

Section 7.8: Food Package 2 (for Infants 6-11 months)

2/2020

References: CFR 246.10

Policy

- Food packages must be prescribed by CPAs, in consultation with the participant or parent/caregiver, and must be prescribed to minimize any adverse impact on breastfeeding.
- 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 2 is issued to infants 6 through 11 months of age. There are three feeding options in this Food Package. The feeding options reflect the amount of breastfeeding. The amount of breastfeeding determines the infant's Food Package. The infant's Food Package determines mom's Food Package.
 - **Fully Breastfed** Infants receiving no formula from WIC--this is the ideal.
(Mother is eligible for [Food Package 7](#))
 - **Mostly-Breastfed** Infants receiving limited amount of formula
(Mother is eligible for [Food Package 5](#), or [Food Package 7](#) - if breastfeeding multiples)
 - **Some-Breastfed/Fully Formula Fed** Infants
(Mother is not eligible for a Food Package, beginning at 6 months after delivery)
- Breastfeeding is the normal method for feeding infants; therefore, breastfeeding must be considered the first and preferred method to feed infants. Every mother must be encouraged to breastfeed. See [Section 6.5: Breastfeeding Education for Pregnant Women](#).
 - For breastfed infants receiving formula, CPAs must evaluate current feeding practices and issue the *minimum* amount of formula that is necessary.
 - CPAs **are not** required to issue the maximum amount of formula allowed in the food package.

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- For all infants receiving formula, the maximum formula amounts decrease when the infant turns 6 months old. CPAs must adjust the food package accordingly.
- Food packages for the breastfeeding mother and infant dyad are closely tied and must match except when the mother is breastfeeding multiple infants with differing breastfeeding statuses.
- If the mother is breastfeeding multiple infants with differing breastfeeding statuses, the mother’s food package corresponds to the food package of the infant with the **most** breastfeeding.
- Issue the food package as indicated in the table below. Maximum amounts of formula vary by breastfeeding status.
- Only contract formulas – including both primary and alternate contract formulas -- are available in this Food Package. Standard *non-contract* formulas are not allowed.
- Infants on medically prescribed formulas receive [Food Package 3](#).

Food Package 2: Infants 6-11 months

Available range of cans of formula or amount of food/month based on breastfeeding status
Maximum number of ounces in ()

Food item	Fully Breastfed	Mostly-Breastfed	Some-Breastfed/ Fully Formula Fed
Powdered Formula/Month <i>(a 12.5-oz can of Enfamil Infant yields approximately 90 fl. oz. reconstituted)</i>	None	1-4 cans (384 fluid ounces)	5-7 cans (696 fluid ounces reconstituted)
Concentrate Formula/Month	None	1-12 cans (312 fluid ounces)	13-24 cans (624 fluid ounces reconstituted)
Ready-To Use Formula/Month (RTF)	None	1-10 quarts (320 fluid ounces)	11-20 quarts (640 fluid ounces)
Infant Cereal	24 ounces	24 ounces	24 ounces
Infant Fruits and Vegetables	64 (4 oz) jars (256 oz)	32 (4 oz) jars (128 oz)	32 (4 oz) jars (128 oz)
Infant Meats	31 (2.5 oz) jars (77.5 oz)	None	None

Tailoring

- Assess developmental readiness and provide foods if appropriate. Individualize and tailor the food package. Do not provide foods that participant will not consume or refuses.

Counseling

- CPAs must counsel on infant feeding practices. See *Guidance* below.
- If formula is provided, CPAs must instruct participants on safe and appropriate formula preparation and handling. See additional information in Chapter 4 of the [*Infant Nutrition and Feeding Guide*](#).

Guidance

- Additional Food Package information is available on the [WIC Local Agency website](#). CPA tools and participant educational resources may be downloaded.
- For information on introduction of complementary foods, refer to Chapter 5 of the [*Infant Nutrition and Feeding Guide*](#).

Frequently asked questions about Food Package 2

Are CPAs required to issue the maximum amount of formula to breastfed infants?

- No, CPAs are not required to issue the maximum amount of formula.
- For example, a 7 month old breastfed infant receiving 8 ounces of formula a day (248 ounces a month) does not need the maximum quantity of 384 ounces of reconstituted powdered formula from the Mostly-Breastfed Infant Food Package. Tailor the Food Package to the appropriate amount of formula needed.

Why do maximum amounts of formula in the food package decrease at 6 months?

- Infant fruits and vegetables are added to the food package, replacing calories from formula. Formula needs decrease as an infant starts complementary foods.
- Infant fruits and vegetables enhance the nutritional value of the food package and introduce variety to the infant's diet.
- Decreased amounts of formula better promote and support breastfeeding.
- Reduction of formula helps keep the food package cost neutral.

What are typical nutrition education and counseling topics for this age?

