

Section 7.4: Supporting Breastfeeding with the WIC Food Package

References: 7CFR Part 246, Summary

Policy: Local Agency staff must promote, protect, and support breastfeeding. CPAs must consider and assess the impact of supplements on milk supply.

Purpose: To assure that WIC food packages support and do not adversely impact breastfeeding.

Background

Breastfeeding and formula feeding are not equal feeding choices. Research demonstrates that not receiving breastmilk results in health risks for the infant. Exclusive breastfeeding in the infant's first month is ideal for the infant and critical for establishing mother's milk supply. Supplementation with formula or other foods during that period may reduce milk supply and undermine a mother's intent to continue breastfeeding.

All major national and world organizations of health professionals recommend exclusive breastfeeding for infants, with the addition of complementary foods around 6 months of age. The WIC food package is intended to "...better promote and support the establishment of successful long-term breastfeeding." Carefully considering the impact of and need for any formula provided by WIC will encourage better establishment of breastfeeding and ultimately greater exclusivity and longer duration of breastfeeding.

In Minnesota WIC we have seen a marked increase in breastfeeding initiation, but less progress in increasing breastfeeding duration. This policy and guidance is intended to build on what has already been accomplished, to protect breastmilk supply, and provide all parents with the information and support they need to provide the gift of breastfeeding to their children.

We live in a "formula" culture, and it impacts the way we think about infant feeding. While we have made progress in the shift to a culture in which breastfeeding is recognized and supported as the way infants are fed, there is still work to be done. WIC practices, including the assumptions we make and the language used in counseling, impact WIC participants. WIC is a health and nutrition program. Local agencies must assure that WIC staff promote and support breastfeeding, and that having formula available does not adversely impact infant feeding. Helping mothers initiate and maintain full breastfeeding is a WIC priority, and it begins in pregnancy. Full breastfeeding and an infant food package without formula must become the norm.

Procedures

1. Local agencies must assure that their policies and procedures support full breastfeeding, minimize formula supplementation, and support implementation of the procedures outlined here. See Guidance.
2. CPAs must initiate a discussion of breastfeeding with all pregnant participants, to include:
 - Assessing and addressing potential barriers to breastfeeding
 - Anticipatory guidance to get breastfeeding off to a great start in the hospital and early days at home; and lastly
 - Information on reasons to breastfeed.
3. Only CPAs may assign food packages. Other WIC and non-WIC staff may not assign food packages, change the infant food package, or provide formula samples.
4. Any formula issued must be based on an assessment of the individual situation. The agency must not develop a standard food package for breastfed infants that receive formula.
5. If a breastfeeding woman requests formula, CPAs must:
 - Assess the reason for the request, address underlying concerns and explain that feeding formula will reduce mom's supply of breastmilk.
 - If after assessment and counseling, the CPA determines that prescribing formula is appropriate, the CPA must:
 - Assign the minimum amount to meet the identified need.
 - Provide powder formula to allow mixing of small amounts and to minimize waste. See Guidance and Tables below.
 - Educate on safe mixing and handling of infant formula. Refer to the USDA Infant Nutrition and Feeding Guide, Chapter 4.
 - Document the assessment, education related to breastfeeding and/or formula preparation, and other information as appropriate. See Guidance.
6. Local agencies must assure that all staff are trained on how WIC promotes and supports breastfeeding and that:
 - All CPA staff are trained to adequately address a mother's concerns and help her continue to breastfeed. See Section 4.5: Staff Training, and Exhibit 4-F: Topics for WIC Staff Breastfeeding Orientation.
 - Staff who are not CPAs are trained on procedures for referring a participant to a CPA if the participant requests formula.

Guidance

How can we create an environment that promotes and supports breastfeeding?

- Review current policies, procedures, and material to assess the possible impact on breastfeeding. Revise as needed.
- Create and promote a “breastfeeding culture” in WIC and beyond. Contact the State WIC Breastfeeding Coordinator for guidance.
- Encourage evidence-based training for all staff in WIC and your agency, to use the most effective information, and to promote consistent messages across programs.
- CPAs and other WIC staff should assume all mothers, infants, and young children are breastfeeding unless told otherwise.

How can a CPA assess a pregnant woman’s breastfeeding knowledge and potential barriers to breastfeeding?

- **Begin the discussion with an open question**, such as *“What have you heard about breastfeeding?”*
- **Depending on the response, continue with probing questions** such as *“Please tell me more about your friend’s experience,”* or *“Tell me more about your experience breastfeeding your other children.”*
- **Let her know you understand her concern(s)**. For example, *“I can see why you would be concerned if your friend had that experience.”*
- Provide education to address the concern.
- For example, if a woman is concerned that she will have cracked and bleeding nipples because her friend did, discuss her concerns and share information on effective latch. Let her know that WIC is available to help and can answer questions while she is pregnant and after baby is born.

