeeding may reduce the risks of obesity and hypertension for your baby.
- Breastfeeding may reduce the risks of asthma and allergies for your baby.
- Breastfeeding helps your baby's immune system mature more quickly, protecting your baby from bacteria and infections.

PE: "We also discussed some of the benefits of breastfeeding for you. Do you remember some of the benefits of breastfeeding for you?"

- Allow your mom-to-be to respond.
- If she cannot remember any or remembers only a few, remind her of the benefits she missed.

Breastfeeding benefits for mom:

- Breastfeeding helps you heal after delivery by reducing bleeding and shrinking the uterus.
- Breastfeeding burns about 600 calories a day which can help you return to your pre-pregnancy weight more quickly.
- Breastfeeding releases a hormone that creates a strong connection between you and your baby. It also helps you feel calm and relaxed.
- Breastfeeding lowers your chance of developing breast and ovarian cancer, diabetes, and cardiovascular disease.

Other Feeding Options

PE: "How you decide to feed your baby is up to you, so let's talk about feeding options other than breastfeeding."

PE: "Although breast milk is best for your baby, if you chose to feed your baby formula, there are some important things for you to know. Formula can come in an already prepared liquid form or as a dry powder that you mix with water. It is very important that you discuss the kind of formula your baby needs with your provider."

PE: "Here are some tips from the March of Dimes for choosing your baby's formula.

- Choose a formula that is fortified with iron, unless your baby's health care provider tells you otherwise.

- Ask your baby's health care provider to recommend a brand of formula. Once you find a brand that your baby likes, use only that brand. Don't switch back and forth between brands.
- Call your baby's health care provider if your baby has gas, a rash, or diarrhea, is vomiting, or has other signs that the formula is not agreeing with your baby. You may need to change brands or switch to a special type of formula.”

PE: “When your baby is born, his or her tiny belly is only about the size of a marble but expands to the size a ping pong ball within 10 days. Because your baby’s belly is so tiny, he or she needs to be fed small amounts frequently. Newborns eat about 2-3 ounces of breast milk or formula every 2-4 hours. Expect your newborn to feed 8-12 times per day during the first month after birth.”

PE: “For the first 6 months, you should feed your baby only formula or breast milk. Do not give your baby soda, juice, sweetened beverages, solid foods, or cereal in his or her bottle. Typically babies younger than 6 months of age do not need to be given water in their bottles unless instructed to do so by a health care provider.”

PE: “Let’s discuss how to feed your baby formula based on advice from the March of Dimes.

- Wash your hands before you prepare your baby's bottle.
- Follow the directions on the formula package to fill the bottle with the right amount of formula. Do not dilute your baby’s formula. Use only the scoop that comes with your formula package. Some formula packages have different size scoops.
- If you use a bottle with a plastic liner, squeeze out all the air before you fill it so it won't give your baby gas.
- If you use a powdered formula, ask your baby's health care provider if you should boil cold tap water or use non-fluoridated sterilized nursery water to prepare it. If your water supply has fluoride, your health care provider may instruct you to alternate feedings between the fluoridated tap water and non-fluoridated nursery water to help protect your baby’s developing teeth. Too much fluoride can be bad for your baby’s teeth.
- Never heat a bottle in the microwave as it could get too hot for your baby.
- Tip the bottle to keep the nipple full of milk. Put the nipple in your baby's mouth.
- Never prop the bottle or put your baby to bed with a bottle as your baby could choke on the formula.
- After feeding, wash bottles, nipples and anything you used to prepare the formula in hot soapy water.”

PE: “Here are some tips for keeping bottle feeding safe for your baby.

- Boil bottles and nipples for 5 minutes before you use them the first time. Wash them for 1 minute in hot, soapy water and rinse after each use.
- Check the 'Use By' date on the formula package. Make sure the date hasn't expired.
- Don't heat formula in the microwave. Some parts can heat up more than others and burn your baby.
- To keep bacteria from growing, don't leave formula out of the refrigerator for more than 2 hours and throw out formula from unfinished bottles.
- Be sure to use the right amount of water to mix with your baby's formula. Too much water may keep your baby from getting the right amount of nutrients he or she needs to grow. Too little water may cause diarrhea or dehydration."

PE: "Now let's talk about mixed feedings. Mixed feedings refer to feeding a combination of breast milk and infant formula to your baby. Some moms combine breast milk with formula in the same container while other moms breastfeed in the morning or evening and then provide formula for their baby while with a caregiver or at daycare. Reasons a baby might receive mixed feedings include:

- The mom has a decreased breast milk supply.
- The baby is not gaining an appropriate amount of weight.
- The baby has less than 6 wet diapers per day.
- The baby is fussy and not satisfied after breastfeeding.
- Breastfeeding exclusively is not convenient for the mom."

PE: "Although your baby will receive some of the benefits of breastfeeding or breast milk if you opt for mixed feedings, there may be some disadvantages including:

- Your milk production might decrease if you replace breastfeeds with formula.
- Breastfeeding and bottle feeding require different techniques on the part of the baby so your baby might have difficulty switching between breast and bottle.
- While some babies have no trouble adjusting to mixed feedings, other babies find it difficult to breastfeed after they have been fed with a bottle or to change from one to another."

Infant Feeding Cues

PE: "Let's talk a bit about infant feeding cues. Your newborn baby will let you know when he or she is hungry and your newborn should not be put on a feeding schedule or fed when it is convenient for you. Signs of infant hunger include:

- Moving head from side to side;
- Opening mouth;
- Sticking out tongue;
- Placing hands or fists to mouth;
- Puckering lips as if to suck;

- Nuzzling against your breasts;
- Showing rooting reflex (baby moves his/her mouth in direction of something that's stroking or touching his/her cheek);
- Crying (could be a sign of a wet or soiled diaper or gas and not hunger)."

PE: "Whether you breastfeed, bottle feed, or mix feed your baby, there are signs that your baby is getting enough to eat. These signs include:

- 6-8 wet diapers per day;
- Appears satisfied and content;
- Turns head away from bottle or breast;
- Slow or uninterested sucking."

PE: "If your baby doesn't want the last ounce of milk, don't force your baby to drink it. Feeding your baby too much can cause him or her to gain too much weight. If your baby gains too much weight, it can put him or her at risk for child and adult obesity and other health problems later in life."

PE: "There also are signs your baby is getting too much to eat. These signs include excessive spitting up or vomiting. However, if your baby is spitting up frequently and excessively, after most or all of his or her feedings, contact your health care provider as this may be a sign of something more serious than overfeeding."

PE: "Keep track of how often and how much (ounces per bottle) your baby eats, and if your baby spits or throws up excessively. Also keep track of how often you change your baby's diaper including if it was just wet (urine), dirty (bowel movement), or both. Keeping track of feedings and diaper changes will help you to identify your baby's patterns and any potential problems, such as constipation."

Postnatal Nutrition for a Healthy Mom

PE: "Your nutrition is just as important as your new baby's, particularly if you are breastfeeding, anemic, or had a Cesarean section. After the birth of your baby, but before our next visit, I will call you to ask you some questions about your baby's birth, your health, and if you are breastfeeding."

PE: "If you breastfeed after giving birth, it is recommended that you continue to follow the USDA MyPlate eating plan that I gave you for your 3rd trimester. You need about 500 extra calories per day when breastfeeding. You also need foods loaded with vitamins, minerals, calcium, whole grains, and lean protein to support breast milk production as well as your body's own needs."

PE: "If you are anemic after giving birth, I will work with our dietitian to develop a USDA MyPlate eating plan that will focus on iron-rich foods and helping you to absorb more

iron from your diet. Also, you may need to continue taking your prenatal vitamins until your anemia resolves.”

PE: “If you have a Cesarean section, I will work with our dietitian to develop a USDA MyPlate eating plan that will provide you with adequate lean protein, like grilled chicken or lean cuts of pork, vitamins and minerals, like Vitamin C and iron, to help your body heal quickly and provide you with needed energy.”

PE: “Many women are concerned about returning to their pre-pregnancy weight. Shedding the weight you gained during pregnancy can help protect you from future conditions like hypertension, diabetes, and heart disease. Women who breastfeed tend to lose their pregnancy weight more quickly because calories are used to produce breast milk for their baby.”

PE: “Please keep in mind that everyone’s body is different. If you choose not to breastfeed, the most effective way to lose your pregnancy weight will be to eat less and exercise more.”

PE: “I will bring you a new USDA MyPlate eating plan after you give birth. It will help you to shed your pregnancy weight. However, until you receive your new plan, eat plenty of nutritious foods like fruits, vegetables, whole grains, and low-fat dairy. Also, use the food label to make healthy choices and practice smart portion control. Avoid soda and other sugar-sweetened beverages, chips, and fast foods as they provide lots of calories but little nutrition.”

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom-to-be’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom-to-be’s ability to reach both, one, or none of her goals for later entry into the Family Personal Visit Record – Gestational (FPVR-G) survey.

For your mom-to-be that met both her goals:

PE: “It is important that you continue meeting these goals. Now, let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom-to-be a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom-to-be write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom-to-be to base her eating goal on your earlier discussion about her dietary recall and adherence to her USDA MyPlate eating plan.
- Write down your mom-to-be's goals for your records.

For your mom-to-be that met one or none of her goals:

PE: "Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let's look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals."

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom-to-be said that she was going to walk twice per week with a particular neighbor, but that neighbor was not available, ask your mom-to-be to think of another person she could walk with or maybe different days or times of the week that would better fit her neighbor's schedule. It is fine to set a new goal, particularly if this is the second revision of the goal.
- Give your mom-to-be a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom-to-be write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom-to-be's goals for your records.

PE: "How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?"

PE: "Remember it is important to track what you eat and drink. Tracking what you eat and drink will help you to stick to your USDA MyPlate eating plan and to reach your eating goals."

- Collect last month's USDA MyPlate tracking sheets.

Wrap-up

PE: "During the next visit, we will talk more about healthy eating to shed your baby weight and infant feeding. Let's set up a day and time for our next visit."

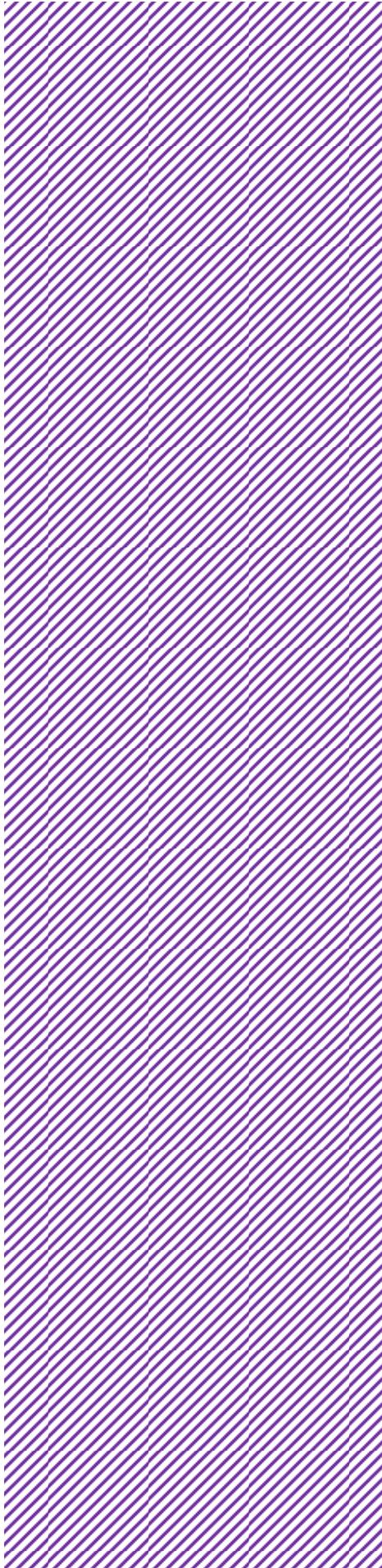
- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Gestational (FPVR-G) Survey.

PE: "Do you have any questions before I leave?"

- Address any question(s) to the best of your ability.

- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: “Thank you again for meeting with me today and I can’t wait to see you and baby next month!”



Lesson 6

(Postnatal Month 1)

Review of Infant Feeding Cues and
Healthy Weight Loss for Mom

Parents as Teachers Enhanced Lesson 6 (PM 1): Review of Infant Feeding Cues and Healthy Weight Management for Mom

Pre-visit Preparation

One week prior to the visit, call your mom to:

1. Congratulate her on birth of her baby.
2. Administer the Birth and Infant Outcome Survey (BIOS).
3. Conduct her 24-hour dietary recall using NDSR. Request that she have her Food Amounts Booklet available for reference.
4. Confirm the visit date and time.

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Review infant feeding cues, and other reasons her baby might be fussy or cry.
3. Discuss your mom's nutritional needs in the postnatal period.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today and congratulations on the birth of your baby! How are you feeling today? Do you have any questions for me?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.

PE: "Now I need to collect some information from you that is similar to what I collected at your very first visit."

- Conduct the baby's 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Review of Infant Feeding Cues

PE: “Let’s discuss your baby’s feeding routine. Please tell me about your experiences feeding your baby.”

- Allow your mom to tell you about her experiences.

PE: “Let’s review infant feeding cues. We also will discuss other non-food strategies to calm your baby when he/she is fussy and has already been fed.”

PE: “Your newborn baby will let you know when he/she is hungry and your newborn should not be put on a feeding schedule or fed when it is convenient for you. Unlike older children or adults, babies eat only when they are hungry. Encouraging your baby to drink the last ounce of milk when he/she is no longer hungry can cause discomfort, excessive spitting up, and unhealthy weight gain. If your baby gains too much weight too quickly, it can put him/her at risk for child and adult obesity and other health problems.”

PE: “Do you remember the signs of infant hunger that we discussed during the last visit?”

- Allow your mom to respond.
- If she cannot remember any or remembers only a few, remind her of the signs she missed.

Signs of infant hunger:

- Moving head from side to side
- Opening mouth
- Sticking out tongue
- Placing hands or fists to mouth
- Puckering lips as if to suck
- Nuzzling against your breasts
- Showing rooting reflex (baby moves his/her mouth in direction of something that’s stroking or touching his/her cheek)
- Crying (could a be sign of a wet or soiled diaper or gas and not hunger)

PE: “Last time we talked about a few signs that indicate your baby has gotten enough to eat. Today we will talk about more of these signs. At 4-15 weeks of age, signs that your baby has gotten enough to eat include:

- Spontaneously releasing your or a bottle’s nipple;
- Drawing his/her head away from your or a bottle’s nipple;
- Closes his/her lips tightly when a nipple is reinserted;

- Sucking slowly;
- Falling asleep.”

PE: “At 16-24 weeks of age, signs that your baby has gotten enough to eat include:

- Biting nipple (often sign of teething);
- Blocking his/her mouth with his/her hands;
- Turning away;
- Crying or fussing if feeding persists;
- Giving more attention to his/her surroundings;
- Losing interest in eating;
- Releasing nipple and withdrawing his/her head.”

