

SECTION 7.13

Subject: Food Package for Fully Breastfeeding Women (Food Package 7)

References: 7 CFR 246.10

Policy: Food packages must be prescribed by CPAs, in consultation with the participant or parent/caregiver. The food package must be appropriate to the category of eligibility and must be specifically tailored to address the nutritional needs, circumstances, and preferences of the participant.

Purpose: To provide a food package that will best meet the participant's needs and will be used by the participant.

Procedures:

- **Issuance requirements:**

- Food package 7 is issued to three categories of participants, none of whom have a medical condition qualifying them to receive [Food Package 3](#).
 - Fully-Breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC.
 - This includes pregnant women who are fully breastfeeding an infant less than 1 year of age.
 - Women pregnant with multiples
 - Women who are Mostly-Breastfeeding multiple infants who are receiving the Mostly-Breastfed formula package from WIC.

For maximum formula allowances, refer to

- Food Package 1: [Contract Formula Amounts Guide](#)
 - Food Package 2: [Contract Formula Amounts Guide](#)
 - Food Package 3: [Formula Amounts Guide for Medical Formula](#)
 - For maximum formula allowances in ounces: [Formula Amounts Guide: Maximum Amounts by Federal Regulation](#)
- For breastfeeding dyads, the infant's food package will determine mom's food package. For infant food packages, refer to [Mom and Baby WIC Food Packages](#).
 - Issue the food package as indicated in the table below.
 - Allowed substitutions are described below.
 - Medical documentation is required for some substitutions. Refer to [Section 7.6, Medical Documentation](#).
 - Do not provide a food if the participant cannot consume or will not use the food. Examples include:

- Food allergy
 - Medical condition for which the food is inappropriate
 - Vegan family who will not use the food
- **Women Fully Breastfeeding Multiples** receive Food Package 7+ which is larger, providing 1.5 times the amount in FP 7.
 - Assess whether these amounts are appropriate: will the participant be able to use the full amount (e.g., 9 gallons milk/month)?
 - Provide the maximum amount if appropriate. If not, tailor amounts to meet the participant's needs.
- For **Women Breastfeeding Multiples with different breastfeeding statuses**, the mother's food package corresponds to the food package of the infant with the most breastfeeding.
 - If one of the multiples is receiving the Fully-Breastfed Infant food package and the other(s) is receiving the Mostly- or Some- Breastfed food package, the mother may receive Food Package 7 (Fully-Breastfeeding).
 - If one of the multiples is receiving the Mostly-Breastfed Infant food package and the other(s) is receiving the Some-Breastfed food package, the mother will receive Food Package 5 (Mostly-Breastfeeding).
- **Milk:** Low-fat 1% and fat-free skim are the only types of milk allowed for women.
 - Participants with reported lactose intolerance must try lactose-free milk before other milk substitutes may be considered.
 - Other cow's milk options include acidophilus, evaporated and powdered milk. Provide the lowfat and/or fat free versions if available as a food package selection.
 - Goat milk may be provided upon participant request.
 - More than one type of milk or milk substitute may be issued.
 - 2 pounds cheese may be substituted for milk (see table below).
- **Soy-based beverage** may be provided as a milk substitute without medical documentation to replace some or all of the milk, up to the total maximum milk allowance (24 quarts).
- **Tofu:** up to 6 pounds tofu may be substituted for milk without medical documentation. See table below for substitution rates.
 - Amounts > 6 pounds tofu may be provided in cases of qualifying medical need, up to the total maximum milk allowance. Medical documentation must be obtained prior to issuance using [Exhibit 7-E, Authorization of Milk Substitutes](#).
 - For qualifying conditions, see table below.
 - Medical authorization may be provided **by telephone** to a CPA, when necessary to prevent a delay that would place a participant at increased nutritional risk (determined on case-by-case basis) and until written confirmation is received, which must be within 1 month. Voucher issuance is limited to 1 month with

verbal verification. Document the temporary verbal approval in the participant's record.

