



**PROVIDING QUALITY NUTRITION SERVICES IN IMPLEMENTING THE
BREASTFEEDING PROMOTION AND SUPPORT REQUIREMENTS OF THE
NEW WIC FOOD PACKAGES**

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Background

Breast milk is the optimal food for infants. In its policy statement on Breastfeeding and the Use of Human Milk ¹, the American Academy of Pediatrics states “Pediatricians and other health care professionals should recommend human milk for all infants in whom breastfeeding is not specifically contraindicated and provide parents with complete, current information on the benefits and techniques of breastfeeding to ensure that their feeding decision is a fully informed one.” The authorizing legislation for WIC provides a strong basis for the role of WIC in breastfeeding promotion and support. WIC State and local agencies are required by WIC Program regulations to create policies and procedures to ensure (1) breastfed infants receive a food package consistent with their nutritional needs; and (2) breastfeeding support and assistance is provided throughout the prenatal and postpartum period, particularly when the mother is most likely to need assistance. Since a major goal of WIC is to improve the nutritional status of infants, WIC staff must provide education and anticipatory guidance to pregnant and postpartum women about breastfeeding unless medically contraindicated, encourage women to breastfeed for as long as possible, and provide appropriate support for the breastfeeding dyad, especially at time periods critical to breastfeeding success.

Breastfeeding Provisions of Interim Rule

The provisions of the interim rule, as recommended by the Institute of Medicine (IOM) of the National Academies, revise WIC regulations to provide food packages that better meet the nutritional needs of breastfeeding mothers and infants, provide incentives for initiation and continuation of breastfeeding, and minimize early supplementation with infant formula to help mothers establish milk supply. Under the interim rule, a woman continues to be certified eligible as a breastfeeding woman if she is breastfeeding on the average of

¹ American Academy of Pediatrics, Section on Breastfeeding. “Breastfeeding and the Use of Human Milk.” PEDIATRICS 2005; 115; 496-506. Available at <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;115/2/496.pdf>

at least once a day. However, whether or not a breastfeeding woman receives a food package and which food package she is assigned is based on the amount of infant formula received from WIC for her infant and the age of the infant. New food package categories distinguish between fully breastfeeding, partially breastfeeding, and fully formula feeding mother/infant pairs.² Fully breastfeeding mothers and infants receive the largest variety and quantity of foods. Compared to the previous food packages, partially breastfed infants receive less formula to allow mothers to feed more breast milk to their infants. Routine issuance of infant formula for partially breastfed infants less than one month of age is not authorized.

The revised food packages for breastfeeding women and infants reflect and support existing Food and Nutrition Service (FNS) regulations, policy and philosophy related to breastfeeding promotion, assessment, tailoring infant formula amounts, and the importance of minimal formula supplementation. However, the revisions may represent a significant change in the way some local agencies conduct food package issuance for the breastfeeding dyad. It is important for State agencies to (1) review existing policies and procedures for local agencies and ensure they support breastfeeding women and infants through minimum supplementation with infant formula; and (2) ensure staff are adequately trained to provide anticipatory guidance to pregnant women, conduct breastfeeding assessments, assign appropriate food packages, and provide counseling and support for the breastfeeding dyad.

Using Value Enhanced Nutrition Assessment (VENA) for Breastfeeding Assessment and Food Package Issuance

Breastfeeding Assessment

Because the food packages for the breastfeeding mother/infant dyad are by design closely tied, it is important to ensure each breastfeeding pair receives a complete breastfeeding assessment. Value Enhanced Nutrition Assessment (VENA) encompasses and supports the breastfeeding assessment. As described in Policy Memorandum #2006-5, Value Enhanced Nutrition Assessment (VENA)—WIC Nutrition Assessment Policy, the WIC nutrition assessment serves as the foundation on which other nutrition services are planned and provided. A WIC nutrition assessment is the process of obtaining and

² The terms fully breastfeeding, partially breastfeeding, and fully formula feeding refer to the food package categories established in the interim rule.

synthesizing relevant and accurate information in order to assess nutritional status and risk, tailor the food package to address nutritional needs, design appropriate nutrition education, and make appropriate referrals.

The VENA guidance describes essential staff competencies and knowledge required to assess the breastfeeding dyad and includes evidence-based recommendations published by the American Academy of Pediatrics, the American Dietetic Association, the American College of Obstetrics and Gynecology, the Academy of Breastfeeding Medicine, and the International Lactation Consultant Association. The document includes guidance on the information to be addressed during assessment of pregnant and breastfeeding women or breastfed infants, such as beliefs and knowledge about breastfeeding, potential complications, the mother's medical providers' recommendations and the mother's support network for successful breastfeeding. The VENA guidance can be found at http://www.nal.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf.