PE: “Remember to feed your baby only breast milk or formula until 6 months of age unless instructed otherwise by your baby’s health care provider. Friends and relatives might suggest adding cereal, juice, sugar, and other items to your baby’s bottle or offering your baby solid foods if he/she is fussy. Your baby’s tummy is not developed enough for solid foods and providing something other than breast milk or formula can put your baby at risk for digestive problems, food allergies, asthma, obesity, and other disease later in life.”

PE: “Feeding is not always the answer to soothing your baby. Here are some other reasons your baby may cry.

- **Your baby has a dirty diaper.** Changing a dirty diaper can calm an uncomfortable baby. Make sure your baby’s diaper is not too tight.
- **Your baby needs to be burped.** If you baby’s little tummy is full of air, burping can help relieve the discomfort of a full tummy.
- **Your baby has gas.** Try burping your baby or consider giving your baby gas relief drops that are available at most drug stores (e.g., Walgreens, CVS).
- **Your baby wants to be held.** Sometimes your baby just wants to snuggle and feel secure. You also might try a swaddle wrap which mimics being in the womb and can be very soothing to your baby.
- **Your baby is constipated.** This can be very painful for your baby. Remember to keep track of your baby’s feeding and diapers changes so you can watch for signs of dehydration (less than 6 wet diapers per day) or constipation (no bowel movement for 4 or more days).
- **Your baby doesn’t feel well.** If you have tried several of the soothing techniques we talked about and your baby is still crying, check his/her temperature as continued crying may be a sign of illness.”

Postnatal Nutrition for a Healthy Mom

PE: “During the first part of the study, we talked a lot about your weight gain and food intake during pregnancy and how it could affect your and your baby’s health. During the next phase of the study, we will discuss topics, such as eating and activity strategies to help you return to your pre-pregnancy weight, proper feeding for your new baby, being a physically active family, and how to create a healthy and happy home environment for you and baby.”

PE: “Your nutrition and health are just as important as your new baby’s nutrition and health. Having a baby takes a toll on your body and it is important that you chose nutritious foods to replenish your body’s vitamin and mineral stores. Also, losing pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases like obesity and diabetes, or worsen conditions you already have. We want you to be healthy and happy so you can enjoy your child for years and years to come.”

PE: “At the next visit, I will bring you a new USDA MyPlate eating plan to help replenish your body’s nutrient stores and to help you shed your baby weight. Along with it, I will bring you a weight loss tracking chart that shows your current weight and a healthy weight loss target. We will work to achieve this weight loss target over the next 11 months. I also will bring a growth chart that shows your baby’s length and weight percentiles. We will track your baby’s growth over the next 11 months as well as your weight loss success.”

PE: “Similar to your pregnancy period, I am going to ask you to keep track of your diet by writing down everything you eat and drink. Keeping track of what you eat and drink will help you to know how many servings from each food group you have consumed and how many you have left for the rest of the day. You don’t want to go over the recommended servings because this will prevent you from losing weight and keeping it off. We will start tracking what you eat and drink at the next visit.”

- Collect last month’s USDA MyPlate tracking sheets.

PE: “Also as with your pregnancy period, we will develop one new eating and one new activity goal each month. We will start setting your new postnatal goals at the next visit.”

Wrap-up

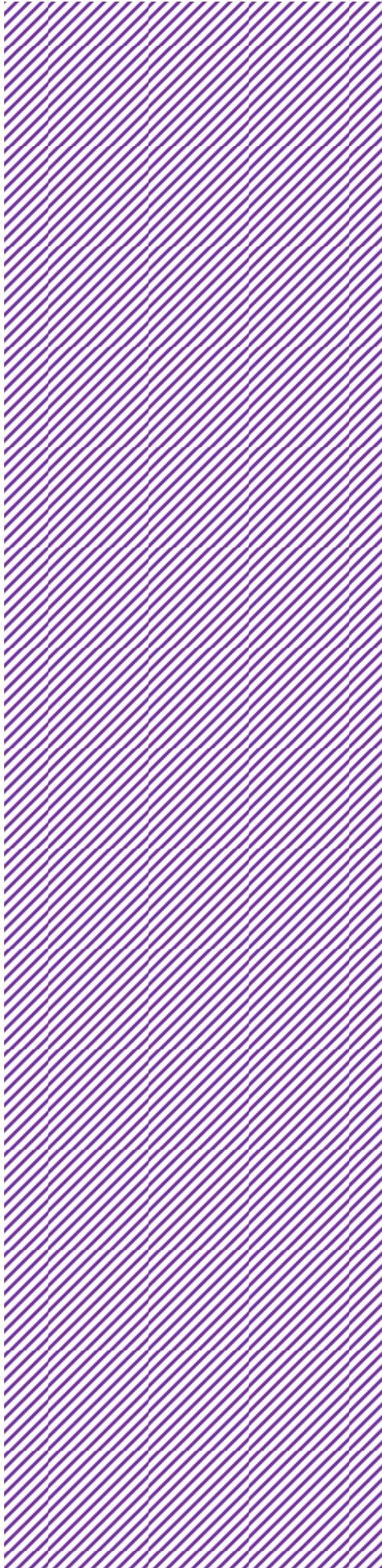
PE: “During the next visit, we will talk more about healthy eating and physical activity for postnatal weight loss. Remember, eating less and moving more are the keys to losing weight and keeping it off. We also will talk about tummy time and other activities for your baby. Let’s set up a day and time for our next visit.”

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: “Do you have any questions before I leave?”

- Address any question(s) to best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: “Thank you again for meeting with me today.”



Lesson 7

(Postnatal Month 2)

Healthy Weight Management for Mom
and Baby Activity and Tummy Time

**Parents as Teachers Enhanced Lesson 7 (PM 2):
Healthy Weight Management for Mom and Baby Activity and Tummy Time**

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Review your mom's food intake from the PM 1 dietary recall.
5. Introduce your mom's new (postnatal) USDA MyPlate eating plan.
6. View the *Create a Great Plate* DVD.
7. Discuss infant activity and demonstrate tummy time for babies.
8. Develop one new eating and one new activity goal.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 visit plotted
6. BMI table for mom
7. New (postnatal) USDA MyPlate eating plan personalized for mom
8. New (postnatal) USDA MyPlate tracking sheets personalized for mom (30 copies)
9. Diet cheat sheet for mom
10. *What Counts as USDA MyPlate Serving?* handout
11. *Create a Great Plate* DVD
12. *Tummy Time* brochure
13. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling today? Do you have any questions for me?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.
- Weigh your mom's baby following the weighing protocol and with her assistance.

- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.
- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.
- Plot her baby's length on the growth chart.

PE: "Now I need to collect some information from you about you and your baby."

- Conduct the baby's 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby's Growth

PE: "Let's discuss your baby's growth. The World Health Organization (WHO) growth curves are used for children less than 2 years of age. By using these growth charts, we can compare your baby's weight and length to what is considered normal growth for babies of the same age that are healthy and well fed."

- Give the growth chart with her baby's weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby's growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don't force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce solid foods and any other non-breast milk or non-formula beverages until her baby is 6 months of age.
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage activity, even in very young babies (1-2 months of age).

Healthy Weight Loss/Maintenance for Mom

PE: “Over the next 10 months, I am going to work with you to healthfully lose some of the weight you gained while you were pregnant. Losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases like obesity and diabetes, or worsen conditions you already have, including high blood pressure or diabetes. Our goal is for you to lose at least 5% of your postnatal weight and maintain this weight loss through the end of study. We will aim for at least a 5% weight loss because reducing your weight by this amount is associated with lowered blood pressure, cholesterol, and diabetes risk.”

- Share the BMI table with her current weight marked in the corresponding height row with your mom.
- Give the paper copy of the weight loss graph to your mom.
- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “As during your pregnancy, we will use the USDA MyPlate eating plan to help replenish your body’s nutrient stores and to help you shed your baby weight. The USDA MyPlate eating plan is similar to other weight control plans, such as Weight Watchers. But instead of assigning points, USDA MyPlate recommends the number of servings within each food group you should consume in order to control your weight. The USDA MyPlate eating plan is not a diet but a healthy eating lifestyle that provides all the vitamins, minerals, and nutrition you need.”

- Review your mom’s personalized USDA MyPlate eating plan.
- Point out the recommended daily servings within each food group.
- Give your mom the *What Counts as USDA MyPlate Serving?* handout to use with her eating plan.
- Give your mom her personalized USDA MyPlate tracking sheets or help her to set up an online personalized tracking system via <https://www.supertracker.usda.gov/foodtracker.aspx>.

PE: “Now I want to review with you the foods and beverages you told me you ate during our last visit. I want to point out foods and beverages that provided you with lots of nutrition, such as vitamins and minerals. I also want to point out other foods or beverages that just provided calories with little nutrition.”

- Review your mom’s diet cheat sheet.
- Highlight foods and beverages that were good choices for her.
- Point out foods or beverages that provided little nutrition for her.
- If your mom has not met her weight loss goal or has gained weight, focus on portion sizes and high calorie foods that provided little nutrition.

- If your mom has met her weight loss goal or did not need to lose weight following pregnancy (i.e., underweight or gained very little weight during pregnancy), focus on improving her diet quality (e.g., more fruits, vegetables, whole grains, and low-fat dairy; less sugar-sweetened beverages and high fat foods).
- Discuss how using the USDA MyPlate eating plan can improve diet quality and thereby help with weight loss or maintenance.

PE: “Making healthy food and beverage choices can be difficult. To help you follow your USDA MyPlate eating plan and to teach you how to make better choices, let’s watch this video.”

- Watch the *How to Create a Great Plate* DVD (20 minutes).
- Ask your mom if she has any questions about the information presented.

Baby Activity and Tummy Time/Floor Play

PE: “Now let’s switch gears and talk about activity for your baby. Although it may sound strange, physical activity is important for young babies. Beginning healthy behaviors such as daily physical activity and healthy eating at an early age can last for a lifetime. Keeping your baby confined to a swing, car seat, or crib as well as holding your baby for extended periods of time (more than 1 hour) when the baby is awake reduces your baby’s activity.”

PE: “Daily physical activity will help your baby to develop his/her muscles, strength, and coordination. The best way to get your baby active is through tummy time/floor play.”

PE: “Tummy time/floor play is when your baby is positioned on his/her stomach for play. Tummy time/floor play is recommended by the American Academy of Pediatrics to promote growth and development and to prevent flat spots from developing on your baby’s head. Babies can begin tummy time/floor play as soon as they leave the hospital.”

- Ask your mom if she has started tummy time/floor play with her baby.
- If yes, “That’s great! It is important to continue this activity with your baby. How often does your baby have tummy time/floor play? Does your baby respond well to this activity?”
- If no, “That’s okay. However, it is important to start this activity now. I will help you get started with tummy time/floor play for your baby today.”
- Give your mom the *Tummy Time* brochure.
- Review the tips for tummy time/floor play even if your mom has already started tummy time/floor play with her baby.
- If her baby is awake, demonstrate tummy time/floor play (i.e., position and engage her baby) for your mom.

Tips for Tummy Time/Floor Play:

- Clean an area on the floor and remove items that could cause choking or may be hazardous to your baby.
- Place a blanket or play mat on the cleaned floor space and lay your baby on his/her stomach.
- You can use a rolled towel or small blanket under your baby's chest to provide additional comfort.
- Lie down next to your baby and make silly sounds, sing songs, or play peek-a-boo to get your baby comfortable lying on the floor.
- Put toys just within your baby's reach so that your baby can stretch, reach, grab, and eventually try to crawl toward the toy.
- If your baby is fussy, try distracting him/her by holding a mirror in front of your baby to get his/her attention. Babies love faces!
- Ask friends, caregivers, and family to participate in tummy time/floor play with your baby.
- As your baby gets older, he/she will be able to turn over, sit up without support, and crawl. Allow your baby to reach and grab for toys that are appropriate for his/her age and that he/she can grab for, crawl after, and play with (e.g., stacking blocks, balls).
- Avoid tummy time/floor play immediately after your baby has been fed as the pressure of the floor may create discomfort and cause your baby to spit up.
- Supervise your baby at all times during tummy time/floor play.
- Tummy time/floor play is recommended 3-4 times per day for about 5-10 minutes each time (total of 15-40 minutes per day).

Setting Goals

PE: "Now, let's end today's visit by setting one eating and one activity goal for you to work on this month."

- Have your mom write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom to base her eating goal on your earlier discussion about her dietary recall and adherence to her new USDA MyPlate eating plan.
- Write down your mom's goals for your records.

PE: "How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?"

Wrap-up

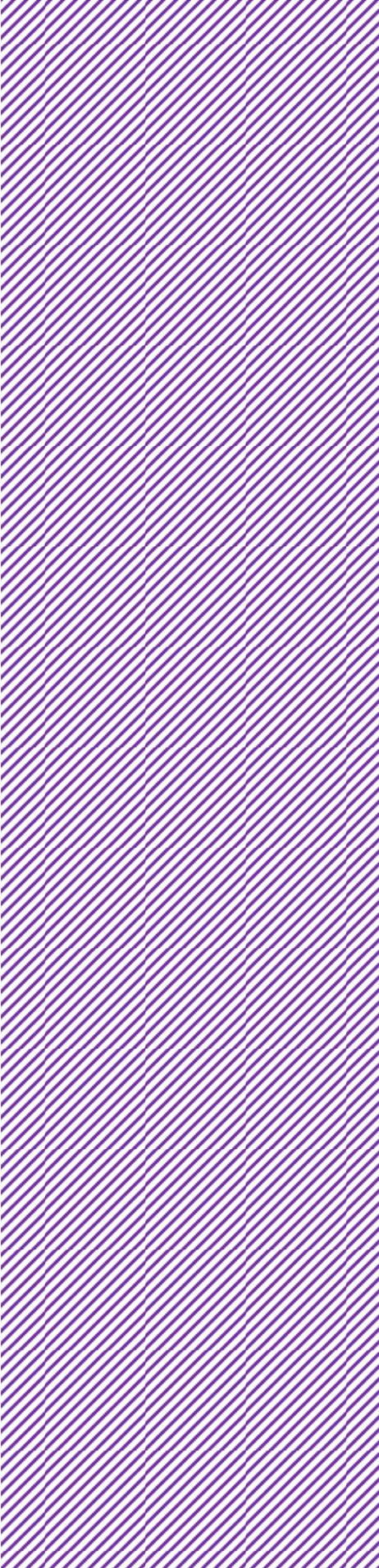
PE: “During the next visit, we will talk about introducing solid foods to your baby and more about healthy eating and activity for your postnatal weight loss. Let’s set up a day and time for our next visit.”

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: “Do you have any questions before I leave?”

- Address any question(s) to best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: “Thank you again for meeting with me today!”



Lesson 8

(Postnatal Month 3)

Introduction to Solid Foods for Baby
(Part 1)

Parents as Teachers Enhanced Lesson 8 (PM 3): Introduction to Solid Foods for Baby (Part 1)

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Discuss mom's ability to engage in Tummy Time with her baby.
5. Teach your mom about introducing solid foods to her baby.
6. View the *Baby's First Spoonful* DVD.
7. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 and PM 2 visits plotted
6. *Baby's First Spoonful* DVD
7. USDA MyPlate tracking sheets personalized for mom (30 copies)
8. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling? Do you have any questions?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.
- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.
- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.
- Plot her baby's length on the growth chart.