- Refer to [Section 7.6, Medical Documentation](#).
- **Bean/Peanut Butter issuance options:** Participants receives 2 choices (or 3 choices for FP 7+ Breastfeeding Multiples), with various options for issuing beans and peanut butter. For example, FP 7+ options could include:
 - One of each item: 1 jar peanut butter + 1 lb. dry beans + 4 (16 oz.) cans of beans
 - Two of one item and one of another item: e.g., 2 jars of peanut butter + 1 lb. dry beans
 - Three of the same item: e.g., 12 (16 oz.) cans of beans.
- **Homeless Package:** To better meet the needs of homeless participants, adjust the food package accordingly.
 - Fluid milk quantities may be issued in quart containers.
 - Powdered and evaporated milk are also available.
 - More than one kind of milk may be given.
 - Juice quantities may be issued in the small juice box containers.
 - See [Section 7.14, Homeless Food Package](#).

See tables on next pages.

**Fully Breastfeeding Women up to 1 year Postpartum,
Mostly-Breastfeeding Multiple Infants, Pregnant with Multiples,
and Pregnant while Fully Breastfeeding
Food Package 7**

Food Item	Maximum Monthly Allowances	Allowed Substitutions	Substitution Rates and Maximums	Medical Documentation Required: Qualifying Reasons
Juice, Single Variety	144 fluid ounces juice	NA		
Milk, Fluid <i>Cow and Goat milk</i> <i>Low-fat 1% or fat-free skim milk</i>	24 quarts milk	Cheese	1 pound cheese / 3 quarts of milk Max: 2 pounds	NA
		Acidophilus milk Lowfat 1% or Fat free	Max: 12 half-gallon containers	NA
		Lactose-free milk Lowfat 1% or Fat free	Max: 12 half-gallon containers	NA
		Evaporated milk Lowfat or Fat free	16 fluid ounces / 32 fluid ounces of fluid milk (1:2 ratio) Max: 24 reconstituted quarts = 32 (12 oz.) cans	NA
		Powdered milk Nonfat	Reconstituted amount equal to fluid milk Max: 24 reconstituted quarts	NA
		Soy-based beverage	1 quart soy-based beverage / 1 quart fluid milk Max: 24 quarts	NA
		Tofu	1 pound tofu / 1 quart of milk Max: 6 pounds If more than 6 pounds: 1 pound / 1 quart milk Max: 24 pounds	<ul style="list-style-type: none"> • Milk allergy • Severe lactose maldigestion (cannot tolerate lactose-free milk) • Vegan /vegetarian diet • Medical condition requiring use of soy-based beverage • Religious or cultural observance or practice
Cheese	1 pound			
Breakfast Cereal	36 ounces cereal	NA		
Eggs	2 dozen eggs	NA		
Fruits and Vegetables	\$10.00 Cash-value Voucher	NA		
Whole Grains including bread, tortillas, oatmeal or brown rice	1 pound	NA		
Peanut Butter	18 ounces peanut butter	NA		
Dry/Canned Beans	1 pound dry beans <i>or</i> 64 ounces canned beans	NA		
Canned Fish	30 ounces fish, Light Tuna or Pink Salmon	NA		

**Fully Breastfeeding Multiples up to 1 year Postpartum
Food Package 7+**

Food Item	Maximum Monthly Allowances	Allowed Substitutions	Substitution Rates and Maximums	Medical Documentation Required: Qualifying Reasons
Juice, Single Variety	216 fluid ounces juice	NA		
Milk, Fluid <i>Cow and Goat milk</i> <i>Low-fat 1% or fat-free skim milk</i>	36 quarts milk	Cheese	1 pound cheese / 3 quarts of milk Max: 2 pounds	NA
		Acidophilus milk Lowfat 1% or Fat free	Max: 18 half-gallon containers	
		Lactose-free milk Lowfat 1% or Fat free	Max: 18 half-gallon containers	
		Evaporated milk Lowfat or Fat free	16 fluid ounces / 32 fluid ounces of fluid milk (1:2 ratio) Max: 36 reconstituted quarts = 48 (12 oz.) cans	NA
		Dry Powdered milk Nonfat	Reconstituted amount equal to fluid milk Max: 36 reconstituted quarts	NA
		Soy-based beverage	1 quart soy-based beverage / 1 quart fluid milk Max: 36 quarts	
		Tofu	1 pound tofu / 1 quart of milk Max: 6 pounds If > 6 pounds: 1 pound/1 quart milk Max: 36 pounds	<ul style="list-style-type: none"> • Milk allergy • Severe lactose maldigestion (cannot tolerate lactose-free milk) • Vegan /vegetarian diet • Medical condition requiring use of soy-based beverage • Religious or cultural observance or practice
Cheese	1.5 pounds *			
Breakfast Cereal	54 ounces cereal	NA		
Eggs	3 dozen eggs	NA		
Fruits and Vegetables	\$15.00 Cash-value Voucher	NA		
Whole Grains including bread, tortillas, oatmeal or brown rice	1 pound or 2 pounds/ alternating months *	NA		
Peanut Butter	18 ounces peanut butter	NA		
Dry/Canned Beans	2 pounds dry beans <i>or</i> 128 ounces canned beans	NA		
Canned Fish	45 ounces fish, Light Tuna or Pink Salmon	NA		

