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FEATURE ARTICLE

Changes in WIC Food Packages Proposed

The Special Supplemental Nutrition Program for Women, Infants, and Children (the WIC program) has promoted the health of low income families for more than thirty years. Administered by the United States Department of Agriculture Food and Nutrition Service, the WIC program serves millions of families each year, making it one of the largest nutrition programs in the U.S.

The Food and Nutrition Service (FNS) was established August 8, 1969, but many of the food programs originated long before FNS existed as a separate agency. The Food Stamp Program, the cornerstone of the U.S. Department of Agriculture's nutrition assistance, was begun in its modern form in 1961, but it had its origins in the 1930s in the Food Stamp Plan. The National School Lunch Program also has its roots in depression-era efforts to help low-income children. The Needy Family Program, which has evolved into the Food Distribution Program on Indian Reservations, was the primary means of food assistance during the Great Depression.

CAUGHT IN THE WEB

Questions about breastfeeding? WIC has the answers!

The New York State WIC Training Center and Whitney M. Young, Jr. Health Services in partnership with the New York State Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) have created a breastfeeding website for breastfeeding peer counselors and the women they serve. Expectant and new parents can access information about breastfeeding, WIC services, and breastfeeding peer counselors. Breastfeeding peer counselors can use this important online resource to complete classroom lessons and access WIC training materials. For additional information please visit www.breastfeedingpartners.org.

FNS works in partnership with the States in all its programs. States determine most administrative details regarding distribution of food benefits and eligibility of participants and FNS provides funding to cover most of the States' administrative costs. Congress appropriated \$37.9 billion for FNS programs in Fiscal Year 2002. By comparison, FNS programs cost \$1.6 billion in 1970, the first full year of the agency's operation.

ASK AMY

Q. How many people does the Special Supplemental Program for Women, Infants, and Children (WIC) serve?

More than 8 million people receive WIC benefits each month. In 1974, 88,000 people participated in WIC each month. Average monthly participation in 2004 was 7.9 million, approximately 4 million were children, 2 million were infants, and 1.9 million were women. Nearly 52 percent of U.S. infants participate in WIC. To qualify, applicants must meet income guidelines (at or below 185 percent of U.S. Poverty Guidelines), a State residency requirement, and be individually determined to be at nutrition risk by a health professional. More than 50 percent of infants born in the U.S. participate in WIC.

What is WIC?

Established in 1972-1974, the Special Supplemental Nutrition Program for Women, Infants, and Children (the WIC program) was designed to meet the special nutritional needs of low-income pregnant, breastfeeding, and postpartum non-breastfeeding women, infants, and children up to five years of age who are at nutritional risk. The WIC program was started as a pilot project and has expanded to include all 50 states, the District of Columbia, Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, and 34 Indian Tribal Organizations. Program participants receive supplemental foods, nutrition education, breastfeeding support, and referrals to health and social services. The goal of WIC is to improve birth outcomes, support the growth and development of infants and children, and promote long-term health. In addition to providing access to nutritious food, the WIC program also works to empower program participants with knowledge of the link between diet and health.

Approximately 54% of U.S. infants and 25% of U.S. children ages 1 through 4 years along with many of their mothers are served by the WIC program. Supplemental foods are made available each month in the form of seven different WIC food packages. Most WIC participants access the food packages by redeeming vouchers or food-checks to obtain specific foods at participating retail stores. In 2003 the cost of the supplemental food for the WIC program was \$3.2 billion.

Why are changes needed in the WIC food packages?

A variety of factors have contributed to the need for changes in the WIC food packages.

- Knowledge of nutrition has expanded.
- Dietary patterns have changed.
- A greater variety of foods are available.
- The number of WIC program participants has increased.
- Program participants are more culturally diverse.
- Obesity has become a major public health concern.

As a result, the U.S. Department of Agriculture Food and Nutrition Service asked a committee of the Institute of Medicine to conduct a two-phase evaluation of the current WIC food packages. Phase I included a review of the nutritional needs of WIC program participants including all population subgroups, assessing supplemental nutrition needs, and proposing priority nutrients and general nutrition recommendations. In Phase II the committee

was asked to recommend specific changes in the WIC food packages based on the Phase I assessment. Recommended changes must be culturally suitable, easily administered nationwide, cost-neutral, and must take into consideration the supplemental nature of the WIC program. The committee was also asked to consider burdens and incentives for eligible families and the role of the food packages in reinforcing nutrition education, promoting breastfeeding, and preventing chronic disease.

During Phase I the committee developed criteria to guide its work.