PE: “Now I need to collect some information from you about you and your baby.”

- Conduct the baby’s 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby’s Growth

PE: “Let’s discuss your baby’s growth. Remember, during the last visit, I tracked your baby’s growth on the World Health Organization (WHO) growth charts. By tracking your baby’s growth on these charts, we can compare your baby’s weight and length to what is considered normal growth for babies of the same age that are healthy and well fed.”

- Give the growth chart with her baby’s weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby’s growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don’t force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce solid foods and any other non-breast milk or non-formula beverages until her baby is 6 months of age.
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage tummy time/floor play and other unconfined activity for baby (e.g., less time in car/baby seat, less time being held).

Healthy Weight Loss/Maintenance for Mom

PE: “Over the next 9 months, I will continue to work with you to healthfully lose some of the weight you gained while you were pregnant. Remember, losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases like obesity and diabetes, or worsen conditions you already

have, including high blood pressure or diabetes. Our goal is for you to lose at least 5% of your postnatal weight and maintain this weight loss through the end of study. We will aim for at least a 5% weight loss because reducing your weight by this amount is associated with lowered blood pressure, cholesterol, and diabetes risk.”

- Give the paper copy of the weight loss graph to your mom.
- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “During our last visit, I gave you a new USDA MyPlate eating plan designed to help you replenish your body’s nutrient stores which can get depleted during pregnancy. This plan also can help you shed your baby weight. The USDA MyPlate eating plan is not a diet but a healthy eating lifestyle that provides all the calories, vitamins, minerals, and nutrition you need. Let’s look at your eating plan again.”

- Briefly review your mom’s eating plan.

PE: “Were you able to follow your new eating plan?”

- If yes: “What strategies did you use to follow your eating plan? What foods did you chose to meet your needs?”
- If no: “What did you find difficult about following your new eating plan?”
- Provide praise for successes and discuss areas that need improvement.
- Consider your mom’s responses when developing or revising her eating and activity goals later in the lesson.

PE: “During the last visit, I asked you to again start tracking what you eat and drink. Tell me about that experience. Were you able to use the food log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices? What about your portion sizes?”
- If no: “Why were you not able to do so? Why do you think it’s important to keep track of what and how much you eat and drink?”
- Collect last month’s USDA MyPlate tracking sheets.

Review Baby Activity and Tummy Time/Floor Play

PE: “During the last visit, we talked about how important activity is for your baby even at a very young age. Activity can help develop your baby’s coordination and muscles. Also, beginning healthy behaviors such as daily physical activity and healthy eating at an early age can last for a lifetime.”

PE: “Recall that we discussed the best way for your baby to get daily activity is through tummy time/floor play.”

- Discuss your mom’s experience engaging in tummy time/floor play with her baby.
- Ask your mom questions such as: “How often are you allowing your baby to engage in tummy time/floor play? Does your baby respond well to this activity? Are other family members engaging your baby in tummy time/floor play?”

PE: “Remember, it is important that your baby engage in tummy time/floor play 3-4 times per day for about 5-10 minutes each time. This will result in the recommended total time of 15-40 minutes per day, depending on your baby’s age. As your baby gets older, you should allow him/her to stay in Tummy Time for longer periods of time.”

Introduction to Solid Foods for Baby (Part 1)

PE: “We are going to shift gears now and talk about properly introducing solid foods to your baby. We will talk about this topic again during our next visit so that you will be well prepared to introduce solid foods to your baby when he/she is 6 months of age.”

PE: “According to the American Academy of Pediatrics, solid foods (including cereals) should not be given to your baby before he/she is 6 months of age unless instructed otherwise by your baby’s health care provider. Sometimes, family and friends will suggest putting sugar, cereal, or honey in your baby’s bottle to help soothe your baby and to help your baby sleep longer. Actually, this is an old wives’ tale and such practices can put your baby at increased risk for allergies, including serious food allergies. Your baby’s little tummy is not developed enough to digest whole foods until approximately 6 months of age.”

PE: “Let’s watch this video that will talk about introducing babies to solid foods.”

- Watch the *Baby’s First Spoonful* DVD (11 minutes).
- Ask your mom if she has any questions about the information presented.

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

- Document your mom’s ability to reach both, one, or none of her goals for later entry into Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

For your mom that met both her goals:

PE: “It is important that you continue meeting these goals. Now, let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom to base her eating goal on your earlier discussion about her USDA MyPlate eating plan.
- Write down your mom’s goals for your records.

For your mom that met one or none of her goals:

PE: “Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let’s look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals.”

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom said that she was going to walk her baby twice per week with her sister, but her sister was not available, ask your mom to think of another person she could walk with or maybe different days or times of the week would better fit her sister’s schedule. It is fine to set a new goal, particularly if this is second revision of the goal.
- Give your mom a new set of personalized USDA MyPlate tracking sheets to use over the next month.
- Have your mom write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom’s goals for your records.

PE: “How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?”

Wrap-up

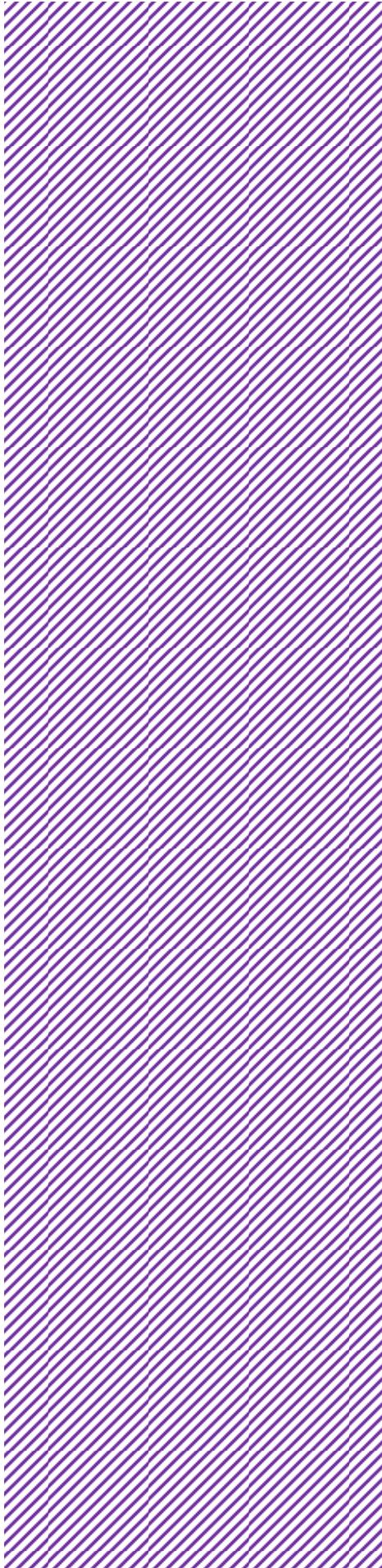
PE: “Remember, breast milk or formula are the only foods your baby should have until he/she is 6 months of age unless instructed otherwise by your baby’s health care provider. During the next visit, we will talk more about introducing solid foods to your baby and more about healthy eating and activity for your postnatal weight management. Let’s set up a day and time for our next visit.”

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: “Do you have any questions before I leave?”

- Address any question(s) to best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: “Thank you again for meeting with me today!”



Lesson 9

(Postnatal Month 4)

Introduction to Solid Foods for Baby
(Part 2)

Parents as Teachers Enhanced Lesson 9 (PM 4): Introduction to Solid Foods for Baby (Part 2)

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Teach your mom about introducing solid foods to her baby.
5. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 – PM 3 visits plotted
6. *Infant/Child Feeding Tips from the American Academy of Pediatrics* handout
7. *Foods to Avoid Feeding Infants* handout
8. USDA MyPlate tracking sheets personalized for mom (30 copies)
9. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling? Do you have any questions?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.
- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.
- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.
- Plot her baby's length on the growth chart.

PE: “Now I need to collect some information from you about you and your baby.”

- Conduct the baby’s 24-hour dietary recall using NDSR.
- Conduct the mom’s 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby’s Growth

PE: “Let’s discuss your baby’s growth.”

- Give the growth chart with her baby’s weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby’s growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don’t force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce solid foods and any other non-breast milk or non-formula beverages until her baby is 6 months of age.
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage tummy time/floor play and other unconfined activity for baby (e.g., less time in car/baby seat, less time being held).

Healthy Weight Loss/Maintenance for Mom

PE: “Now let’s discuss your progress toward reducing your post-baby weight.

Remember, losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases, like obesity and diabetes, or worsen conditions you already have, including high blood pressure or diabetes. We are aiming for at least a 5% weight loss because reducing your weight by this amount is associated with lowered blood pressure, cholesterol, and diabetes risk.”

- Give the paper copy of the weight loss graph to your mom.

- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “Let’s talk again about your USDA MyPlate eating plan that is designed to help you healthfully shed your baby weight. Remember, your eating plan is not a diet but a healthy eating lifestyle that provides all the calories, vitamins, minerals, and nutrition you need. It is designed to help you manage your food intake by recommending the amount of food you need daily from each of the MyPlate food groups.”

- Briefly review your mom’s eating plan.

PE: “Were you able to follow your eating plan?”

- If yes: “What strategy did you use to follow your eating plan? What foods did you choose to meet your needs?”
- If no: “What did you find difficult about following your eating plan?”
- Provide praise for successes and discuss areas that need improvement.
- Consider your mom’s responses when developing or revising her eating and activity goals later in the lesson.

PE: “I’ve asked you to keep track of what you eat and drink every day. I know this seems like a burden, but being aware of what and how much (portion) you consume helps you to make wiser choices. Tell me about your experience tracking what you eat and drink. Were you able to use the food log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices? What about your portion sizes?”
- If no: “Why were you not able to do so? Why do you think it’s important to keep track of what and how much you eat and drink?”
- Collect last month’s USDA MyPlate tracking sheets.

PE: “Another part of eating, that we tend to think less about, is the beverages we consume. Reducing the amount of juice, coffee drinks, sodas, alcohol, and other sugar-sweetened beverages that you consume can help you to manage your weight. These types of beverages contain a lot of calories, often have little nutrition, and don’t keep you satisfied. Opt instead for water, vegetable juice, and low calorie beverages more often.”

Introduction to Solid Foods for Baby (Part 2)

PE: “Last month, we learned about introducing solid foods to your baby. Today we are going to review the key points discussed in the *Baby’s First Spoonful* video.”

PE: “One of the key pieces of information is that your baby should not be introduced to any solid foods until approximately 6 months of age. This can differ from baby to baby, but unless your baby’s health care provider instructs you to introduce solid foods earlier or delay the introduction of solid foods, you should start feeding your baby solid foods at 6 months of age.”

PE: “Often, family and friends will suggest putting sugar, cereal, or honey in your baby’s bottle to help soothe your baby and to help your baby sleep longer. Actually, this is a myth and can put your baby at risk for choking and long term health problems.”

PE: “The main reasons for waiting to introduce solid foods until 6 months of age include:

- Your baby’s intestines have not fully developed and may allow some nutrients to pass into the blood stream. This can cause your baby to have an allergic reaction and increases risk for lifelong allergies.
- Your baby’s swallowing reflex hasn’t fully developed. This can cause your baby to choke on semi-solid or solid foods, such as cereals.
- Your baby’s digestive tract lacks enzymes or bacteria necessary for digesting semi-solid and solid foods. This can cause your baby to have diarrhea and become dehydrated.
- Your baby may gain weight too rapidly. This can put your baby at risk for obesity and diabetes later in life.”

PE: “As your baby approaches 6 months of age, here are some signs that he/she is ready for solid foods.

- Holds his/her head in a steady upright position.
- Sits up with support.
- Doesn’t push his/her tongue out which would prevent food from being swallowed.
- Opens his/her mouth when a spoon approaches.
- Turns his/her head away when done feeding from the breast or a bottle.”

PE: “When your baby is ready to start solid foods, there are important steps you should follow. Remember that it’s important to start only one new, single ingredient food at a time. This will allow you to watch for signs that your baby is not tolerating that particular food. These signs include diarrhea, rash, and vomiting. Experts recommend waiting a minimum of 3 days before introducing another new single ingredient food. Also, waiting at least 3 days before introducing another new food will allow your baby to get used to the taste of the current food.”

PE: “A common first food is a single grain, iron-fortified cereal like iron-fortified rice cereal. This type of first food is mild to your baby’s tummy. Also, it contains iron which is important for babies about 6 months of age because the iron your baby stored before birth gets used up around this time.”

PE: “To get started, put your baby sitting upright in a high chair or feeding seat and place a bib on your baby. Wash your hands before preparing your baby’s cereal. Mix a small amount of cereal with breast milk or formula in a clean bowl. Don’t make the cereal too thick, but more like soup. Watery or runny food is easier for your baby to swallow in the beginning. Always feed your baby with a small rubber coated spoon. Some parents try putting solid foods in a bottle or infant feeder with a nipple. This is not a good idea because it can cause choking. It also greatly increases the amount of food your baby eats and can cause your baby to gain too much weight.”

PE: “Be patient as your baby may not know what to do at first. Your baby may look confused or insulted, wrinkle his/her nose, roll the food around in his/her mouth, or reject it altogether. This is normal because your baby’s feedings have been so different up to this point. Start with ½ spoonful or less and talk to your baby through the process. ‘Mm, see how good this is!’”

PE: “One way to make eating solids for the first time easier is to give your baby a little breast milk or formula first, then switch to a very small spoonful of food, and finish with more breast milk or formula. This will help to take the edge off of your baby’s hunger and will prevent your baby from getting frustrated when he/she is very hungry. Do not be surprised if most of the first solid-food feedings wind up on your baby’s face, hands, and bib. Increase the amount of food gradually, with just ½ to 1 teaspoon to start. This allows your baby time to learn how to swallow solid foods.”

PE: “Remember, to prevent choking, make sure your baby is sitting up when you feed solid foods. If your baby cries or turns away when you give him/her the food, do not force the feeding. It is more important that you both enjoy mealtimes than for your baby to start solids by a specific age. Go back to nursing or bottle-feeding exclusively for a couple days and then try again.”

PE: “Once your baby tolerates the iron-fortified rice cereal for at least 3 days, you can gradually thicken the cereal. Also, you can introduce other single foods. First start with a variety of vegetables, such as carrots, sweet potatoes, and peas. Next, single fruits, such as bananas and apples, can be introduced. Remember to try any new food for at least 3 days before starting another new food. Don’t get discouraged if your baby spits out a food. It can take up to 10-15 tries before your baby accepts a new food. Even if you do not like a food, you still should introduce it to your baby. Variety is important to your baby’s diet. Don’t add sugar, salt, pepper, gravies or sauces to your baby’s food. Babies don’t need desserts. Fruit is sweet enough for a baby’s sensitive taste buds.”

PE: “Food safety is very important when feeding your baby. Always wash your hands thoroughly with soap and warm water before feeding your baby. Spoon a small amount of food into a clean dish when feeding your baby as feeding directly from the jar can transfer germs and bacteria to the uneaten food. Throw away any leftover food in the dish. Don’t save it for a later feeding as it may contain germs or bacteria from your baby’s spoon. Containers of baby food that have been opened and refrigerated can be kept for up to 3 days. Throw them out after 3 days. Be careful not to overheat food as

this can burn your baby's delicate tongue and throat. Always test food with a separate spoon before serving it to your baby to be sure the temperature is just right."