* Whole Grains and Cheese: - to provide the maximum benefit (1.5 pounds):
Issue 1 pound for the 1st and 3rd months, and 2 pounds for the 2nd month of voucher issuance.

Guidance:

- **Lactose intolerance:**
 - Assess the degree of the intolerance. Often lactose intolerance does not require complete avoidance of dairy foods. Determine what approaches the participant has used to reduce symptoms. Individualize counseling. Some approaches include:
 - Introduce milk slowly (e.g. $\frac{1}{4}$ - $\frac{1}{2}$ cup); gradually increase the amount if tolerated.
 - Drink only small amounts of milk at a time; spread milk intake out during the day (rather than drinking a large amount at one time).
 - Drink milk with food. This will help slow digestion and release of lactose.
 - Try yogurt with live and active cultures which may help digest the lactose.
 - Try lactose-free milk.
 - Consider some chocolate milk which may be better tolerated.
 - Discuss food package options. Several different types of milk may be provided based on the participant's need. For example:
 - Lactose-free milk
 - Lactose-free milk + cheese
 - Lactose-free milk + regular milk
 - Lactose-free milk + regular milk + cheese
 - Instruct the participant on how to identify the lowfat version in the grocery store. It may be helpful to show a picture or sample carton. When issuing lactose-free milk in HuBERT, select "Fat Free or Lowfat 1%" lactose-free milk.
 - If the participant expresses reluctance to try lactose-free milk, use open-ended questions to identify and address participant perceptions and concerns.
 - Lactose-free milk may taste different to the participant. Offer suggestions if this is an issue (*note: do not suggest to the participant that taste will be an issue*).
 - Make sure the milk is served cold.
 - Use on cereal, mixed with other foods, in hot cocoa, etc. where the difference in taste will not be noticed.
 - If some regular milk is tolerated, mix with lactose-free milk.
 - Try different brands of lactose-free milk.
 - Give it time. Assure the participant that most people become accustomed to the slight difference.
- **Goat milk** may be preferred by some participants.
 - Goat milk may be useful in some cases of cow milk insensitivity/intolerance or allergy to soy-based beverage. The types of casein in goat milk, plus the evaporation process (for evaporated milk), may render the milk more digestible and less

- allergenic. The fat has a high proportion of short chain and medium-chain fatty acids and thereby may be more digestible.
- Goat milk is not appropriate in these situations:
 - Cow's milk protein allergy: cross-reactivity of proteins may increase allergic potential to goat milk.
 - Lactose intolerance: goat milk may not be helpful since the lactose content is comparable to cow's milk.
 - WIC-allowed goat milk is pasteurized and fortified with Vitamin D. Evaporated goat milk is also fortified with folic acid.
 - **Peanut butter:**
 - Allergy Prevention for the child: updated AAP guidance states that there is lack of evidence that maternal dietary restrictions during pregnancy and lactation play a significant role in the prevention of atopic disease in infants, with the possible exception of atopic eczema. More study is needed to draw any definite conclusions. (Source: [*Effects of Early Nutritional Interventions on the Development of Atopic Disease in Infants and Children*](#)...PEDIATRICS Volume 121, Number 1, January 2008.)
 - Refer to the Health Care Provider if there are concerns.
 - **Soy-based beverage and tofu:**
 - When milk substitutes are used, assess intake and counsel to ensure adequate intake of nutrients that would have been provided by milk. For example:
 - Tofu does not contain Vitamin D.
 - Tofu often contains less calcium than milk. A 3-ounce tofu serving typically contains 2% to 30% of the Daily Value for calcium, depending on the brand, in comparison with 30 % DV for calcium found in 1 cup of milk.