We do not have as much time as we would like to spend with pregnant women. How can we help them obtain information they need with limited time?

- **Using open-ended questions** can be very effective when time is limited. Contact the State WIC Breastfeeding Coordinator for more information on this counseling method.
- **Infant feeding classes or mothers’ groups**: Many women would benefit from and enjoy attending a WIC infant feeding class, a mothers’ group, breastfeeding class, or a support group such as La Leche League (LLL). Pregnant women are welcome to attend LLL groups.

- **Offer videos, DVDs, and books.** Consider making these materials available to view in clinic or through a lending library. Many LLL groups have lending libraries.

What are best practices to support breastfeeding women and infants?

- Certify the breastfeeding dyad as soon as possible. This provides an early opportunity to answer questions and offer support and encouragement.
- Schedule infants certified in their first month of life to be seen again one month later. Let mom know at certification that you want to check back with her and answer any questions during this important time in her child's life. This is a good time to:
 - **Check baby's weight and give new mothers an opportunity to ask questions.**
 - **Check how breastfeeding is going.** Women who initially thought they needed formula may find breastfeeding is well established and will choose to continue to breastfeed without a supplement.
 - **Support women returning to work** to continue breastfeeding.

How can WIC encourage full breastfeeding? What do we do when women ask for formula?

- New parents can be assured that breastfeeding is going well when they have information to recognize the signs that it is going well, and places they can get questions answered.
- If infant formula is requested by a breastfeeding woman or participant who intended to breastfeed, the CPA must:
 - Assess the reason for the request. For example, *"Tell me about why you're requesting formula today,"* or begin by asking about her goals: *"What are your goals for breastfeeding?"*
 - Let her know you understand her concern and counsel to address those concerns and help her meet her goal.
 - To help maintain milk supply, discuss options for additional times she might breastfeed (e.g., before bed; when baby wakes; when she picks baby up from childcare; etc.)
 - If breastfeeding more often is not a viable option, discuss the possibilities of hand expressing milk, or pumping more often, to build or maintain milk supply.
 - A breastfeeding infant is better at maintaining milk supply than a pump.
 - In cases in which the infant can't be at the breast for extended periods, ensure that mother is manually expressing her milk, or is pumping with an appropriate breastpump as often as the infant would be nursing. See [Section 6.11: Breastpump Education and Procedures](#).

- If after discussion the CPA determines that a formula prescription is appropriate, he/she must assign *powder formula* and only *the minimum amount needed* unless there is an extenuating circumstance. To determine this amount:
 - Calculate: (Multiply the number of days per week the infant receives formula x the amount per day) x 4 weeks; then divide by the amount of formula in 1 can of powder.
Note: One 12.5 oz can of contract powder formula reconstitutes to 90 oz.
 - Check Table 2
 - It may also be helpful to ask how long 1 can of powder formula lasts.
 - If the family needs about 1½ cans, issue 1 can one month, and 2 cans the next month or vice versa.
 - **Make sure the mother's Food Package corresponds to her infant's package** (see Table 1).

How can a local WIC agency assure breastfeeding mothers receive appropriate follow-up and continued breastfeeding support?

- Document in the participant record, the following:
 - Reason for formula request.
 - Assessment of breastfeeding, counseling provided, and either that formula was not assigned or why the amount of formula is assigned.
 - Referrals for breastfeeding support, as needed.
 - The plan for follow-up assessment, if needed.
- If there are concerns about milk supply, the infant should be monitored for adequate intake while the mother's milk supply is increasing; she should be reassessed as necessary.

Can we issue another can of formula in the first month if the family first-day-to-use- is 2 weeks after the infant is certified?

- We recommend issuing for just the first month when an infant is certified. By doing that you can better assess the need for any formula after a month.
 - First, assess if additional formula is needed.
 - Then, assess the age of the infant at the time the family is next due for nutrition education and food benefits.
- If the infant will be less than one month old at the time of the family's next WIC follow up, there are a couple of options:

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- **Recommended:** Adjust the next contact to the date when the infant will be one month old. That way the next follow up will better correspond to the times when the infant food package changes throughout the year.
- If that is not feasible, consider providing 1 can of formula for the 2nd month, and issue not more than 1 can of formula for the month when the family's food benefits begin again in two weeks.

What are other counseling considerations?