PE: "Although it's important to expose your baby to a variety of foods during his/her first year of life, there are many foods and beverages that should not be fed to your baby. This is because your baby's digestive system and swallowing reflex are not fully developed, so some foods may cause choking, allergies, food poisoning, as well as excessive weight gain. Here is a list of foods to avoid giving your baby."

- Review the *Foods to Avoid Feeding Infants* handout with your mom.
- Ask your mom if she has any questions about these foods.
- Give the handout to your mom and suggest she put it in a visible spot, such as the refrigerator.

PE: "Although the first solid foods you give to your baby will provide him/her nutrition, most of your baby's nutrition during his/her first year will come from breast milk or formula. Introducing solid foods to your baby will begin the development of important swallowing skills, allow for new texture and flavor experiences, and help you understand your baby's hunger and fullness cues."

PE: "There is no set amount of food that your baby should eat when starting solid foods. You don't have to offer solid food at every feeding, but try offering solid foods at times of day consistent with breakfast, lunch, and dinner. Start with just ½ to 1 teaspoon of any new food. If your baby does not show any immediate signs of an allergy to the food, you can increase the amount of food you give at the next meal. Increase the amount of food you offer gradually, using your baby's appetite as a guide. Signs that your baby may want more food could include opening his/her mouth when he/she sees the food, moving his/her head towards the food and reaching towards the food. A baby who is full will close his/her mouth, turn his/her head away, cover his/her mouth with his/her hand, shake his/her head 'no', or cry."

PE: "When feeding more than one kind of food, do not let your baby fill up on just one food before you offer the next food. Instead, offer 1 to 2 spoonful of one food and then offer 1 to 2 spoonful of another food. Keep repeating this pattern until your baby shows signs that he/she is full. This lets your baby decide how much of each food he/she wants to eat and lets him/her try all the foods you are providing."

PE: "Between 6 and 7 months of age, your baby's eating pattern may involve the following foods and amounts.

- Breast milk or formula (24-32 ounces per day);
- Iron-fortified rice cereal made with breast milk or formula (3-5 tablespoons per day);
- Single strained fruits (2-4 tablespoons per day);
- Single strained vegetables (2-4 tablespoons per day)."

PE: "Eating is more than just consuming food. It is important that your baby becomes used to the process of eating – sitting up, taking bites from a spoon, resting between

bites, and stopping when full. The social part of eating is important too, so your baby should eat with the family. Your baby will learn new eating skills best in a happy atmosphere, so try to make mealtimes pleasant and unhurried.”

PE: “I know this is a lot of information to learn. To help you remember all this, here is a handout of infant and child feeding tips that are recommended by the American Academy of Pediatrics.”

- Give the *Infant/Child Feeding Tips from the American Academy of Pediatrics* handout to your mom.
- Ask your mom if she has any questions about this information.

PE: “We will continue talking about feeding your baby during the first year as well as later in childhood during future visits. Keep in mind that it’s important that you set a good example by what you eat – children are great imitators and start learning eating habits at an early age. The USDA MyPlate eating plan is a great example of a balanced, nutritious approach to eating.”

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom’s ability to reach both, one, or none of her goals for later entry into Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

For your mom that met both her goals:

PE: “It is important that you continue meeting these goals. Now, let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom to base her eating goal on your earlier discussion about her USDA MyPlate eating plan.
- Write down your mom’s goals for your records.

For your mom that met one or none of her goals:

PE: “Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let’s look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals.”

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom said that she was going to walk her baby twice per week with her sister, but her sister was not available, ask your mom to think of another person she could walk with or maybe different days or times of the week would better fit her sister’s schedule. It is fine to set a new goal, particularly if this is second revision of the goal.
- Give your mom a new set of personalized USDA MyPlate tracking sheets to use over the next month.
- Have your mom write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom’s goals for your records.

PE: “How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?”

Wrap-up

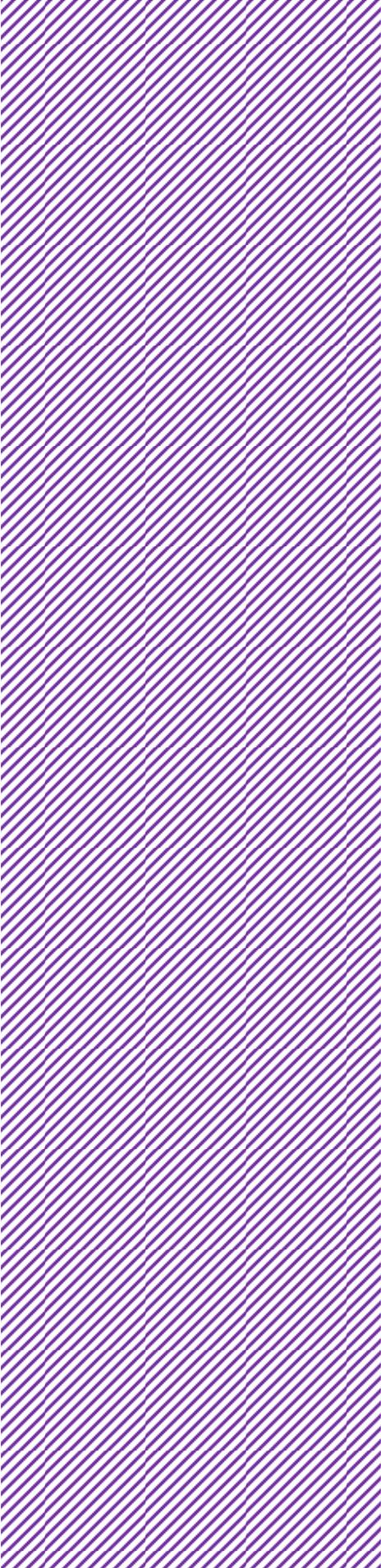
PE: “Remember, breast milk or formula are the only foods your baby should have until he/she is 6 months of age unless instructed otherwise by your baby’s health care provider. During the next visit, we will continue to discuss introducing foods to your baby. We also will talk more about your eating, specifically beverages and portion sizes, and activity for postnatal weight loss. Let’s set up a day and time for our next visit.”

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: “Do you have any questions before I leave?”

- Address any question(s) to best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: “Thank you again for meeting with me today!”



Lesson 10

(Postnatal Month 5)

Beverage Basics

Parents as Teachers Enhanced Lesson 10 (PM 5): Beverage Basics

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Teach your mom about healthy beverage choices.
5. View the *Beverage Basics* DVD.
6. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 – PM 4 visits plotted
6. Diet cheat sheet
7. *Beverage Basics* DVD
8. *Rethink Your Drink* booklet
9. USDA MyPlate tracking sheets personalized for mom (30 copies)
10. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling? Do you have any questions?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.
- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.
- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.

- Plot her baby's length on the growth chart.

PE: "Now I need to collect some information from you about you and your baby."

- Conduct the baby's 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby's Growth

PE: "Let's discuss your baby's growth."

- Give the growth chart with her baby's weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby's growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don't force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce solid foods and any other non-breast milk or non-formula beverages until her baby is 6 months of age.
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage tummy time/floor play and other unconfined activity for baby (e.g., less time in car/baby seat, less time being held).

Healthy Weight Loss/Maintenance for Mom

PE: "Now let's discuss your progress toward reducing your post-baby weight.

Remember, losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases, like obesity and diabetes, or worsen conditions you already have, including high blood pressure or diabetes. We are aiming for at least a 5% weight loss because reducing your weight by this amount is associated with lowered blood pressure, cholesterol, and diabetes risk."

- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “Let’s talk again about your USDA MyPlate eating plan that is designed to help you healthfully shed your baby weight. Remember, your eating plan is not a diet but a healthy eating lifestyle that provides all the calories, vitamins, minerals, and nutrition you need. It is designed to help you manage your food intake by recommending the amount of food you need daily from each of the MyPlate food groups.”

- Briefly review your mom’s eating plan.

PE: “Were you able to follow your eating plan?”

- If yes: “What strategy did you use to follow your eating plan? What foods did you choose to meet your needs?”
- If no: “What did you find difficult about following your eating plan?”
- Provide praise for successes and discuss areas that need improvement.
- Consider your mom’s responses when developing or revising her eating and activity goals later in the lesson.

PE: “Let’s review the foods and beverages you told me you ate during our last visit. I want to point out foods and beverages that provided you with lots of nutrition, such as vitamins and minerals. I also want to point out other foods or beverages that just provided calories with little nutrition.”

- Review your mom’s diet cheat sheet.
- Highlight foods and beverages that were good choices for her.
- Point out foods or beverages that provided little nutrition for her.
- If your mom has not met her weight loss goal or has gained weight, focus on portion sizes and high calorie foods that provided little nutrition.
- If your mom has met her weight loss goal or did not need to lose weight following pregnancy (i.e., underweight or gained very little weight during pregnancy), focus on improving her diet quality (e.g., more fruits, vegetables, whole grains, and low-fat dairy; less sugar-sweetened beverages and high fat foods).
- Discuss how using the USDA MyPlate eating plan can improve diet quality and thereby help with weight loss or maintenance.

PE: “I’ve asked you to keep track of what you eat and drink every day. I know this seems like a burden, but being aware of what and how much (portion) you consume helps you to make wiser choices. Tell me about your experience tracking what you eat and drink. Were you able to use the food log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices? What about your portion sizes?”
- If no: “Why were you not able to do so? Why do you think it’s important to keep track of what and how much you eat and drink?”
- Collect last month’s USDA MyPlate tracking sheets.

PE: “Healthy eating is very important for your health but being a good food role model also is important to your baby’s diet and future health. As your baby grows and starts to eat solid foods and drink beverages other than milk, he/she will look to you as a food role model. Research shows that parents who model healthy eating behaviors have children that eat more healthfully and are less likely to have childhood obesity. Remember, the food choices you make can shape the choices your child makes and can affect his/her future health. Following a USDA MyPlate eating plan will help make you a good food role model for your baby.”

Beverage Basics

PE: “During the last two visits we discussed introducing solid foods to your baby. Do you have any questions about that topic? We will continue to discuss feeding your baby throughout the program, but today we will talk specifically about beverage basics.”

PE: “An important part of healthy eating, that we tend to think less about, is the beverages we consume. Reducing the amount of juice, coffee drinks, sodas, alcohol, and other sugar-sweetened beverages that you consume can help you to manage your weight. These types of beverages contain a lot of calories, often have little nutrition, and don’t keep you satisfied. Sugar-sweetened beverages also can put your baby at risk for childhood obesity.”

PE: “Let’s watch a short video that discusses beverage choices and how they can affect your and your family’s weight and health.”

- Watch the *Beverage Basics* DVD (8 minutes).
- Ask your mom if she has any questions about the information presented.

PE: “Now that you know the difference a drink can make, here are some ways to make smarter beverage choices:

- Choose water, vegetable juice, and low-calorie beverages instead of sugar-sweetened beverages.
- For a quick, easy, and inexpensive thirst-quencher, carry a water bottle and refill it throughout the day.
- Don’t stock your fridge with sugar-sweetened beverages. Instead, keep a jug or bottles of cold water in your refrigerator.
- Serve water with meals.
- Make water more exciting by adding slices of lemon, lime, cucumber, or watermelon, or drink sparkling water.

- Add a splash of 100% juice to plain sparkling water for a refreshing, low-calorie drink.
- When you do choose a sugar-sweetened beverage, select a small size. Some companies are now selling 8-oz cans and bottles of soda, which contain about 100 calories (versus 136 calories for a 12-oz can)."

PE: "I am going to give you this booklet that summarizes what we have discussed today concerning making wiser beverage choices. Remember, it is important that you are a good role model for your family and friends by choosing healthy, low-calorie beverages."

- Give your mom the *Rethink Your Drink* booklet.

Setting Goals

PE: "Now, let's discuss the eating and activity goals you set last month."

- Review your mom's one eating and one activity goal from the prior visit.

PE: "Were you able to reach your eating goal?"

- If yes: "How did you reach your goal?"
- If no: "What prevented you from reaching your goal?"

PE: "Were you able to reach your activity goal?"

- If yes: "How did you reach your goal?"
- If no: "What prevented you from reaching your goal?"
- Document your mom's ability to reach both, one, or none of her goals for later entry into Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

For your mom that met both her goals:

PE: "It is important that you continue meeting these goals. Now, let's work together to make another eating and another activity goal to build on your current success."

- Give your mom a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom to base her eating goal on your earlier discussion about her USDA MyPlate eating plan.
- Write down your mom's goals for your records.

For your mom that met one or none of her goals:

PE: "Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let's look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals."

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom said that she was going to walk her baby twice per week with her sister, but her sister was not available, ask your mom to think of another person she could walk with or maybe different days or times of the week would better fit her sister's schedule. It is fine to set a new goal, particularly if this is second revision of the goal.
- Give your mom a new set of personalized USDA MyPlate tracking sheets to use over the next month.
- Have your mom write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom's goals for your records.

PE: "How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?"

Wrap-up

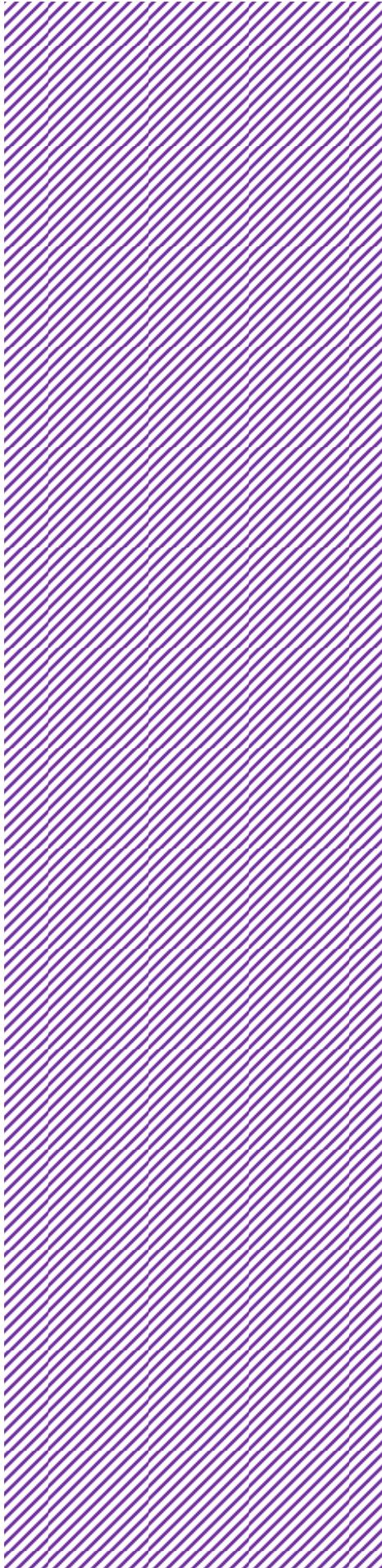
PE: "During the next visit, we will continue to discuss healthy eating for you and your baby and family physical activity. Let's set up a day and time for our next visit."

