

NEW MEXICO WIC

2010 ANNUAL REPORT

New Mexico's Strong Tradition of **BREASTFEEDING** Leads the Nation



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CLINIC INITIATIVES

WIC Pilots Gestational Diabetes Screening, Education

In August 2010, WIC clinics in Artesia and Tucsucari began gestational diabetes screening, testing, referrals and participant education. The clinics are serving as pilot sites for an eventual statewide WIC initiative to identify and test pregnant women who might be at risk, make early referrals to physicians and provide education to prevent gestational diabetes mellitus (GDM) and diabetes altogether.

While GDM affects 7 percent of all pregnancies nationally, in New Mexico, with large Hispanic and Native American populations, the incidence may range between 10 and 14 percent. GDM, one of the most common medical complications of pregnancy, is defined as carbohydrate intolerance of variable degree, with an onset or first recognition occurring during pregnancy. GDM is associated with both maternal and fetal complications, and it is known to place the mother at risk for Type 2 diabetes and her adult offspring for cardiovascular alterations, obesity and diabetes. The presence of GDM is associated with pregnancy and prenatal risks, such as spontaneous abortion, neo-natal hypoglycemia, respiratory distress syndrome and stillbirth. For women with a history of GDM, their chances of developing diabetes is 20 to 50 percent.

Since WIC already provides supplemental food, nutrition education and health referrals for pregnant women, in part to address the increase of diabetes and obesity in the U.S., the New Mexico WIC Program clinics are seen as key to:

- Early screening of pregnant women for preexisting and gestational diabetes.
- Training and supporting WIC nutritionists in their effort to provide gestational diabetes education to women at risk for GDM.
- Enhancing referrals to health care providers.
- Collecting data regarding GDM.

Artesia WIC Clinic Nutritionist Jacque Naylor and Tucsucari WIC Clinic Nutritionist Katrina Hayes received training, education materials and support from registered dietitians, clinical nutritionists, physicians, chemistry professors, pharmacists and healthcare companies. Now the two are providing the screening, testing, referring and initial diabetes education for local WIC participants. Julie Morrow, a health promotion educator, is providing group education to WIC participants identified as high risk.

To establish the GDM initiative at the pilot clinics, the New Mexico WIC Program is working with the High Risk Pregnancy Program of the University of New Mexico's Extension of Community Health Outcomes (ECHO). The High Risk Pregnancy Program reaches throughout New Mexico to provide pregnant women in under-served areas the opportunity to receive medical services in their own communities via tele-health. One component of this program is to extend community support to physicians, to mid-level providers and to programs such as WIC in order to improve prenatal care to New Mexicans.

Physicians in the pilot communities and surrounding areas were visited by Diana Clokey, MSRD, RPh, and Dr. L. B. Cruet from the UNM ECHO program to discuss the pilot and early referrals from the WIC staff. The local doctors have been asked to expedite further testing for referred WIC participants.

Artesia WIC Clinic Nutritionist Supervisor Jacque Naylor (right) conducts A1 C testing for GDM on Alexis Garcia, who is pregnant with her first child.



WIC Provides Sites for Perinatal Depression Pilot Project

The Santa Fe and Las Vegas WIC Clinics were the primary locations for a 2010 pilot project to screen pregnant women for perinatal mood disorders (PMD) and substance abuse. The 10-week screening of 357 pregnant WIC participants in Santa Fe and 110 pregnant WIC participants in Las Vegas revealed that 80 in Santa Fe and 29 in Las Vegas screened positive for symptoms of depression. They were referred for further evaluation and treatment.

Overall, 23 percent of the participants screened positive for symptoms of depression. Both Santa Fe at 22 percent and Las Vegas at 26 percent are higher than the national average (15 to 20 percent) for PMD. Also, 8 percent of participants screened for substance use/abuse reported that they were currently using drugs or alcohol. In fact, one of the conclusions stemming from the pilot project, funded by the New Mexico Human Services Department, is that substance abuse remains a significant co-factor with PMD. The New Mexico WIC Program will continue to focus

Perinatal: The period immediately before and after birth, possibly from the 20th to 28th week of gestation and ending one to four weeks after birth.