- Staff must refrain from suggesting or assuming that formula is needed. Do not ask questions such as, *"Do you think you will want more formula this month?"*
- Inform mothers of young infants who are using formula that they may be able to resume full breastfeeding.

See tables on next pages.

Guidance on Individualizing the Food Package: Breastfeeding Dyad

Table 1. Mother and Infant Food Packages

These tables illustrate infant food packages and the corresponding mother's food package.

- Remember that if formula is used, many infants will not be consuming formula every day.
- See *Table 2* to determine the minimum number of cans of formula to provide, based on the number of days/weeks the infant will be fed formula.

First Month: Infant Food Package 1

| Breastfed Infant Food Package ♥ | Mom's Food Package | Comments |
|---------------------------------|--------------------|--|
| Priceless breast milk | 7 (Full) | This should be the norm for infant feeding. |
| 1 can | 5 (Mostly) | Formula assigned only after assessment and counseling. |
| > 1 can | 6 (Some) | For partially breastfed infants (Some breastfeeding), provide only the amount of formula to meet the assessed need. Providing the minimal amount of formula will best support milk supply. |

1 to 3 months: Infant Food Package 1

| Breastfed Infant Food Package ♥ | Mom's Food Package | Comments |
|---------------------------------|--------------------|--|
| Priceless breast milk | 7 (Full) | This should be the norm for infant feeding. |
| 1 can | 5 (Mostly) | Formula assigned only after assessment and counseling. |
| > 1 can | 6 (Some) | For partially breastfed infants (Some breastfeeding), provide only the amount of formula to meet the assessed need. Providing the minimal amount of formula will best support milk supply. |

4th and 5th Months: Infant Food Package 1

| Breastfed Infant Food Package ♥ | Mom's Food Package | Comments |
|--|---------------------------|--|
| Priceless breast milk | 7 (Full) | This should be the norm for infant feeding. |
| 1 to 5 cans | 5 (Mostly) | Formula assigned only after assessment and counseling. |
| 6 or more cans | 6 (Some) | For partially breastfed infants (Some breastfeeding), provide only the amount of formula to meet the assessed need. Providing the minimal amount of formula will best support milk supply. |

6th month to 1 year: Infant Food Package 2

| Breastfed Infant Food Package ♥ | Mom's Food Package | Comments |
|--|---------------------------|---|
| Infant Foods | 7 (Full) | This should be the norm for infant feeding. |
| 1 to 3 cans + Infant Foods | 5 (Mostly) | Formula assigned only after assessment and counseling. |
| 4 or more cans + Infant Foods | 6 (Some) | To best support milk supply, provide minimum amount of formula to meet assessed need. Mother receives nutrition education, breastfeeding support, midcert, and referrals. She does not receive WIC foods. |

♥ Fully BF or # of cans powder formula (12.5 oz can that reconstitutes to 90 fl oz)

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Table 2. Estimating the amount of formula to assign.

- Counsel to encourage as much breastfeeding as possible.
- If you determine it is appropriate to issue formula, assess the number of days a week that formula will be fed and the amount used per day. Then use the chart below to determine the minimum number of cans of powdered formula to assign.

How many days per week is formula fed?

| How much formula is fed per day? | Once or twice/week (1 - 2 days/week) | About half the time (3 - 5 days/week) | Almost every day (6 - 7 days/week) |
|----------------------------------|---|--|---------------------------------------|
| ≤ 3 oz | 1 can per month | 1 can per month | 1 can per month |
| 4 - 8 oz | 1 can / month | 1½ cans / month* | 2½ cans / month* |
| 9 -12 oz | 1 can / month | 3 cans / month | 4 cans / month |
| 13 -16 oz | 1½ cans / month* | 3½ cans / month* | 5 cans / month |
| 17 - 20 oz | 2 cans/month | 4½ cans / month* | 6½ cans / month* |

* *Half* cans can be provided by giving 1 can the first month, and 2 cans the next month.

References— Complete Listing of Hyperlinks

[USDA Infant Nutrition and Feeding Guide](https://wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf)

(https://wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf)

[Section 4.5: Staff Training](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch4/sctn4_5.pdf)

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch4/sctn4_5.pdf)

[Exhibit 4-F: Topics for WIC Staff Breastfeeding Orientation](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex4/4f.pdf)

(<https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex4/4f.pdf>)

[Section 6.11: Supporting Breastfeeding Through Breast Pump Access and Education on Expressing Milk](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_11.pdf)

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_11.pdf)

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us. To obtain this information in a different format, call: 1-800-657-3942