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: "Do you have any questions before I leave?"

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: "Thank you again for meeting with me today!"



Lesson 11

(Postnatal Month 6)

Healthy Habits – Sitting Time, TV Time,
and Family Play Time

Parents as Teachers Enhanced Lesson 11 (PM 6): Healthy Habits – Sitting Time, TV Time, and Family Play Time

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Review introduction to solid foods for baby.
5. Teach your mom about sitting time, TV time, and family play time.
6. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 – PM 5 visits plotted
6. *Foods to Avoid Feeding Infants* handout
7. *Infant Intake 6-8 Months* handout
8. *Tips for Increasing Physical Activity* handout
9. USDA MyPlate tracking sheets personalized for mom (30 copies)
10. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling? Do you have any questions?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.
- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.
- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.

- Plot her baby's length on the growth chart.

PE: "Now I need to collect some information from you about you and your baby."

- Conduct the baby's 24-hour dietary recall using NDSR.
- Conduct the mom's 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby's Growth

PE: "Let's discuss your baby's growth."

- Give the growth chart with her baby's weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby's growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don't force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage tummy time/floor play and other unconfined activity for baby (e.g., less time in car/baby seat, less time being held).

Healthy Weight Loss/Maintenance for Mom

PE: "Now let's discuss your progress toward reducing your post-baby weight.

Remember, losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases, like obesity and diabetes, or worsen conditions you already have, including high blood pressure or diabetes. We are aiming for at least a 5% weight loss because reducing your weight by this amount is associated with lowered blood pressure, cholesterol, and diabetes risk."

- Give the paper copy of the weight loss graph to your mom.

- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “Let’s talk again about your USDA MyPlate eating plan that is designed to help you healthfully shed your baby weight. Remember, your eating plan is not a diet but a healthy eating lifestyle that provides all the calories, vitamins, minerals, and nutrition you need. It is designed to help you manage your food intake by recommending the amount of food you need daily from each of the MyPlate food groups.”

- Briefly review your mom’s eating plan.

PE: “Were you able to follow your eating plan?”

- If yes: “What strategy did you use to follow your eating plan? What foods did you choose to meet your needs?”
- If no: “What did you find difficult about following your eating plan?”
- Provide praise for successes and discuss areas that need improvement.
- Consider your mom’s responses when developing or revising her eating and activity goals later in the lesson.

PE: “I’ve asked you to keep track of what you eat and drink every day. I know this seems like a burden, but being aware of what and how much (portion) you consume helps you to make wiser choices. Tell me about your experience tracking what you eat and drink. Were you able to use the food log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices? What about your portion sizes?”
- If no: “Why were you not able to do so? Why do you think it’s important to keep track of what and how much you eat and drink?”
- Collect last month’s USDA MyPlate tracking sheets.

PE: “Healthy eating is very important for your health but being a good food role model also is important to your baby’s diet and future health. As your baby grows and starts to eat solid foods and drink beverages other than milk, he/she will look to you as a food role model. Research shows that parents who model healthy eating behaviors have children that eat more healthfully and are less likely to have childhood obesity. Remember, the food choices you make can shape the choices your child makes and can affect his/her future health. Following a USDA MyPlate eating plan will help make you a good food role model for your baby.”

Review of Introduction to Solid Foods for Baby

PE: “Speaking of your baby’s eating habits, have you started to introduce solid foods to your baby?”

- If no and her baby is not yet 6 months, praise your mom for following the recommendations to wait until 6 months of age.
- If no and her baby is 6 months of age or older, ask your mom why she hasn’t started to introduce solid foods. Remind your mom that it is important to start solid foods at 6 months of age because her baby’s iron store becomes low around this age and iron is important for her baby’s growth and developing brain.
- If yes, ask your mom about her experiences introducing solid foods to her baby.

PE: “Remember to introduce one solid food at a time and to wait at least 3 days before starting another new food. Following this routine will allow you to be sure your baby is able to tolerate the new food and is not allergic to it.”

PE: “Between 6 and 7 months of age, your baby’s eating pattern may include the following foods and amounts.”

- Go over the 6-7 months row on the *Infant Intake 6-8 Months* handout.
- Ask your mom if she has any questions about these foods and amounts.

PE: “Between 7 and 8 months of age, your baby’s eating pattern may include the following foods and amounts.”

- Go over the 7-8 months row on the *Infant Intake 6-8 Months* handout.
- Ask your mom if she has any questions about these foods and amounts.
- Give the handout to your mom and suggest that she put it in a visible spot, such as the refrigerator, and share the information with family and friends that help feed her baby.

PE: “Although it’s important to expose your baby to a variety of foods during his/her first year of life, there are many foods and beverages that should not be fed to your baby. This is because your baby’s digestive system and swallowing reflex are not fully developed, so some foods may cause choking, allergies, food poisoning, as well as excessive weight gain. Let’s review again the list of foods to avoid giving your baby.”

- Review the *Foods to Avoid Feeding Infants* handout.
- Ask your mom if she has any questions about these foods.
- Give the handout to your mom and suggest that she put it in a visible spot, such as the refrigerator, and share the information with family and friends that help feed her baby.

Sitting Time, TV Time and Family Play Time

PE: “You are your baby’s number one role model. So as with eating, your baby watches you for cues to learn behaviors, such as exercising and being physically active. Unfortunately, adults and children alike spend the majority of their day sitting or inactive. Most Americans spend in excess of 8 hours per day riding in cars, talking on the phone,

working at a desks, eating a meal at a table, working on a computer, watching TV, playing video games, and playing with electronic gadgets like smartphones. Did you know that too much sitting can be hazardous to your and your child's health? Sitting for 8 hours or more per day is associated with greater risk of obesity, colon cancer, type 2 diabetes, heart disease, and back and hip pain. Inactivity in children is associated with childhood obesity."

- Ask your mom how much time she spends sitting each day.

PE: "What are some things you could do to be more active?"

- Allow your mom to suggest 2-3 ways she could increase her activity throughout the day based on her usual routine.

PE: "Here are some general tips to increase your activity throughout the day."

- Review the adult portion of the *Tips for Increasing Daily Physical Activity* handout.
- Ask your mom if she has any questions about these activities.

PE: "Even as infants, children can be inactive. Babies should not be kept confined, unless sleeping, for more than 60 minutes at a time. Because it's convenient, we often confine babies to child seats and use the TV as a way to distract and entertain. Did you know the Academy of Pediatrics recommends no TV time for a child until he or she is 2 years of age? Doctors have shown that watching TV at a very young age can actually hamper a baby's brain development. This may seem confusing because marketing claims for "educational" TV shows and DVDs created for babies (e.g., Baby Einstein) can lead parents to believe that watching educational programming will stimulate their baby's brain and actually promote learning. However, babies that spend several hours per day watching TV have poorer language, brain, and physical development. Also, watching TV for hours on end puts your baby at high risk for childhood obesity."

PE: "Instead of putting your baby in front of the TV, try other fun activities that will help promote your baby's brain and physical development. Here are some ideas."

- Go over the infant portion of the *Tips for Increasing Daily Physical Activity* handout.
- Ask your mom if she has any questions about these activities.

PE: "Remember, if your baby sees you being more active every day, he/she is more likely to accept it as a normal part of his/her own life as he/she gets older. Your child may come to look forward to being active rather than thinking about it as some sort of punishment. If you commit to becoming healthier by making more nutritious food and beverages choices and being more physically active, your child is much more likely to follow your example. A good strategy to start now is to replace 'family sit time' with 'family fit time.'"

PE: "What are some ways you can encourage your family to be more active?"

- Allow your mom to suggest 2-3 strategies.

PE: “Here are a few more ideas to get your family started on the path to a healthier lifestyle.”

- Go over the family portion of the *Tips for Increasing Daily Physical Activity* handout.
- Ask your mom if she has any questions about these activities.
- Give the handout to your mom and suggest that she put it in a visible spot, such as the refrigerator, and share the information with family and friends that help watch her baby.

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom’s ability to reach both, one, or none of her goals for later entry into Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

For your mom that met both her goals:

PE: “It is important that you continue meeting these goals. Now, let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom to base her eating goal on your earlier discussion about her USDA MyPlate eating plan.
- Write down your mom’s goals for your records.

For your mom that met one or none of her goals:

PE: “Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let’s look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals.”

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom said that she was going to walk her baby twice per week with her sister, but her sister was not available, ask your mom to think of another person she could

walk with or maybe different days or times of the week would better fit her sister's schedule. It is fine to set a new goal, particularly if this is second revision of the goal.

- Give your mom a new set of personalized USDA MyPlate tracking sheets to use over the next month.
- Have your mom write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom's goals for your records.

PE: "How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?"

Wrap-up

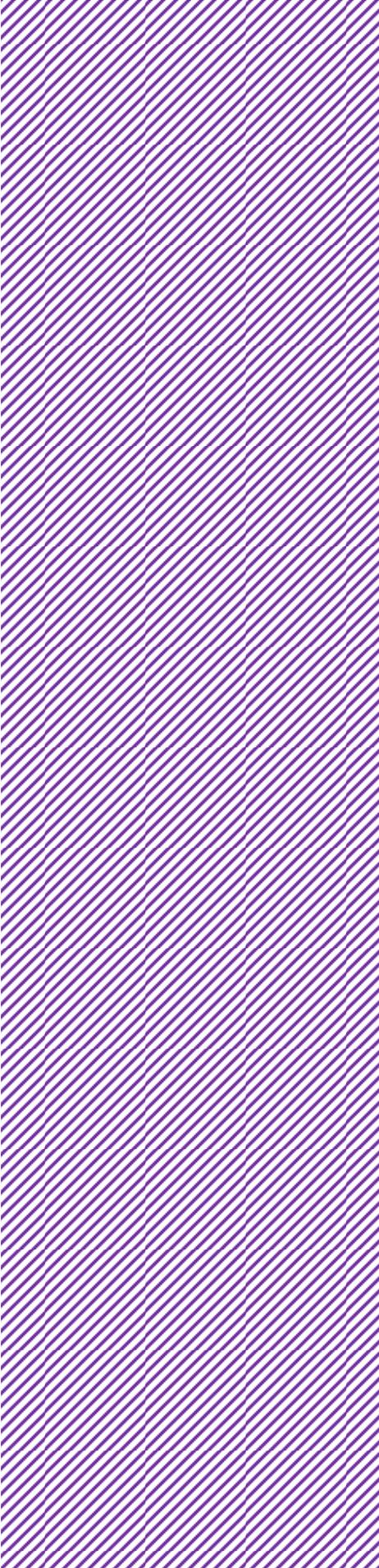
PE: "During the next visit, we will continue to discuss healthy eating for you and your baby, focusing on meal planning. Let's set up a day and time for our next visit."

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: "Do you have any questions before I leave?"

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: "Thank you again for meeting with me today!"



Lesson 12

(Postnatal Month 7)

Healthy Meal Planning, Grocery
Shopping, and Cooking

Parents as Teachers Enhanced Lesson 12 (PM 7): Healthy Meal Planning, Grocery Shopping, and Cooking

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Review sitting time, TV time, and family play time.
5. Teach your mom about meal planning, grocery shopping, and cooking healthfully.
6. View the *Shop Healthy, Cook Healthy* DVD.
7. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 – PM 6 visits plotted
6. Diet cheat sheet
7. *Shop Healthy, Cook Healthy* DVD
8. *Build Healthy Meal* handout
9. *Eating Better On Budget* handout
10. *Delta Delicious* cookbook for reference
11. Healthy snack
12. USDA MyPlate tracking sheets personalized for mom (30 copies)
13. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling? Do you have any questions?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.

- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.
- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.
- Plot her baby's length on the growth chart.

PE: "Now I need to collect some information from you about you and your baby."

- Conduct the baby's 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby's Growth

PE: "Let's discuss your baby's growth."

- Give the growth chart with her baby's weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby's growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don't force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage tummy time/floor play and other unconfined activity for baby (e.g., less time in car/baby seat, less time being held).

Healthy Weight Loss/Maintenance for Mom

PE: “Now let’s discuss your progress toward reducing your post-baby weight. Remember, losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases, like obesity and diabetes, or worsen conditions you already have, including high blood pressure or diabetes. We are aiming for at least a 5% weight loss because reducing your weight by this amount is associated with lowered blood pressure, cholesterol, and diabetes risk.”

- Give the paper copy of the weight loss graph to your mom.
- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “Let’s talk again about your USDA MyPlate eating plan that is designed to help you healthfully shed your baby weight. Remember, your eating plan is not a diet but a healthy eating lifestyle that provides all the calories, vitamins, minerals, and nutrition you need. It is designed to help you manage your food intake by recommending the amount of food you need daily from each of the MyPlate food groups.”

- Briefly review your mom’s eating plan.

PE: “Were you able to follow your eating plan?”

- If yes: “What strategy did you use to follow your eating plan? What foods did you choose to meet your needs?”
- If no: “What did you find difficult about following your eating plan?”
- Provide praise for successes and discuss areas that need improvement.
- Consider your mom’s responses when developing or revising her eating and activity goals later in the lesson.

PE: “Let’s review the foods and beverages you told me you ate during our last visit. I want to point out foods and beverages that provided you with lots of nutrition, such as vitamins and minerals. I also want to point out other foods or beverages that just provided calories with little nutrition.”

- Review your mom’s diet cheat sheet.
- Highlight foods and beverages that were good choices for her.
- Point out foods or beverages that provided little nutrition for her.
- If your mom has not met her weight loss goal or has gained weight, focus on portion sizes and high calorie foods that provided little nutrition.
- If your mom has met her weight loss goal or did not need to lose weight following pregnancy (i.e., underweight or gained very little weight during pregnancy), focus on improving her diet quality (e.g., more fruits, vegetables, whole grains, and low-fat dairy; less sugar-sweetened beverages and high fat foods).

- Discuss how using the USDA MyPlate eating plan can improve diet quality and thereby help with weight loss or maintenance.

PE: “I’ve asked you to keep track of what you eat and drink every day. I know this seems like a burden, but being aware of what and how much (portion) you consume helps you to make wiser choices. Tell me about your experience tracking what you eat and drink. Were you able to use the food log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices? What about your portion sizes?”
- If no: “Why were you not able to do so? Why do you think it’s important to keep track of what and how much you eat and drink?”
- Collect last month’s USDA MyPlate tracking sheets.

Review of Sitting Time, TV Time, and Family Play Time

PE: “During our last visit, we discussed how being inactive can affect your health and your baby’s health and development. Did you try any of the tips for getting more physical activity into your daily routine?”

- If yes: “What things did you try? Did they work?”
 - Praise your mom for her efforts.
- If no: “What prevented you from trying these activities?”
 - Work with your mom to overcome her barriers.

PE: “Even babies need daily activity. Babies should not be kept confined, unless sleeping, for more than 60 minutes at a time. Because it’s convenient, we often confine babies to child seats and use the TV as a way to distract and entertain. However, babies that spend several hours per day confined or in front of the TV have slower language, brain, and physical development. Also, watching TV for long stretches of time puts your baby at high risk for childhood obesity.”

