

# New Opportunities for Breastfeeding Promotion and Support in WIC: Review of WIC Food Packages, Improving Balance and Choice

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## ABSTRACT

Although breastfeeding (BF) is the recommended way to feed infants, this may be difficult for the low-income women served by the *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC). The 2017 recommended revisions to the WIC food packages provide substantial support to both exclusively and partially BF dyads, remove barriers to partial BF choices within the first 30 days postpartum, and increase flexibility in determining the amount of formula offered to partially breastfed infants. When combined with adequate support and tailored counseling, these changes are intended to make it easier for women served by WIC to choose to breastfeed.

**Key Words:** breastfeeding, WIC, infant formula, food packages (*J Nutr Educ Behav.* 2017;49:S197-S201.)

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## INTRODUCTION

Health authorities around the world<sup>1</sup> and in the US<sup>2</sup> recommend that infants be breastfed exclusively for about the first 6 months of life followed by the introduction of complementary foods and continued BF until at least age 1. These recommendations are based on literature that documented that breastfeeding (BF) provides benefits to the health of both BF women and their breastfed infants.<sup>3</sup> In the US, these recommendations are the basis for public

health goals related to BF.<sup>4</sup> The Healthy People 2020 goal is that 89.1% of women should initiate BF; currently 81.1% women in the US are meeting this goal.<sup>5</sup> However, US women have been less successful in meeting goals for the duration of either partial or exclusive BF at 6 months. In fact, only 51.8% of women are partially BF at 6 months and only 22.3% are doing so exclusively, compared with national goals of 60.6% and 25.5%, respectively.<sup>4,5</sup>

Breastfeeding is a socially patterned behavior that varies among racial and

ethnic groups. It is highest among Hispanic women, although with strong variation across subgroups of different national origins, and is lowest among non-Hispanic black women.<sup>6</sup> In addition, women with lower incomes<sup>6</sup> or less education, or who work a job with inadequate support for BF are less likely to choose to breastfeed or to continue to breastfeed for the recommended duration than are women who do not have these characteristics, such as women served by the *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC).<sup>7,8</sup> Although the proportion of women who choose to breastfeed their infants for  $\geq 6$  months has been rising both nationally and among women participating in WIC, the proportion of women participating in WIC who breastfeed for this duration has consistently lagged that of all women.<sup>9,10</sup> Therefore it is crucial to improve BF outcomes among women served by WIC so as to improve their health and provide their infants with the many benefits of being breastfed, and to achieve national public health goals. Doing so is expected to reduce national health care costs.<sup>8</sup>

Improving the adoption and continuation of BF is central to the mission of WIC. This was reaffirmed in the latest policy analysis and guidance issued by the US Department of Agriculture

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#### Federal Regulations that Provide Guidance for Implementing WIC's Breastfeeding Support<sup>10</sup>

- WIC is required to make breastfeeding promotion and support available to all participants (7 CFR 246.11)
- “[A]ll staff have a responsibility to encourage, educate, and support women in their breastfeeding decisions and have a basic knowledge of breastfeeding and understand their unique role in order to effectively support breastfeeding as the standard method of infant feeding” (7 CFR 246.3[3])
- State agencies are required “to provide training on the promotion and management of breastfeeding to local agency staff who will provide information and assistance on breastfeeding to participants” (7 CFR 246.11[c][2])
- State agencies are required to “develop policies that create a positive breastfeeding environment that endorses breastfeeding as the standard method of infant feeding” (7 CFR 246.11[c][7][i])
- Local agencies are required to “have a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods” (7 CFR 246.11[d])

**Figure.** Federal regulations that provide guidance for implementing *Special Supplemental Nutrition Program for Women, Infants, and Children's* (WIC's) breastfeeding support.<sup>10</sup> CFR indicates Code of Federal Regulations.

(USDA).<sup>11</sup> Moreover, WIC's support of BF is subject to specific federal regulations (Figure). The USDA has a national BF promotion and support campaign known as *Loving Support Makes Breastfeeding Work*, which provides the foundation for BF education as well as counseling and support efforts in WIC.<sup>12</sup> Unfortunately, BF support and promotion activities are not uniformly accessible in all states, which may reflect differences in available resources or the needs of the populations served.<sup>13</sup>

To help WIC meet its stated goals to support BF, the 2006 recommendations for revisions<sup>14</sup> suggested substantial changes to the food packages for women and their infants. Included in the 2006 recommendations was an enhancement of the food packages for exclusively BF dyads as well as additional foods for breastfed infants from 6 to 12 months.<sup>4</sup> Nearly all of these recommendations were implemented in 2009. The current food package for breastfed infants aged 0–1 month con-

tains no infant formula. The 2006 committee based this on literature showing that delayed introduction of formula to breastfed infants was associated with longer BF than early introduction of formula.<sup>14</sup> In the first 30 days postpartum, states currently have the option to issue 1 can of powdered infant formula to BF women (that reconstitutes to 104 fl oz) on a case-by-case basis, but implementation of this option varies by state. Women who are BF and need infant formula within the first 30 days (or >1 can in states that allow the 1-can option) may be issued the fully formula-fed package for the infant (which contains 823 fl oz in 9 cans) but cannot be issued the fully BF food package for themselves.<sup>15</sup>

Results from a large study conducted in 17 WIC agencies suggested that when this recommendation was implemented in 2009, it created an apparent forced choice between exclusive BF and exclusive formula feeding. The proportion of women who chose exclusive BF rose

slightly, as intended. However, the proportion of women enrolled in WIC who chose exclusive formula feeding rose much more, which was not intended. There was a corresponding decrease in partial BF.<sup>16</sup> The exception to this multi-state trend occurred in California, probably as a result of investments made to prepare WIC staff and participants for the implementation of the revised WIC food packages.<sup>17</sup> The results in California provided evidence that the forced choice could be prevented by assessing the mother-child dyad early, often during the prenatal period, and by supporting the transition to exclusive or partial BF instead of formula feeding. However, for the great majority of the country, the 2009 policy changes were not associated with an increase in the proportion of WIC participants who chose to breastfeed.

Approximately 69% of the 1.94 million infants served by WIC in 2015–2016 received infant formula.<sup>18</sup> This formula has a high market value. Although the amount of infant formula in the food packages for infants was reduced when the 2006 recommendations for revisions to the food packages were implemented by the USDA in 2009, the market value (and thus perceived value) of the infant formula provided by WIC varies with infant age and currently ranges from \$155.28 to \$177.20 per month for the fully formula-fed infant.<sup>13</sup> The market value of the packages for partially breastfed infants also varies by age: \$79.39 for ages 1–3 months, \$95.49 for ages 4–5 months, and \$96.86 for ages 6–11 months. In contrast, the market value of packages for breastfed infants ranges from \$0 (for the fully breastfed infant from 0 to 5 months) to \$79.68 per month (for the fully breastfed infant from 6 to 11 months). In addition to the differences in value for infant packages, there are also differences in the market value of food packages for mothers based on their choice of infant-feeding method. For 6 months, mothers of fully formula-fed infants receive a food package with a current market value of \$46.58/mo. In contrast, mothers of partially and fully BF infants receive food packages with a current market values of \$58.70 and \$74.16, respectively, and these food packages can be received for up to 12 months to support their additional caloric needs.<sup>13</sup> This difference

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