National WIC Association Your child has you. And you have WIC.



The Role of Infant Formula in the WIC Program

Overview

The National WIC Association (NWA) is committed to establishing breastfeeding as the norm for infant feeding. The association recognizes the positive and impactful health outcomes associated with breastfeeding and has made breastfeeding promotion and support one of its core missions, while respecting each woman's infant feeding choice. The provision of supplemental iron-fortified in ant formula serves as a safety net to partially breastfed and non-breastfed infants who may not otherwise have access to adequate nutrition.

Background

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) serves approximately 2 million infants nationwide each month.¹ The WIC Program provides participants with nutritious foods, nutrition education, breastfeeding education and support, and health care referrals.

At the start of the WIC Program in the early 1970s, few women chose to breastfeed and only 24% of mothers initiated breastfeeding in the hospital.² Bottle-fed babies were introduced to whole cow's milk by six months of age or earlier – a feeding practice that contributed to a high prevalence of anemia in infants and children.³ Therefore, to ensure that infants in the Program receive proper nutrition for growth and development, the WIC Program adopts the recommendations of the American Academy of Pediatrics by supplying iron-fortified in ant formula to partially breastfed or non-breastfed infants under 12 months of age.⁴

In a continued effort to promote breastfeeding and to better align its nutrition messages with the United States Dietary Guidelines for Americans, the 35-year-old WIC food packages were revised in 2007 to include incentivizing mothers to breastfeed.^{5,6} These food package changes have been shown to increase breastfeeding initiation rates and delay the premature introduction of solid foods.^{7,8,9}

The Infant Feeding Decision

Compared to previous USDA WIC participant data, the 2012 Report showed that the proportion of breastfeeding women exceeded that of non-breastfeeding postpartum women for the fir t time.¹⁰ There are still, however, known barriers that interfere with WIC's breastfeeding promotion efforts and contribute to reasons why a mother may introduce formula. These include health carerelated challenges, misconceptions about breastfeeding, infl xible employment and child care options, as well as social norms and cultural beliefs that influen e what women consider normal feeding practices.¹¹ In addition, WIC mothers identified embarrassment, time and social constraints, and lack of social support as deterrents.12

Achieving optimal growth and development in a nurturing environment and developing a foundation for healthy eating patterns

As the nation's premier public health nutrition program, WIC is a cost-effective, sound investment ensuring the health of our children.

NWA'S MISSION

NWA provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children. are desired health outcomes for all WIC infants regardless of feeding method.¹³ In low income households, a lack of access to infant formula may increase the early introduction of cow's milk or formula over-dilution with water. These practices may result in inadequate nutrition, irondeficien y anemia, and/or water intoxication.¹⁴

The role of the WIC Program is to build a trusted partnership with WIC families and equip them with accurate information to help make an informed infant feeding decision. Once a family chooses a feeding method, WIC Program staff p ovides the necessary support and guidance to enable success.

Conclusion

The majority of women participating in WIC initiate breastfeeding with their newborns, however increasing the rates of breastfeeding duration and exclusivity remains a challenge.^{10,11} The National WIC Association strongly supports the WIC Program's efforts to enable women to meet their breastfeeding goals while ensuring access to adequate nutrition for all infant participants.

References

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