PE: “Did you try any of the activities we discussed during the last visit to increase your baby’s daily activity and promote his/her brain and physical development?”

- If yes: “What things did you try? Did your baby like them?”
 - Praise your mom for her efforts.
- If no: “What prevented you from trying these activities?”
 - Work with your mom to overcome her barriers.

PE: “Remember, you are your baby’s number one role model. If your baby sees you being more active every day, he/she is more likely to accept it as a normal part of his/her own life as he/she gets older. If you commit to becoming healthier by making more nutritious food and beverage choices and being more physically active, your child

is much more likely to follow your example. A good strategy to start now is to replace 'family sit time' with 'family fit time.'”

Healthy Meal Planning, Grocery Shopping, and Cooking

PE: “Similar to physical activity, your baby watches you for cues to learn about other behaviors. Healthy eating is very important for your health but being a good food role model also is important to your baby’s diet and future health. As your baby starts to eat a wider variety of solid foods and drink beverages other than breast milk or formula, he/she will look to you as a food role model.”

PE: “Research shows that parents who model healthy eating behaviors have children that eat more healthfully and are less likely to develop obesity in childhood. Remember, the food choices you make can shape the choices your child makes and affect his/her future health. Following a USDA MyPlate eating plan will help make you a good food role model for your baby. The foods and beverages that you buy, prepare, and eat will significantly influence the foods your baby chooses and enjoys as he/she gets older.”

PE: “You (and other adults in the house) are in control of what your child eats and drinks because you decide what foods are purchased, how the foods are prepared, and how much is served. So it’s up to you to make it easier for your child and your family to make healthier choices.”

PE: “Let’s watch this video that will teach you about creating healthy meal plans, choosing healthy foods while grocery shopping, and preparing healthy meals.”

- Watch the *Shop Healthy, Cook Healthy* DVD (16 minutes).
- Share a healthy snack with your mom while watching the DVD.
- Ask your mom if she has any questions about the information presented.

PE: “To help with meal planning and grocery shopping, I am going to give you two easy to follow handouts.”

- Review with and give your mom the *Build Healthy Meal* and *Eating Better on Budget* handouts.

PE: “You also can use your *Delta Delicious* cookbook for easy, family friendly, healthy recipes. It contains healthy cooking tips and substitutions.”

- Show your mom where the healthy cooking tips section containing food substitutions is located in back of *Delta Delicious* cookbook.

PE: “Remember, as a parent, you play an important role in influencing what and how much your child eats. By modeling healthy eating and activity behaviors now and continuing them as your child grows into adulthood, you are setting him/her up for a lifetime of healthy living.”

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom’s ability to reach both, one, or none of her goals for later entry into Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

For your mom that met both her goals:

PE: “It is important that you continue meeting these goals. Now, let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom to base her eating goal on your earlier discussion about her USDA MyPlate eating plan.
- Write down your mom’s goals for your records.

For your mom that met one or none of her goals:

PE: “Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let’s look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals.”

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom said that she was going to walk her baby twice per week with her sister, but her sister was not available, ask your mom to think of another person she could walk with or maybe different days or times of the week would better fit her sister’s schedule. It is fine to set a new goal, particularly if this is second revision of the goal.
- Give your mom a new set of personalized USDA MyPlate tracking sheets to use over the next month.
- Have your mom write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom’s goals for your records.

PE: “How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?”

Wrap-up

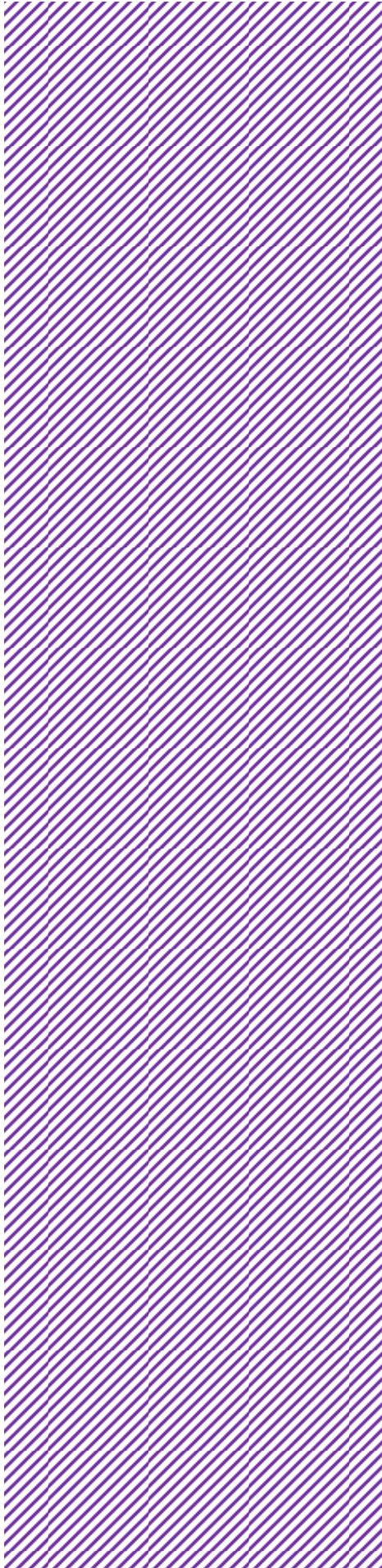
PE: “During the next visit, we will discuss toddler feeding. Let’s set up a day and time for our next visit.”

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: “Do you have any questions before I leave?”

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: “Thank you again for meeting with me today!”



Lesson 13

(Postnatal Month 8)

Toddler Feeding (Part 1)

Parents as Teachers Enhanced Lesson 13 (PM 8): Toddler Feeding (Part 1)

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Review healthy meal planning, grocery shopping, and cooking.
5. Teach your mom about toddler feeding.
6. View the *I'm Not a Baby Anymore* DVD.
7. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 – PM 7 visits plotted
6. *I'm Not at Baby Anymore* DVD
7. *Infant Intake 9-12 Months* handout
8. *Foods to Avoid Feeding Infants* handout
9. Healthy snack
10. USDA MyPlate tracking sheets personalized for mom (30 copies)
11. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling? Do you have any questions?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.
- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.

- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.
- Plot her baby's length on the growth chart.

PE: "Now I need to collect some information from you about you and your baby."

- Conduct the baby's 24-hour dietary recall using NDSR.
- Conduct the mom's 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby's Growth

PE: "Let's discuss your baby's growth."

- Give the growth chart with her baby's weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby's growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don't force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage floor play and other unconfined activity for baby (e.g., less time in car/baby seat, less time being held).

Healthy Weight Loss/Maintenance for Mom

PE: "Now let's discuss your progress toward reducing your post-baby weight.

Remember, losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases, like obesity and diabetes, or worsen conditions you already have, including high blood pressure or

diabetes. We are aiming for at least a 5% weight loss because reducing your weight by this amount is associated with lowered blood pressure, cholesterol, and diabetes risk.”

- Give the paper copy of the weight loss graph to your mom.
- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “Let’s talk again about your USDA MyPlate eating plan that is designed to help you healthfully shed your baby weight. Remember, your eating plan is not a diet but a healthy eating lifestyle that provides all the calories, vitamins, minerals, and nutrition you need. It is designed to help you manage your food intake by recommending the amount of food you need daily from each of the MyPlate food groups.”

- Briefly review your mom’s eating plan.

PE: “Were you able to follow your eating plan?”

- If yes: “What strategy did you use to follow your eating plan? What foods did you choose to meet your needs?”
- If no: “What did you find difficult about following your eating plan?”
- Provide praise for successes and discuss areas that need improvement.
- Consider your mom’s responses when developing or revising her eating and activity goals later in the lesson.

PE: “I’ve asked you to keep track of what you eat and drink every day. I know this seems like a burden, but being aware of what and how much (portion) you consume helps you to make wiser choices. Tell me about your experience tracking what you eat and drink. Were you able to use the food log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices? What about your portion sizes?”
- If no: “Why were you not able to do so? Why do you think it’s important to keep track of what and how much you eat and drink?”
- Collect last month’s USDA MyPlate tracking sheets.

Review of Healthy Meal Planning, Grocery Shopping, and Cooking

PE: “During the last visit, we discussed how you (and other adults in the house) are in control of what your child eats and drinks because you decide what foods are purchased, how the foods are prepared, and how much is served. Eating nutritious meals will improve the health of your family. Preparing healthy meals doesn’t have to be difficult or expensive—it just takes planning. Did you try any of the healthy meal planning, grocery shopping, or cooking tips we discussed during our last visit?”

- If yes: “What things did you try?”

- Praise your mom for her efforts.
- If no: “What prevented you from trying these tips?”
 - Work with your mom to overcome her barriers.

PE: “Remember, as your baby grows into a toddler and starts to eat a wider variety of solid foods and drink beverages other than breast milk or formula, he/she will look to you as a food role model. Research shows that parents who model healthy eating behaviors have children that eat more healthfully and are less likely to develop obesity in childhood. By modeling healthy behaviors now and continuing them as your child grows into adulthood, you are setting him/her up for a lifetime of healthy living.”

Toddler Feeding (Part 1)

PE: “Your baby’s eating habits have changed a lot over the past several months. When your baby is about 10 months old, he/she will be eating many of the same foods as you and the rest of your family. Your baby will start feeding himself/herself and begin mastering the use of a spoon and sippy cup. Your baby’s appetite also will start to decrease because your baby’s growth begins to slow as he/she reaches his/her first birthday. You also may have started to notice other changes in your baby’s eating habits, such as:

- Your baby is able to eat mashed and chunkier foods.
- Your baby is able to bite and chew soft pieces of fruits and vegetables.
- Your baby is picking up finger foods and feeding himself/herself.
- Your baby is eating less often and transitioning to 3 meals plus 1 or 2 small snacks daily.”

PE: “Feeding can become challenging as your baby develops and becomes more independent. Let’s watch this short video that will teach you about the importance of feeding your baby a healthy, delicious, and varied diet as he/she grows into a toddler. The video also will provide information about mealtime dos and don’ts, introducing new foods to your baby, and the best beverage choices.”

- Watch the *I’m Not a Baby Anymore* DVD (11 minutes).
- Share a healthy snack with your mom while watching the DVD.
- Ask your mom if she has any questions about the information presented.

PE: “Keep in mind that there is not a set amount of food that your baby should eat. However, at about 9 months of age, your baby’s eating pattern may include the following foods and amounts.”

- Go over the 9 months row on the *Infant Intake 9-12 Months* handout.
- Ask your mom if she has any questions about these foods and amounts.

PE: “Between 10-12 months of age, your baby’s eating pattern may include the following foods and amounts.”

- Go over the 10-12 months row on the *Infant Intake 9-12 Months* handout.
- Ask your mom if she has any questions about these foods and amounts.
- Give the handout to your mom and suggest that she put it in a visible spot, such as the refrigerator, and share the information with family and friends that help feed her baby.

PE: “As we discussed before, it’s important to expose your baby to a variety of healthy foods during his/her first year of life. However, keep in mind there are many foods and beverages that should not be fed until after your baby’s first birthday. This is because your baby’s digestive system and swallowing reflex are not fully developed, so some foods may cause choking, allergies, food poisoning, as well as excessive weight gain. Let’s review again the list of foods to avoid giving your baby.”

- Review *Foods to Avoid Feeding Infants* handout.
- Ask your mom if she has any questions about these foods.
- Give the handout to your mom and suggest that she put it in a visible spot, such as the refrigerator, and share the information with family and friends that help feed her baby.

PE: “Feeding your baby as he/she grows from an infant to a toddler can be challenging. Your baby will become more independent and will have a decrease in appetite as his/her growth begins to slow. These changes can make mealtime difficult for you as a parent. To help prepare you for the challenges that will occur during mealtimes, we will continue to discuss toddler feeding at a future visit.”

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom’s ability to reach both, one, or none of her goals for later entry into Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

For your mom that met both her goals:

PE: “It is important that you continue meeting these goals. Now, let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom to base her eating goal on your earlier discussion about her USDA MyPlate eating plan.
- Write down your mom's goals for your records.

For your mom that met one or none of her goals:

PE: "Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let's look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals."

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom said that she was going to walk her baby twice per week with her sister, but her sister was not available, ask your mom to think of another person she could walk with or maybe different days or times of the week would better fit her sister's schedule. It is fine to set a new goal, particularly if this is second revision of the goal.
- Give your mom a new set of personalized USDA MyPlate tracking sheets to use over the next month.
- Have your mom write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom's goals for your records.

PE: "How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?"

Wrap-up

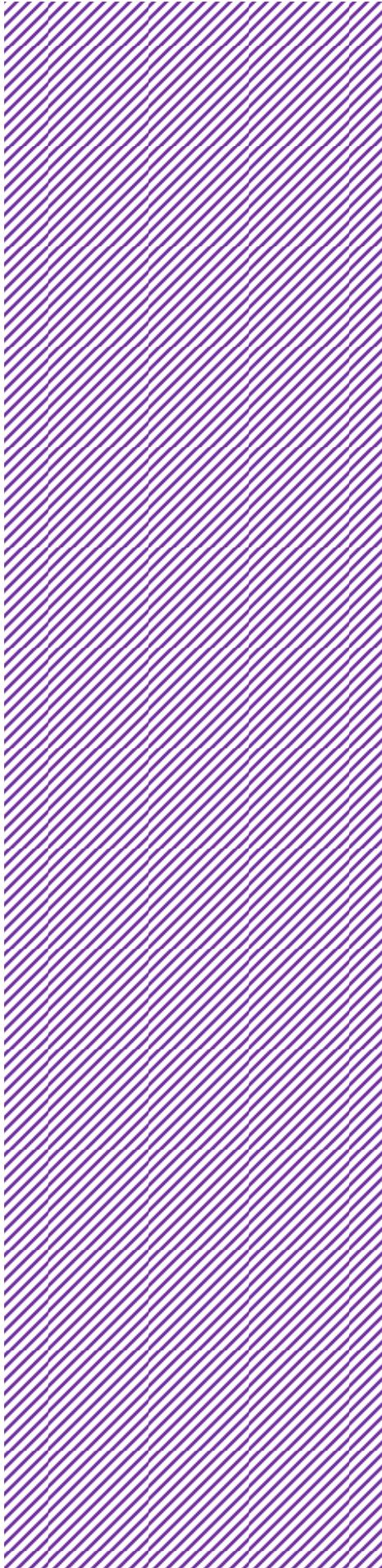
PE: "During the next visit, we will discuss the importance of modeling positive eating and activity behaviors. Let's set up a day and time for our next visit."

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: "Do you have any questions before I leave?"

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: "Thank you again for meeting with me today!"



Lesson 14

(Postnatal Month 9)

Modeling Positive Nutrition and Physical
Activity Behaviors

Parents as Teachers Enhanced Lesson 14 (PM 9): Modeling Positive Nutrition and Physical Activity Behaviors

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Review toddler feeding.
5. Teach your mom about modeling positive eating and physical activity behaviors.
6. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 – PM 8 visits plotted
6. Diet cheat sheet
7. *Healthy Eating Role Model* handout
8. *Physical Activity Role Model* handout
9. USDA MyPlate tracking sheets personalized for mom (30 copies)
10. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling? Do you have any questions?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.
- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.
- Measure the length of your mom's baby following the protocol and with her assistance.