- Signs of developmental readiness and feeding cues
- How to introduce solids
- How to use jarred infant foods
- Progression of solids, variety, and incorporating appropriate table foods

- For additional information, see Chapter 5-Complementary Foods, [*Infant Nutrition and Feeding*](#).

How do I assess for and counsel on Vitamin D adequacy?

- All infants need a source of Vitamin D. Refer to the American Academy of Pediatrics clinical report on [*Prevention of Rickets and Vitamin D Deficiency in Infants, Children, and Adolescents*](#).
- Mostly-Breastfeeding and Fully Breastfeeding infants need a daily Vitamin D supplement of 400 IU to ensure adequacy.
- Infant formula is fortified with Vitamin D, but the infant's Vitamin D adequacy depends on how much formula is consumed. AAP recommends Vitamin D supplementation for partially breastfed and non-breastfed infants ingesting less than 1 quart (or 1 liter) per day of Vitamin D-fortified formula.
- If there are questions, refer to the Health Care Provider.

Why are jarred infant foods added to the infant's food package at 6 months?

- The addition of jarred infant foods contributes to an overall dietary pattern that is consistent with established dietary recommendations for infants. (It is consistent with AAP recommendations.)
- Most infants are developmentally ready for solids around 6 months.
- Infant food fruits and vegetables introduce infants to new flavors and textures.

Why do Fully Breastfed infants receive larger quantities of jarred infant foods?

- To encourage and promote full breastfeeding, the recommended amounts of baby food fruits and vegetables are more generous for fully breastfed infants than for other infants.

Why do Fully Breastfed infants receive meat?

- Fully breastfed infants require additional sources of iron and zinc beginning at 6 months. Infant food meat provides added iron and zinc in a highly bioavailable form.

*Why **commercial** infant foods?*

Commercial infant foods are:

- Available in single-item formulations, and in varying textures appropriate for varying ages.
- More likely to provide nutritionally appropriate foods in low-income families.
- More likely to be consumed by the baby and not by other family members.
- Lower sodium content than many table foods
- Small quantities provide appropriate amounts per feeding and promote food safety.

What are some ways to offer jarred infant foods to older infants, 9-12 months of age?

Most infants advance to more textured, finely-chopped table foods during late infancy. Infant foods with puree-like consistency may not be appealing to them. Here are some counseling suggestions for using the jarred infant foods during that period:

- Use jarred foods to supplement an infant's meal when the family meal does not include many infant-appropriate foods.
- Mix infant applesauce or vegetables with finely-chopped table meats to provide moisture.
- Mix infant fruits and vegetables with regular fruits and vegetables or other table foods that have been mashed.
- Add infant fruit to infant cereal or to regular oatmeal or other cooked cereals.

What if a participant does not wish to use jarred infant foods?

- These foods can offer important nutrition benefits to an infant but are not absolutely necessary if table foods are used appropriately. Some participants, particularly those from traditional or cultural backgrounds, are accustomed to preparing homemade baby foods. Jarred infant foods should not replace those foods, but rather, should supplement them.
- Explain to participants
 - Key nutrients that jarred infant foods can provide
 - How jarred foods can be used to supplement table foods that are given
 - How to incorporate jarred foods with table foods
- Encourage participants to continue to include appropriate home-prepared foods for infants.

*Will participants think that jarred baby foods are the **only** appropriate foods for the 1st year?*

- Jarred infant foods provide nutrients and flavors *as part* of the infant's overall diet. As an infant gains developmental skills, it is important that they try progressive textures and a variety of foods, including appropriate table foods.
- Counsel the participant on when and how to add table foods to the baby's diet to match developmental skills.

Under what circumstances should the food package be tailored?

When a participant will not consume or refuses a particular food. Examples include:

- Food allergy to a WIC food
- Exclusive tube feeding
- Vegan family that does not wish to give meat to their child
- Premature or developmentally-delayed infant not yet ready for solids

Reference – Complete Listing of Hyperlinks

[Section 7.13: Food Package 7 \(for Fully Breastfeeding Women\)](https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch7/sctn7_13.pdf)

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch7/sctn7_13.pdf)

SECTION 7.8: FOOD PACKAGE 2 (FOR INFANTS 6-11 MONTHS)

Section 7.11: Food Package 5 (for Pregnant Women and Mostly-Breastfeeding Women)

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch7/sctn7_11.pdf)

Section 6.5: Breastfeeding Education for Pregnant Women

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_5.pdf)

Section 7.9: Food Package 3 (for Infants, Women, and Children with Qualifying Medical Conditions)

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch7/sctn7_9.pdf)

Infant Nutrition and Feeding Guide

(<https://wicworks.fns.usda.gov/sites/default/files/media/document/infant-feeding-guide.pdf>)

WIC Local Agency website

(<https://www.health.state.mn.us/people/wic/localagency/index.html#foodpackage>)

Prevention of Rickets and Vitamin D Deficiency in Infants, Children, and Adolescents

(<http://pediatrics.aappublications.org/content/122/5/1142.full>)

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

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