Food Packages for the Breastfeeding Dyad

The breastfeeding assessment and the mother's plans for breastfeeding serve as the basis for determining food package issuance and the counseling and support provided to the mother. WIC's goal is to encourage mothers to breastfeed exclusively without supplementing with formula. A mother who intends to breastfeed should be provided counseling and support to help her feed only breast milk to her baby. Efforts should be made to schedule mothers who intend to breastfeed for subsequent certification as soon after delivery as possible in order to provide timely breastfeeding support.

Fully breastfeeding food packages: The food packages for fully breastfeeding mothers (those whose infants do not receive formula from WIC) and their infants are designed to supplement their special nutritional needs and serve as incentives for mothers to breastfeed without supplementation. Mothers should be advised that fully breastfeeding women who do not accept supplemental formula from WIC receive the largest quantity and variety of foods in their food packages, and their infants at 6 months of age receive the largest quantity and variety of infant foods. The mother should be praised for breastfeeding efforts and encouraged to continue fully breastfeeding her infant. If the mother was on WIC prenatally, provide her the fully breastfeeding food package in the first week after birth or as soon as possible so she may benefit from the additional foods.

Partially breastfeeding food packages: The food packages for partially breastfeeding mothers and their infants are designed to supplement their special nutritional needs and serve as incentives for mothers to continue to breastfeed even if they do not fully breastfeed. With proper counseling and support to help the mother successfully breastfeed, the breastfed infant should require no supplementation, especially during the first month of life when breastfeeding is being established. Therefore, the partially breastfed food package for infants begins at one month postpartum. The maximum formula amount for partially breastfed infants in Food Package I is roughly half the maximum available to fully formula fed infants to help mothers feed more breast milk to their infants. Mothers should be advised that partially breastfeeding women receive more quantity and variety of foods in their food packages than mothers who fully formula feed.

Attachment 1 summarizes the protocol for determining the appropriate food package to issue to a breastfeeding woman.

Formula requests

When a breastfeeding mother requests infant formula, staff should troubleshoot the reason the mother is requesting formula and ensure the mother receives support from WIC staff with breastfeeding training, a peer counselor, lactation specialist, or other health care professional who can adequately address the mother's concerns and help her continue to breastfeed. State agencies should develop policies for formula requests that encourage continued breastfeeding when mothers do not fully breastfeed.

Care must be exercised to ensure that provision of formula does not interfere with or undermine the breastfeeding mother's desire to maintain lactation. State agencies should not routinely issue food packages with standard quantities of infant formula to breastfed infants; instead, WIC staff are expected to tailor the amount of infant formula based on the assessed needs of the breastfeeding infant. The regulatory maximum allowance of formula is rarely warranted. Encourage the use of powder formula that can be prepared in small quantities. The infant should be monitored for adequate intake, and the mother should be reassessed as necessary. It is important to convey to mothers they can resume exclusive breastfeeding after using supplemental formula.

Management Information Systems should be programmed to support local agency efforts by providing flexibility to tailor formula amounts, and limiting staff ability to issue formula without assessment by qualified staff. Food package automation system design

should offer enough flexibility to provide the minimal amount of formula that meets but does not exceed the infant's nutritional needs.

Issuance of Formula in First Month after Birth to Breastfed Infants

State agencies have the option to provide a small amount (one can) of infant formula to partially breastfed infants during the first month after birth on a case-by-case basis. Infant formula may only be issued after careful assessment of the mother and infant by staff with breastfeeding training. If it is determined some formula is appropriate for the infant in the first month, the mother should be advised on the appropriate amount of formula to feed the infant. The goal is to provide as minimal amount of supplemental formula as is needed, while offering counseling and support, in order to help the mother establish and maintain successful milk supply. Where State agencies opt to authorize infant formula in the first month, the infant is considered partially breastfed and the mother is issued Food Package V for partially breastfeeding mothers.

Anticipatory Guidance During the Prenatal Period

Among the best predictors of breastfeeding success is a woman's intention to breastfeed prior to delivery. During a woman's pregnancy, every opportunity should be taken to inform her of the benefits of breastfeeding, address her breastfeeding questions and concerns, and provide her with encouragement to initiate and continue breastfeeding for as long as possible. The range of benefits WIC offers to breastfeeding mothers and their infants—including the greater variety and quantity of food—should be presented as additional incentives to breastfeed. It is important that a mother is fully informed before asking her to make a decision about how she will feed her baby.