- Record her baby's length on the Suppl-PN Survey.
- Plot her baby's length on the growth chart.

PE: "Now I need to collect some information from you about you and your baby."

- Conduct the baby's 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby's Growth

PE: "Let's discuss your baby's growth."

- Give the growth chart with her baby's weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby's growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don't force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage floor play and other unconfined activity for baby (e.g., less time in car/baby seat, less time being held).

Healthy Weight Loss/Maintenance for Mom

PE: "Now let's discuss your progress toward reducing your post-baby weight.

Remember, losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases, like obesity and diabetes, or worsen conditions you already have, including high blood pressure or diabetes. We are aiming for at least a 5% weight loss because reducing your weight by this amount is associated with lowered blood pressure, cholesterol, and diabetes risk."

- Give the paper copy of the weight loss graph to your mom.

- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “Let’s talk again about your USDA MyPlate eating plan that is designed to help you healthfully shed your baby weight. Remember, your eating plan is not a diet but a healthy eating lifestyle that provides all the calories, vitamins, minerals, and nutrition you need. It is designed to help you manage your food intake by recommending the amount of food you need daily from each of the MyPlate food groups.”

- Briefly review your mom’s eating plan.

PE: “Were you able to follow your eating plan?”

- If yes: “What strategy did you use to follow your eating plan? What foods did you choose to meet your needs?”
- If no: “What did you find difficult about following your eating plan?”
- Provide praise for successes and discuss areas that need improvement.
- Consider your mom’s responses when developing or revising her eating and activity goals later in the lesson.

PE: “Let’s review the foods and beverages you told me you ate during our last visit. I want to point out foods and beverages that provided you with lots of nutrition, such as vitamins and minerals. I also want to point out other foods or beverages that just provided calories with little nutrition.”

- Review your mom’s diet cheat sheet.
- Highlight foods and beverages that were good choices for her.
- Point out foods or beverages that provided little nutrition for her.
- If your mom has not met her weight loss goal or has gained weight, focus on portion sizes and high calorie foods that provided little nutrition.
- If your mom has met her weight loss goal or did not need to lose weight following pregnancy (i.e., underweight or gained very little weight during pregnancy), focus on improving her diet quality (e.g., more fruits, vegetables, whole grains, and low-fat dairy; less sugar-sweetened beverages and high fat foods).
- Discuss how using the USDA MyPlate eating plan can improve diet quality and thereby help with weight loss or maintenance.

PE: “I’ve asked you to keep track of what you eat and drink every day. I know this seems like a burden, but being aware of what and how much (portion) you consume helps you to make wiser choices. Tell me about your experience tracking what you eat and drink. Were you able to use the food log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices? What about your portion sizes?”
- If no: “Why were you not able to do so? Why do you think it’s important to keep track of what and how much you eat and drink?”
- Collect last month’s USDA MyPlate tracking sheets.

Review of Toddler Feeding (Part 1)

PE: “During our last visit, we discussed toddler feeding and watched *I’m not a Baby Anymore*. You now know that feeding your baby as he/she grows from an infant to a toddler can be challenging. Your baby will become more independent and will have a decrease in appetite as his/her growth begins to slow. These changes can make mealtime difficult for you as a parent. Do you have any specific questions about toddler feeding, what your baby’s eating pattern will look like over the next few months, or when to introduce certain foods like cow’s milk?”

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: “To further help prepare you for the challenges that will occur during mealtimes, we will continue to discuss toddler feeding at the next visit. Today, let’s talk about modeling and encouraging healthy eating and physical activity behaviors for your child.”

Modeling Positive Nutrition and Physical Activity Behaviors

PE: “Parents are their child’s number one role models and the most important influence in their child’s life. Much of what a child learns comes through modeling behaviors of those around him/her. As a role model, you need to demonstrate and encourage healthy behaviors so that your child has healthy and positive attitudes about food, eating, and physical activity. Your attitude about food, eating, physical activity, and other health habits will undoubtedly influence your child’s attitude.”

PE: “Let’s discuss your attitudes about food and eating habits. I’m going to read aloud a series of questions and I want you to respond ‘yes’ or ‘no’ to each question.”

- 1) Do you skip breakfast?
- 2) Do you eat at fast food restaurants or eat food from gas station counters (e.g., Double Quick) daily?
- 3) Do you drink soda or other sugar-sweetened beverages like fruit punch or Kool-Aid with most meals?
- 4) Do you often snack on foods like Cheetos, Doritos, or chips?
- 5) Do you eat in front of the TV?
- 6) Do you eat in the car?
- 7) Do you eat whenever you are bored or stressed?

PE: “If you answered ‘yes’ to 2 or more of these questions, you are sending unhealthy messages to your child about food and eating.”

PE: “Modeling healthy eating supports the development of healthy behaviors in children and can help reduce the risk of your child developing obesity.”

- Take out the *Healthy Eating Role Model* handout.
- Read the *Healthy Eating Starts with Parents* list on the first page.

PE: “In addition to healthy eating behaviors, parents should promote daily physical activity by encouraging children to be active, play outdoors, and reduce inactivity such as TV watching, video and computer gaming, and smartphone use. However, parents also should practice what they preach by engaging in physical activities with their children as well as decreasing their own TV screen time and technology use.”

PE: “Let’s discuss your attitudes about physical activity. I’m going to read aloud a series of questions and I want you to respond ‘yes’ or ‘no’ to each question.”

- 1) Do you exercise fewer than 3 times per week?
- 2) Do you watch TV for 2 or more hours every day?
- 3) Do you text or game on your smartphone for more than 2 hours each day?
- 4) Do you sit at a computer (outside of work) for more than 2 hours each day?

PE: “If you answered ‘yes’ to 1 or more of these questions, you are sending unhealthy messages to your child about physical activity.”

PE: “Modeling good physical activity habits supports the development of healthy behaviors in children and can help reduce the risk of your child developing obesity. Physical activity also can promote social skills and bonding between parent and child.”

- Take out the *Physical Activity Role Model* handout.
- Read the 6 blue bulleted items (3 on each page).

PE: “Keep in mind that your child will not think healthy eating or physical activity is important if it is not something that they see you doing every day. I am going to leave these handouts with you to remind you of what we discussed concerning being a healthy role model for your child.”

- Give the *Healthy Role Model & Physical Activity Role Model* handouts to your mom.

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom’s ability to reach both, one, or none of her goals for later entry into Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

For your mom that met both her goals:

PE: “It is important that you continue meeting these goals. Now, let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom to base her eating goal on your earlier discussion about her USDA MyPlate eating plan.
- Write down your mom’s goals for your records.

For your mom that met one or none of her goals:

PE: “Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let’s look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals.”

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom said that she was going to walk her baby twice per week with her sister, but her sister was not available, ask your mom to think of another person she could walk with or maybe different days or times of the week would better fit her sister’s schedule. It is fine to set a new goal, particularly if this is second revision of the goal.
- Give your mom a new set of personalized USDA MyPlate tracking sheets to use over the next month.
- Have your mom write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom’s goals for your records.

PE: “How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?”

Wrap-up

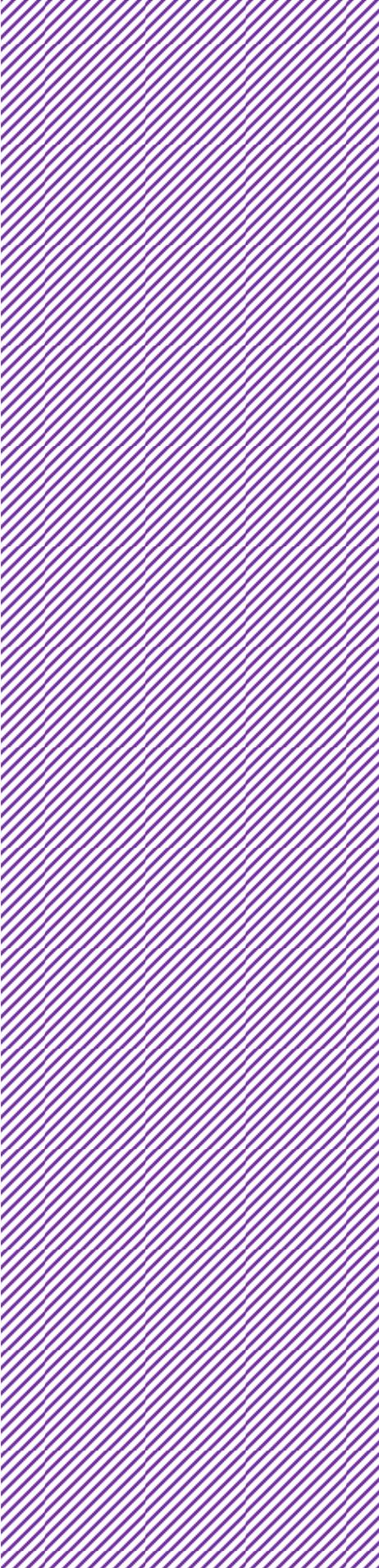
PE: “During the next visit, we again will discuss toddler feeding, especially picky eaters. Let’s set up a day and time for our next visit.”

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: “Do you have any questions before I leave?”

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: “Thank you again for meeting with me today!”



Lesson 15

(Postnatal Month 10)

Toddler Feeding (Part 2)

Parents as Teachers Enhanced Lesson 15 (PM 10): Toddler Feeding (Part 2)

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Review modeling positive nutrition and physical activity behaviors.
5. Teach your mom about toddler feeding.
6. View the *Picky Eaters* DVD.
7. Develop one new eating and one new activity goal or refine the previous goals if one or both were not met.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 – PM 9 visits plotted
6. *Diet and Eating Habits at One Year* handout
7. *Picky Eaters* DVD
8. *Tips for Feeding Picky Eaters* handout
9. Healthy snack
10. USDA MyPlate tracking sheets personalized for mom (30 copies)
11. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling? Do you have any questions?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.
- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.

- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.
- Plot her baby's length on the growth chart.

PE: "Now I need to collect some information from you about you and your baby."

- Conduct the baby's 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby's Growth

PE: "Let's discuss your baby's growth."

- Give the growth chart with her baby's weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby's growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don't force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage floor play and other unconfined activity for baby (e.g., less time in car/baby seat, less time being held).

Healthy Weight Loss/Maintenance for Mom

PE: "Now let's discuss your progress toward reducing your post-baby weight.

Remember, losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases, like obesity and diabetes, or worsen conditions you already have, including high blood pressure or

diabetes. We are aiming for at least a 5% weight loss because reducing your weight by this amount is associated with lowered blood pressure, cholesterol, and diabetes risk.”

- Give the paper copy of the weight loss graph to your mom.
- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “Let’s talk again about your USDA MyPlate eating plan that is designed to help you healthfully shed your baby weight. Remember, your eating plan is not a diet but a healthy eating lifestyle that provides all the calories, vitamins, minerals, and nutrition you need. It is designed to help you manage your food intake by recommending the amount of food you need daily from each of the MyPlate food groups.”

- Briefly review your mom’s eating plan.

PE: “Were you able to follow your eating plan?”

- If yes: “What strategy did you use to follow your eating plan? What foods did you choose to meet your needs?”
- If no: “What did you find difficult about following your eating plan?”
- Provide praise for successes and discuss areas that need improvement.
- Consider your mom’s responses when developing or revising her eating and activity goals later in the lesson.

PE: “I’ve asked you to keep track of what you eat and drink every day. I know this seems like a burden, but being aware of what and how much (portion) you consume helps you to make wiser choices. Tell me about your experience tracking what you eat and drink. Were you able to use the food log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices? What about your portion sizes?”
- If no: “Why were you not able to do so? Why do you think it’s important to keep track of what and how much you eat and drink?”
- Collect last month’s USDA MyPlate tracking sheets.

Review of Modeling Positive Nutrition and Physical Activity Behaviors

PE: “During our last visit, we discussed how modeling good nutrition and physical activity habits supports the development of healthy behaviors in children and can help reduce the risk of your child developing obesity. We talked about several positive eating and physical activity related behaviors that you should consistently model for your child, including eating breakfast, drinking fewer sugar-sweetened beverages like soda, not eating in front of the TV or in the car, engaging in physical activity at least 3 times each week, and watching TV for less than 2 hours per day.”

PE: “Did you try modeling any of these positive behaviors?”

- If yes: “What things did you try?”
 - Praise your mom for her efforts.
- If no: “What prevented you from modeling these behaviors?”
 - Work with your mom to overcome her barriers.

PE: “Keep in mind that your child will not think healthy eating or physical activity is important if it is not something that he/she sees you doing every day.”

Toddler Feeding (Part 2)

PE: “As you already have learned, feeding your baby as he/she grows from an infant to a toddler can be challenging. Your baby will become more independent and eat less as his/her growth begins to slow. These changes can make mealtime difficult for you as a parent. Today, we will discuss feeding your child at one year of age. Our discussion will include how to handle several challenging food-related situations you may face as your child gets older, especially picky eating.”

PE: “At one year, your baby can eat just about anything that you eat. This is the age you should consider transitioning your baby from breast milk or formula to cow’s milk. If you are breast feeding, it’s your decision on when to wean your baby from breast milk. Many women choose to breast feed past one year. In fact, the American Academy of Pediatrics supports breast feeding past the first year as long as both you and your baby want to continue breast feeding. Sometimes babies lose interest in breast feeding even though their moms want to continue nursing. Loss of interest in breast feeding is an important sign that your baby is ready to transition to other foods and beverages.”

PE: “Check with your baby’s doctor first before transitioning to cow’s milk. He/she will give you advice regarding the type of cow’s milk to start feeding your baby. Whether your baby’s doctor recommends whole milk or a lower fat variety (e.g., 1%, 2%) will depend on your baby’s growth, particularly your baby’s weight. Also, around one year of age is the time when you should start transitioning your baby from the bottle to a sippy or small plastic cup”

PE: “Now let’s talk about foods that are appropriate and healthy for your baby to be eating around one year of age as well as typical eating habits to expect at this age.”

- Review the *Diet and Eating Habits at One Year* handout with your mom.
- Ask your mom if she has any questions about these foods and habits.
- Give the handout to your mom and suggest she put it in a visible spot, such as the refrigerator, and share the information with family and friends that help feed her baby.

PE: “Let’s move on and discuss picky eating. As your baby grows, becomes more independent, and transitions to solid foods, you might start to notice some picky eating behaviors. Common picky eating behaviors include:

- Refusing specific foods;
- Wanting only foods of a certain color (often beige);
- Wanting foods prepared only a certain way;
- Refusing an entire food group like meat or vegetables;
- Wanting only specific foods or a food group like bread or cereal (this behavior is called a food jag);
- Not eating much at each meal.”

PE: “One thing to keep in mind is that picky eating is normal. How you react to your picky eater, however, could affect your baby’s future eating habits. Let’s watch this video that will demonstrate helpful tips and strategies for dealing with a picky eater.”

- Watch the *Picky Eaters* DVD (9 minutes).
- Share a healthy snack with your mom while watching the DVD.
- Ask your mom if she has any questions about the information presented.

