Title: Kansas Baby Behavior Campaign Lesson #2 - Is Baby Hungry? Lesson Plan for Interactive Center (adaptable for Interactive Self Study Notebook)

Target Audience: PG, BF PP, I < 6 months

Objectives: The caregiver will:

1. Identify cues for: Hunger and Fullness
2. Understand that crying may not always be a cue for hunger
3. Understand why it is important to stop feeding a baby when the baby exhibits signs of fullness

Teaching Materials Needed, Including Handouts:

1. Items for interactive nutrition education display including a set of the pages for attaching to the display or bulletin board or wall.
2. Copies of all handout materials and activity/goal setting forms for each attendee. Suggested handouts are posted in the same location as this lesson plan: http://www.kansaswic.org/nutrition_education/lesson_plans.html
3. The discussion guide for the designated staff person(s), which is posted at their work station. (The discussion guide is created by local nutrition staff, e.g. Nutrition Services Coordinator or WIC Coordinator.)

Advance Preparation Needed:

1. Assemble the display.
2. Copy enough handouts and activity/goal setting forms for each anticipated attendee.
3. Create a discussion guide, on a note card or paper, for the designated staff person(s) who will be interacting with the client. This guide will be used throughout the time that the display is used. Questions that can be listed on the guide are listed below, under #5 of Outline and Methods.
4. The Nutrition Services Coordinator should review all of the materials and discussion guide with all pertinent staff, especially the Concepts and Key Points.

Outline and Methods:

1. The interactive display and handouts will be displayed at the clinic and available during clinic hours.
2. A knowledgeable staff member will be available for caregiver questions regarding the interactive display. See background information on this topic below, under Concepts.
3. Offer the caregiver handout(s) to reinforce the concepts on the display.
4. Once the caregiver reads through the materials and completes the activity/goal setting form, the caregiver will show the completed form to the designated WIC staff person (e.g. clerk).
5. The designated WIC staff person will prompt the caregiver to talk about the information. (This is a USDA requirement!) This will fulfill the required interactive component of the lesson.
   a. It is recommended that a note card or paper with discussion questions be posted at the staff person’s desk. Use these discussion questions or develop your own similar discussion questions. All discussion questions should be open ended questions.
      i. “What cues or clues might mean your baby is hungry?”
      ii. “What cues or clues might mean your baby is full?”
      iii. “What might crying mean besides hunger?”
6. The designated WIC staff person asks the caregiver if they have any questions. If yes, refer them to the staff person that can answer their questions.
Upon completion, a designated WIC staff person records completion of the lesson in the client’s KWIC record. If the clinic chooses, the client’s goal can also be entered into KWIC.

**Concepts and Key Points:**

1. For employees who attended the Kansas Baby Behavior Campaign training, refer to this training for concepts and key points.
2. Babies use their bodies and make noises to let their parents know when they need to eat, learn, play or rest. These are cues.
3. Newborn babies are still learning to control their bodies. Sometimes their cues are hard to understand. Watching a baby can help a caregiver learn what the baby needs.
4. Newborn babies have to be fed more often, due to their small stomach size. Babies should be fed when they need to be fed, not by watching the clock or on a schedule.
5. Babies show hunger and fullness cues. It is important for the caregiver to know the difference.
6. Hunger cues include: sucking on hands or fist, brings hands to mouth, rooting, bends arms and legs, becomes increasingly agitated and crying.
7. These hunger cues are exhibited in increasing intensity. Crying can be a late sign of hunger. When caregivers respond to early cues, later cues such as crying can be avoided.
8. Crying does not always mean a baby is hungry. If a baby has not exhibited any of the other cues for hungriness and is only crying, there is likely another cause. The caregiver needs to explore other solutions such as changing diaper, calming an overstimulated baby, checking if baby is too hot or cold, rocking a sleepy baby, etc.
9. Fullness cues include: sucking more slowly or stops sucking, turns away from the breast or nipple, pushes away, falls asleep, is more interested in looking at and engaging the caregiver, relaxes hands and arms, etc.
10. It is important for caregivers to stop feeding a baby that is exhibiting fullness cues. Especially with bottle feeding, it is tempting to try to get the baby to drink a little more and finish the bottle. When a bottle is put into a baby’s mouth, they must suck and swallow or they will choke. Bottles are designed to allow liquid to drip out even when a baby isn’t sucking.
11. Encouraging a full baby to eat more interferes with their natural ability to tune in to their own hunger/fullness. Continually ignoring fullness cues can cause babies to no longer trust their feeling of fullness. This can lead to overeating and being at risk for overweight. This type of behavior, of ignoring one’s feeling of fullness, may continue into childhood and adulthood.
12. By responding quickly to a baby’s cues, you will learn to communicate with your baby and your baby will feel safe and secure. And responding quickly to your baby’s cues before your baby starts to fuss may help your baby cry less.

**Interactive Component:** See #5 of Outline and Methods page 1

**Behavior Change Goal:**

The caregiver reads through the materials and completes the activity/goal setting form. The caregiver will show the completed form to the designated WIC staff person (e.g. clerk). If the client did not write a
goal on the form, the designated staff person will assist the client/caregiver to set a goal based upon the interactive display.

**Procedure for Clients to Ask Questions of Trained WIC Staff:**

Upon completion of the lesson, the designated WIC staff person will ask all caregivers if they have any questions. If so, the staff person will either answer the questions or guide the client to the staff person qualified to answer a question posed by the client/caregiver.

**Evaluation:**

The evaluation will consist of the client completing the activity/goal setting form and interacting with WIC staff as specified under #5 of the *Outline and Methods* section above.

**Adapting this lesson for an Interactive Self Study Notebook:**

1. Place copies of the set of pages for attaching to the display into sheet protectors. Include both English and Spanish versions of the pages.
2. Insert these into a notebook.
3. Give each client using this Self Study notebook a copy of any handouts and the activity/goal setting form.
4. See the Outline and Methods section above. Follow all steps #4 through #7. Step #5, the interactive component, is a USDA requirement.

**Lesson Plan Written and Approved By:** Julie Ornelas, RD, LD, 2015