- Proposed packages must reduce the prevalence of inadequate and excessive nutrient intakes by participants.
- Proposed packages must contribute to an overall dietary pattern that is consistent with the Dietary Guidelines for Americans.
- Proposed packages must contribute to an overall diet that is consistent with established dietary recommendations for infants and children younger than 2 years of age, including encouragement of and support for breastfeeding.
- Foods in the proposed packages must be available in forms suitable for low-income persons who may have limited transportation, storage, and cooking facilities.
- Foods in the proposed packages must be readily acceptable, widely available, commonly consumed, take into account cultural food preferences, and provide incentives for families to participate in the WIC program.
- Consideration will be given to the impact that changes in the packages will have on vendors and WIC agencies.

A preliminary report was released August 2004 and a period of public comment followed. Based on the comments received, minor changes were made in the priority nutrients and priority food groups. Iron, Vitamin E, potassium, and fiber were identified as nutrients to increase, and

DID YOU KNOW?

Cesarean Birth Increases the Risk of Maternal Death

According to data published in the September 2006 issue of *Obstetrics & Gynecology*, cesarean delivery is associated with an increased risk of postpartum maternal death. Researchers conducted a population-based case control study. Sixty-five cases of postpartum maternal death (maternal deaths due to antenatal morbidity were excluded) were identified. The control group included 10,244 women selected from the French National Perinatal Survey. After controlling for potential confounders, the risk of postpartum death was 3.6 times higher after cesarean delivery than after vaginal delivery. Cesarean delivery was associated with an increased risk of maternal death due to anesthesia, puerperal infection, and venous thromboembolism. It appears that by choosing vaginal birth over non-medically indicated cesarean birth, women could lower their risk for maternal death. *Obstetrics & Gynecology* 2006; 108:541-548

fruits and vegetables were identified as food groups to increase in some of the packages.

What are the proposed changes?

The committee made important recommendations regarding age specifications and breastfeeding categories for infants.

- Food Package I would serve infants from birth through 5 months.
- Food Package II would serve infants from 6 months through 11 months.

IT'S THE LAW

Ban the Bags! Hospitals Should Market Health and Nothing Else!

In an effort to halt the distribution of discharge bags containing infant formula at maternity hospitals and birth centers throughout the United States, the Massachusetts Breastfeeding Coalition has launched a national Ban the Bags Campaign. A Ban the Bags Toolkit along with a PowerPoint presentation detailing the campaign is available at banthebags.org. Campaign organizers, Marsha Walker and Anne Merewood, have been steadfast in their opposition to the marketing of infant formula by hospitals. "This tactic is the crown jewel in the [formula] companies marketing strategy." For more information about the Massachusetts Breastfeeding Coalition and the Ban the Bags Campaign visit www.massbfc.org.

CHANGE: Currently the shift from Food Package I to Food Package II occurs at 4 months of age.

- Food Package I would contain only iron-fortified infant formula for partially breastfed and fully formula-fed infants up to 6 months of age.

CHANGE: This change is consistent with the American Academy of Pediatrics position statement that infants be exclusively breastfed for the first 6 months of life and recognizes breastfeeding as the reference or normative model for infant feeding.

- Only two feeding options will be offered initially—full breastfeeding or full formula feeding. Formula would not be routinely provided during the first month after birth for any infant whose mother intends to breastfeed. Rare exceptions can be made should small amounts of formula be needed until a mother and infant establish a pattern of exclusive breastfeeding.

CHANGE: Current options include partial breastfeeding from the time of birth.

- Beginning the second month after birth, a third feeding option is available—partial breastfeeding i.e. the infant is breastfed but also receives for-

mula from the WIC program in an amount not to exceed one-half the amount of formula allowed for a fully formula-fed infant.

CHANGE: Currently, the same amount of formula is provided to partially breastfed and fully formula-fed infants and allows mothers who breastfeed as little as once a day to qualify as a breastfeeding mother. Under the new proposal, if a mother requests more than the amount of formula allowed for partially breast-fed infants, she can receive up to the maximum amount of formula allowed for the fully formula-fed infant, but she would no longer be eligible for Food Package V. Food Package V is provided to fully or partially breastfeeding mothers and is more desirable than the package for non-breastfeeding mothers. It is hoped that this change will encourage more mothers to breastfeed.

In tandem with the proposed package changes for breastfeeding mother/infant pairs, the committee strongly recommends intensive support for breastfeeding mothers, particularly in the first few weeks after delivery and beyond to extend the duration of breastfeeding for at least one year after birth.