PE: “Let’s review some strategies for dealing with a picky eater.”

- Review some of bullet points on the *Tips for Feeding Picky Eaters* handout.
- Ask your mom if she has any questions about these strategies.
- Give the handout to your mom and suggest she put it in a visible spot, such as the refrigerator, and share the information with family and friends that help feed her baby.

Setting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom’s ability to reach both, one, or none of her goals for later entry into Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

For your mom that met both her goals:

PE: “It is important that you continue meeting these goals. Now, let’s work together to make another eating and another activity goal to build on your current success.”

- Give your mom a new set of personalized USDA MyPlate tracking sheets to use during the next month.
- Have your mom write down one eating and one activity goal on a new USDA MyPlate tracking sheet.
- Encourage your mom to base her eating goal on your earlier discussion about her USDA MyPlate eating plan.
- Write down your mom’s goals for your records.

For your mom that met one or none of her goals:

PE: “Making eating and activity changes can be difficult. Remember, I am here to help you solve any problems you are facing. Let’s look at the goals you set last month and figure out a way for you to reach these goals or we can set new goals.”

- Review the goal(s) and discuss ways to achieve the goal. For example, if your mom said that she was going to walk her baby twice per week with her sister, but her sister was not available, ask your mom to think of another person she could walk with or maybe different days or times of the week would better fit her sister’s schedule. It is fine to set a new goal, particularly if this is second revision of the goal.
- Give your mom a new set of personalized USDA MyPlate tracking sheets to use over the next month.
- Have your mom write down her revised or new eating and activity goals on a new USDA MyPlate tracking sheet.
- Write down your mom’s goals for your records.

PE: “How will you reach these two goals? What problems might come up that could prevent you from reaching these goals? How will you overcome these problems?”

Wrap-up

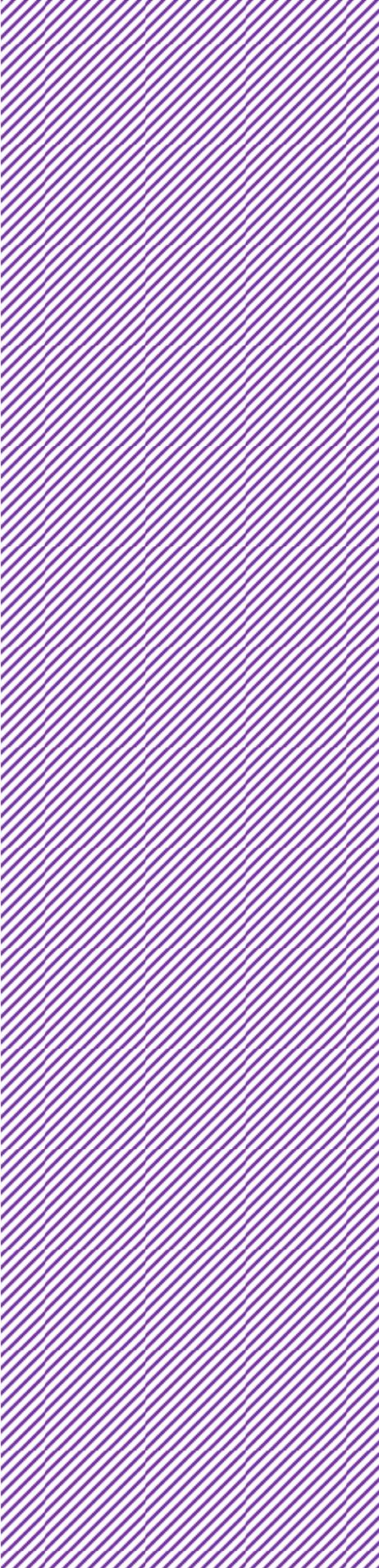
PE: “During the next visit, we will discuss childhood obesity. Let’s set up a day and time for our next visit.”

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: “Do you have any questions before I leave?”

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: "Thank you again for meeting with me today!"



Lesson 16

(Postnatal Month 11)

Creating a Healthy Home to Prevent
Childhood Obesity

Parents as Teachers Enhanced Lesson 16 (PM 11): Creating a Healthy Home to Prevent Childhood Obesity

Objectives

1. Measure and track your mom's weight and her baby's weight and length.
2. Discuss her baby's growth based on the WHO growth chart.
3. Discuss your mom's weight management.
4. Teach your mom about childhood obesity and creating a healthy home to prevent childhood obesity.
5. View the *Preventing Childhood Obesity* DVD.
6. Review the primary messages from the Delta Healthy Sprouts study.

Supplies & Materials

1. Laptop tablet
2. Scale
3. Infantometer
4. WHO weight-for-age and length-for-age sex-specific growth charts for baby
5. Weight loss graph for mom with weight from PM 1 – PM 10 visits plotted
6. *Preventing Childhood Obesity* DVD
7. *Create Healthy Home Prevent Childhood Obesity* handout
8. Healthy snack
9. Incentive

Introduction & Data Collection

PE: "Thank you for seeing me today. How are you feeling? Do you have any questions?"

PE: "Let's start today by measuring your and your baby's weight. I also will measure your baby's length."

- Weigh your mom following the weighing protocol.
- Record her weight on the Supplemental-Postnatal (Suppl-PN) Survey.
- Enter her weight on the electronic (Excel) weight loss graph and plot it on the paper copy of the graph.
- Weigh your mom's baby following the weighing protocol and with her assistance.
- Record her baby's weight on the Suppl-PN Survey.
- Plot her baby's weight on the growth chart.
- Measure the length of your mom's baby following the protocol and with her assistance.
- Record her baby's length on the Suppl-PN Survey.

- Plot her baby's length on the growth chart.

PE: "Now I need to collect some information from you about you and your baby."

- Conduct the baby's 24-hour dietary recall using NDSR.
- Administer the electronic surveys for this visit.

[Perform PaT lesson.]

Baby's Growth

PE: "Today is the last time we will discuss your baby's growth. However, it is important that you continue to monitor your baby's growth. With the help of your baby's pediatrician, you can ensure that your baby is not gaining too much or too little weight."

- Give the growth chart with her baby's weight and length plotted to your mom.
- Interpret these values for your mom as follows.
 - Between the 5th and 95th percentiles for weight- or length-for-age means her baby is at normal weight or length given his/her age.
 - Tell your mom her baby is growing at a healthy rate.
 - Less than the 5th percentile for weight- or length-for-age means her baby is at low weight or length given his/her age.
 - Recommend that your mom consult with her pediatrician to monitor her baby's growth and to determine if intervention is necessary.
 - More than the 95th percentile for weight-for-age means her baby is at high weight given his/her age.
 - There are no guidelines for the prevention of excess weight gain in children less than 2 years of age.
 - Suggest that your mom consider the following:
 - Use other non-food soothing strategies discussed during PM 1.
 - Let her baby self-regulate his/her intake (i.e., don't force the last ounce of formula or put her baby on a feeding schedule).
 - Wait to introduce sugar-sweetened beverages or juice until after her baby is 12 months of age.
 - Encourage floor play and other unconfined activity for baby (e.g., less time in car/baby seat, less time being held).

Healthy Weight Loss/Maintenance for Mom

PE: "Today is the last time we will discuss your progress toward reducing your post-baby weight. However, it is important that you continue to monitor your weight. Remember, losing your pregnancy weight and keeping it off is important because excess weight can put you at increased risk for chronic diseases, like obesity and diabetes, or worsen conditions you already have, including high blood pressure or diabetes. We have aimed for at least a 5% weight loss because reducing your weight

by this amount and maintaining this weight loss is associated with lowered blood pressure, cholesterol, and diabetes risk.”

- Give the paper copy of the weight loss graph to your mom.
- If your mom has met her 5% weight loss goal, encourage her to maintain her weight loss.
- If your mom has not met her 5% weight loss goal, encourage her to continue working towards her goal.

PE: “Let’s discuss your USDA MyPlate eating plan one last time. Remember, this plan is designed to help you healthfully manage your weight and make wiser food choices. Your eating plan is not a diet but a healthy eating lifestyle that provides all the calories, vitamins, minerals, and nutrition you need. The eating plan is designed to help you manage your food intake by recommending the amount of food you need daily from each of the MyPlate food groups.”

- Briefly review your mom’s eating plan.

PE: “Were you able to follow your eating plan?”

- If yes: “What strategy did you use to follow your eating plan? What foods did you choose to meet your needs?”
- If no: “What did you find difficult about following your eating plan?”
- Provide praise for successes and discuss areas that need improve.

PE: “I’ve asked you to keep track of what you eat and drink every day throughout this study. I know this seems like a burden, but being aware of what and how much (portion) you consume helps you to make wiser choices. Tell me about your experience tracking what you eat and drink. Were you able to use the food log on any days since our last visit?”

- If yes: “What did you learn from the experience? Did it affect your food and beverages choices? What about your portion sizes?”
- If no: “Why were you not able to do so? Why do you think it’s important to keep track of what and how much you eat and drink?”
- Collect last month’s USDA MyPlate tracking sheets.

PE: “I won’t ask you to keep track of what you eat and drink this month. However, continuing to monitor what you eat and drink will help you to achieve and maintain a healthy weight. If you notice your weight starting to creep up on the scale, tracking what you eat and drink allows you to pinpoint problem foods or beverages. In this way, you can quickly make changes and get back on track to managing your weight over the long run.”

Creating a Healthy Home to Prevent Childhood Obesity

PE: “Let’s talk about childhood obesity. You’ve probably heard plenty in the news about the rise in childhood obesity in the US. Mississippi has one of the highest rates of childhood overweight and obesity in the nation. The good news is that the number of children in Mississippi that are overweight or obese has started to decrease, particularly among children 2-5 years of age.”

PE: “Childhood obesity is a huge concern because its health effects can last a lifetime. Overweight and obesity can put a child at risk for type 2 diabetes, high blood pressure, asthma, and sleep apnea. These diseases were once thought to only occur in adults. Additionally, social discrimination is a real concern for overweight and obese children. Unfortunately, these health problems often follow children into adulthood, potentially leading to decreased quality of life and a shorter lifespan.”

PE: “The risk of child overweight and obesity starts very early in life. Throughout the Delta Healthy Sprouts study, we have discussed waiting to introduce solid foods and the importance of physical activity, even at a young age, as ways to prevent your child from becoming overweight or obese. Your role as a parent is to promote your child’s healthy growth and prevent your child from gaining an unhealthy amount of weight.”

PE: “To help you in your role, let’s watch this short video that will discuss childhood obesity and demonstrate helpful tips and strategies for preventing your child from becoming overweight or obese.”

- Watch the *Childhood Obesity* DVD (10 minutes).
- Share a healthy snack with your mom while watching the DVD.
- Ask your mom if she has any questions about the information presented.

PE: “As a parent you play a significant role in preventing your child from becoming overweight or obese. Creating a healthy home and being a healthy eating and physical activity role model will promote your child’s healthy growth and prevent your child from developing overweight or obesity. Let’s review some of the things that you can do to create a healthy home and prevent your child from developing overweight or obesity.”

- Review the *Create Healthy Home Prevent Childhood Obesity* handout.
- Ask your mom if she has any questions about these suggestions and recommendations.
- Give the handout to your mom and suggest she put it in visible spot, such as refrigerator, and share the information with family and friends that help care for her baby.

Meeting Goals

PE: “Now, let’s discuss the eating and activity goals you set last month.”

- Review your mom’s one eating and one activity goal from the prior visit.

PE: “Were you able to reach your eating goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”

PE: “Were you able to reach your activity goal?”

- If yes: “How did you reach your goal?”
- If no: “What prevented you from reaching your goal?”
- Document your mom’s ability to reach both, one, or none of her goals for later entry into Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

For your mom that met both her goals:

PE: “It is important that you continue meeting these goals. Even though the Delta Healthy Sprouts study is coming to an end, keep challenging yourself by setting new eating and activity goals. It’s important to stay motivated and to continue on your path to a healthier lifestyle.”

For your mom that met one or none of her goals:

PE: “Making eating and activity changes can be difficult. The Delta Healthy Sprouts study has provided many tools that you can use to eat more healthfully and to be more physically active. Keep challenging yourself by setting new eating and activity goals. It’s important to stay motivated and to continue on your path to a healthier lifestyle.”

Wrap-up

PE: “The next visit will be our last visit. At next month’s visit, we will complete the final data collection. Let’s set up a day and time for our next visit.”

- Set the day and time for the next home visit and record them for later entry into the Family Personal Visit Record – Postnatal (FPVR-PN) Survey.

PE: “Before I leave, let’s review some of the most important take home messages from the Delta Healthy Sprouts study.

- Your nutrition and health are just as important as your child’s nutrition and health. It is essential that you choose nutritious foods, watch portion sizes, and get regular physical activity to maintain a healthy weight. Avoiding excess weight gain will reduce your risk for chronic diseases like obesity and diabetes or improve conditions you may already have, like high blood pressure. We want you to be healthy and happy so you can enjoy your child for years and years to come.
- Healthy eating is very important for your health but being a good food role model is important to your baby’s diet and future health as well. As your child grows, he/she will look to you as a food role model. Research shows that parents who

model healthy eating behaviors have children that eat more healthfully and are less likely to be overweight or obese. Remember, the food choices you make can shape the choices your child makes and can affect his/her future health. Continuing to follow your USDA MyPlate eating plan will help make you a good food role model for your baby.

- In addition to healthy eating behaviors, parents should promote daily physical activity by encouraging children to be active, play outdoors, and reduce inactivity such as TV watching, video and computer gaming, and smartphone use. However, parents also should practice what they preach by engaging in physical activity with their children as well as decreasing their own TV screen time and technology use.
- You (and other adults in the house) are in control of what your child eats and drinks because you decide what foods are purchased, how the foods are prepared, and how much is served. So, it's up to you to make the healthy choice the easy choice for your child and your family."

PE: "Do you have any questions before I leave?"

- Address any question(s) to the best of your ability.
- If you do not know how to answer, write down the question(s) and bring it to the weekly research meeting or email it to the senior research team members.

PE: "Thank you again for meeting with me today!"

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Recommended DVD

1. *MyPlate Nutrition During Pregnancy* (Lesson 1 – GM 5)
2. *Nutrition Labels Reading Between the Lines* (Lesson 2 – GM 6)
3. *Breastfeeding with Bravado* (Lesson 4 – GM 8)
4. *Create a Great Plate* (Lesson 7 – PM 2)
5. *Baby's First Spoonful* (Lesson 8 – PM 3)
6. *Beverage Basics* (Lesson 10 – PM 5)
7. *Shop Healthy Cook Healthy* (Lesson 12 – PM 7)
8. *I'm Not a Baby Anymore* (Lesson 13 – PM 8)
9. *Picky Eaters* (Lesson 15 – PM 10)
10. *Preventing Childhood Obesity* (Lesson 16 – PM 11)

Glossary

BMI = body mass index

DVD = digital versatile disc

FPVR = family personal visit record

G = gestational

GM = gestational month

NDSR = Nutrition Data System for Research

PaT = Parents as Teachers™

PE = parent educator

PM = postnatal month

PN = postnatal

Suppl = supplemental

USDA = United States Department of Agriculture

WHO = World Health Organization