

Case Study for Infant

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Meet Oliver!

- Oliver is 9 months, 3 weeks old and has a midcertification appointment today.
- Hemoglobin is 9.7. His growth is steady and within normal limits.
- Fully breastfed, no formula. Parents are feeding solids by Baby Led Weaning. They offer finger foods 3 to 4 times a day. Oliver loves fresh and canned fruits like peaches, pears, and watermelon. He eats some cooked vegetables and avocado. Breakfast is usually toast squares. During the appointment he is munching on infant puffs. Oliver does not receive any vitamin/mineral supplements.
- Mom reports that she is not using any of the WIC infant fruits, vegetables, meats, or cereals since they only offer foods Oliver can self-feed. She describes the infant meats as gritty and disgusting looking. Feels that table meats are too tough for Oliver. Plus, she has heard that infant cereal has arsenic.
- Mom states that at Oliver's 9-month checkup his hemoglobin was "10 something". The nurse suggested that they give Oliver formula and infant cereal to increase his iron intake. Mom asks if it is necessary to give formula.

Questions:

1. What factors (dietary or health related) may be contributing to the low hemoglobin level? See *Implications for WIC Services* at [WIC 201 Low Hematocrit/Low Hemoglobin](#). Review "Possible causes and/or contributing factors for low hemoglobin values" and "Areas for Assessment" for infants.
2. Using the technique [Explore Offer Explore](#), what might be your first "explore"?
3. What "offer" would help you tailor the discussion to mom's interest and willingness to change?
4. How might you address some of the issues you identified in #1 above?

5. Think of a second “explore” to see what the client thinks or feels about the information.

Possible responses:

1. What factors may be contributing to the low hemoglobin level?
 - Infant is not eating any iron rich foods
 - Only offering finger foods with Baby Led Weaning. Infant is receiving mainly fruits, vegetables and grains. No significant sources of iron and zinc are offered. To learn more about Baby Led Weaning, see [Baby Led Weaning: Infant Feeding Series](#)
 - Family is not using any of the iron-rich WIC foods
 - Parents dislike the consistency and appearance of the infant meats.
 - Parents have heard that infant rice cereal has arsenic, so they are not purchasing the infant cereal.
2. Using the technique “Explore/Offer/Explore”, what might be your first “explore”?
 - What have you heard about anemia in infants?
 - When it comes to Oliver’s low hemoglobin, what would be most helpful to know more about?
3. What “offer” would help you tailor the discussion to mom’s interest and willingness to change?
 - There are lots of approaches to offering information. Consider the parent’s response to your “explore”. What is she concerned about or interested in hearing more about?
 - Here is one possibility: *You are going a great job with breastfeeding. Oliver is growing well. Just look at how close Oliver feels to you! Babies are born with a supply of iron that lasts for the first 4 months or so. After that they need iron rich foods to help build healthy blood. It doesn’t have to be formula. Would it be ok if I share how other moms include iron foods while using baby-led weaning?*
4. How might you address some of the issues you identified in #1 above?
 - Ideas for using the WIC infant meats – try mixing with fruits and vegetables to make it moist, more palatable. Will mom consider offering pureed meat on a spoon along with allowing the infant to self-feed other soft foods?

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- Ways to introduce table meats – share how to shred or dice table meat to an appropriate size for Oliver. Discuss other options such as dry beans and eggs. Offer resources as appropriate such as the Nutrition Education Cards for infants. The MN WIC Cookbook has a section on how to make baby foods. This information can be found by googling “Making Baby Food” on the MDH WIC website. This section includes recipes and combination dishes that may work with baby led weaning. Textures may need to be modified to the infant’ developmental readiness.
 - Discuss the WIC infant cereal – would the parents be open to trying another cereal besides the rice infant cereal, such as oatmeal, whole wheat or multigrain?
 - Alternatives to the infant puffs – Is the baby developmentally ready for any other WIC cereals like Cheerios?
 - Refer the low hemoglobin result to the health care provider for additional evaluation and to determine if supplementation is warranted.
 - What other ideas do you have?
5. Think of a second “explore” to see what the client thinks or feels about the information.
- What thoughts do you have about this information?
 - Based on these ideas, what could you see yourself doing?
 - How could you see yourself using this information?

Reference- Complete Listing of Hyperlinks

WIC 201 Low Hematocrit/Low Hemoglobin

(<https://www.health.state.mn.us/people/wic/localagency/nutrition/riskcodes/201.html>)

Explore Offer Explore

(https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/wic/Documents/orwl/explore_offer_explore.pdf)

Baby Led Weaning: Infant Feeding Series

(<https://www.health.state.mn.us/docs/people/wic/localagency/wedupdate/moyr/2017/topic/0809babyled.pdf>)

Minnesota Department of Health - WIC Program 85 E 7th Place, PO BOX 64882, ST PAUL MN 55164-0882; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; To obtain this information in a different format, call: 1-800-657-3942.

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