Mothers often have concerns about milk supply and whether their babies are getting enough milk. The prenatal period is a good time to educate mothers about milk supply and how much breast milk young infants need. Effective breastfeeding promotion should convey that providing formula to breastfed infants, especially in the early months, may challenge the mother's will to breastfeed and affect her ability to sustain or increase her supply of milk. Pregnant women should be made aware WIC does not routinely provide infant formula to partially breastfed infants less than one month of age.

Although WIC staff may only provide the minimum nutrition education contacts twice within a six-month certification period, every contact (whether communication is one-on-one, within a group, over the telephone, or even electronically) should be an interactive

exchange between WIC staff and the participant. This interaction should give the participant the opportunity to build rapport and discuss the issues and concerns of importance to her. Providing comprehensive, up-to-date, and culturally appropriate breastfeeding information is an important aspect of a nutrition education contact for pregnant and breastfeeding participants.

The third trimester of pregnancy and the first few weeks postpartum are critical time periods in helping mothers establish successful breastfeeding relationships with their infants. To prevent weaning during the first few weeks after birth, WIC staff should help mothers anticipate the various issues they may experience postpartum in the hospital, as well as when they bring their new baby home, and offer practical strategies to combat these potential obstacles.

Counseling Points for the Breastfeeding Mother provides key concepts that may be used as a guide when counseling mothers during pregnancy and after delivery (see Attachment 2).

WIC Staff Roles in Breastfeeding Promotion and Support

WIC directors and managers at both the State and local level set the tone for breastfeeding promotion and support, maintain breastfeeding friendly clinics, and allocate adequate funding and resources for staff training. All staff have a responsibility to encourage, educate, and support women in their breastfeeding decisions, and all staff should have a basic knowledge of breastfeeding and understand their unique role in order to effectively support breastfeeding as the optimal method of infant feeding (see Attachment 3).

Positive Clinic Environment for Breastfeeding

WIC regulations require State agencies to develop policies that create a positive breastfeeding environment which endorses breastfeeding as the preferred method of infant feeding. A positive breastfeeding clinic environment not only demonstrates to mothers the importance WIC places on breastfeeding, but also fosters and enhances staff efforts in promoting breastfeeding. Helping staff practice and model supportive behaviors related to breastfeeding is important to the success of the new WIC food packages.

Continuum of Care

WIC staff can play an important role in helping mothers during the transition from pregnancy to motherhood. During the critical early weeks postpartum, when mothers are most likely to wean, WIC staff can provide valuable breastfeeding support. It is important for WIC staff to determine where gaps may occur in a pregnant or breastfeeding woman's continuum of care from her last WIC visit as a pregnant woman through her first WIC visit after the baby is born to ensure breastfeeding support is available. Too often postpartum women who initially intend to breastfeed return to WIC for the provision of formula after delivery.

Breastfeeding Peer Counselors

Peer counselors can improve the continuity of care provided to participants throughout the postpartum period. For example, peer counselors can play a critical role in filling in the gap in services a new mother experiences after hospital discharge and before her next WIC appointment. Since fiscal year 2004, FNS has made available funds and training to equip WIC Programs with a research-based implementation and management model that is effective and feasible, and serves as a standard in designing, building, and sustaining peer counseling programs. In addition to the specific peer counseling funds allocated by FNS, State agencies may use Nutrition Services and Administration funds for their peer counseling programs. Information about Loving Support Peer Counseling can be found at http://www.nal.usda.gov/wicworks/Learning_Center/support_peer.html

Community Partnerships

Collaborations with key stakeholders and community partners allow WIC staff to form referral networks and develop strategies to address and help women overcome barriers to breastfeeding. WIC staff should work with local partners to develop programs that will make a positive difference in encouraging mothers to choose to breastfeed, and to gain the support they need to continue breastfeeding. A checklist for community partnership planning can be found at http://www.nal.usda.gov/wicworks/Learning_Center/partnerpub.pdf.

Nutrition Service Standards

The 2001 WIC Nutrition Services Standards describe quality standards of practice for breastfeeding promotion and support in the WIC Program including Federal requirements,

recommended criteria and best practices. The standards are designed to help State and local WIC agencies assess and improve the delivery and quality of nutrition services. This important resource is available electronically at http://www.nal.usda.gov/wicworks/Learning_Center/index.html.