What does each food package contain?

Food Package I – Infants Birth to 6 months

- Food Package I is unchanged for fully formula-fed infants from birth through three months of age. For fully formula-fed infants from 4 through 5 months of age the amount of formula has been increased slightly to compensate for the removal of infant cereal and juice.

- Partially breastfed infants 1-3 months of age can receive up to 50 percent of the maximum allowance of formula (in any form). It is hoped that this policy will encourage mothers to provide greater amounts of breastmilk.

Food Package II – Infants 6 months to 1 year

- The amount of formula has been decreased for fully-formula fed infants and partially breastfed infants in an effort to reduce the intake of excessive nutrients and encourage the provision of breastmilk.
- Baby foods (fruits, vegetables, meats) have been added to the package
- The amount of iron-fortified infant cereal in Package II is unchanged.
- Juice has been removed from Package II.
- Fully breastfed infants are given baby food meat along with larger quantities of baby food. It is hoped that this will encourage mothers to continue to breastfeed fully.

Food Package III – Infants with Special Dietary Needs

- Package III will continue to provide prescribed special formulas.
- In addition, Package III will provide the added foods, if appropriate, that the infant or child would receive if they did not have special dietary needs.

Food Package IV – Children 1-5 years

- Package IV is given to more than 50 percent of WIC participants.
- The quantity of juice and milk will be adjusted to reflect the recommendations of the American Academy of Pediatrics i.e. Juice – 4 fluid ounces per day rather than 10 fluid ounces per day; Milk – 2 cups per day rather than 3 cups per day.
- Whole milk will be provided to one year olds and 2 percent milk or less will be provided to 2 through 4 year olds. Yogurt can be substituted for part of the milk.

- An \$8 cash voucher for fruits and vegetables has been added.
- Eggs have been reduced in quantity from 2-2.5 dozen to 1 dozen to allow for other package enhancements.
- Dry beans or peas have been added to the options.
- Only whole grain cereals will be included; additional whole grain options have been added.

Food Package V – Pregnant and Partially Breastfeeding Women up to 1 year after birth

Food Package VI – Fully Formula-feeding Women up to 6 months after birth

Food Package VII – Fully Breastfeeding Women up to 1 year after birth

- The package for fully breastfeeding women provides the largest number of different kinds of food and the largest amount of food for up to 1 year after birth.
- The package for formula feeding women provides the least amount of food for the least amount of time (up to 6 months after birth).
- Changes in the packages for women are similar to changes in the packages for children i.e. adjustments have been made in the amount of juice and milk so that appropriate amounts are provided.

Current food packages are independent of one another, however the proposed packages are based upon mother/infant pairs and are intended to eliminate the disparity in market value in the three options (full breastfeeding, partial breastfeeding, and full formula-feeding). The market value of the breastfeeding packages have been

increased significantly in the hope that this will provide incentive for mothers to breastfeed fully or partially.

The emphasis on fruits and vegetables, whole grains, fat-reduced milk and milk products are major steps in improving the quality of the WIC food packages. The proposed changes will make the food packages more consistent with dietary guidelines by:

- providing fruits and vegetables, both fresh and processed, with minimal restriction on variety and choice.
- promoting the intake of whole fruits and vegetables.
- including whole grain products.
- reducing saturated fat, cholesterol, total fat, and calories.
- specifying no added sugars or limitations on the amounts of caloric sweeteners allowed.
- addressing container size as related to food safety concerns.

Compared with the current food packages, the committee estimates that the revised packages provide greater amounts of nearly all of the nutrients of concern and lesser amounts of excessive nutrients.

How can I help?

You can help by publicly supporting the proposed rule change. Send your comments via mail, email, Federal e-rulemaking portal, or online submission form. The comment period ends November 6, 2006.

- Mail - Send comments to Patricia N. Daniels, Director, Supplemental Food Programs Division, Food and Nutrition Service, USDA, 3101 Park Center Drive, Room 528, Alexandria, Virginia 22302.

- E-mail - Send comments to wichq-sfpd@fns.usda.gov. Include "Docket ID Number 0584-AD77, WIC Food Packages Rule," in the subject line of the message as well as your organization, city, and state.
- Federal eRulemaking Portal - Go to <http://www.regulations.gov>. Follow the online instructions for submitting comments.
- Online Submission Form - Use FNS online form to submit comments. You will receive a confirmation page and your comments will be sent by email to FNS.

All comments will be included in the record and will be made available to the public. The substance of the comments and the identities of the individuals or entities submitting the comments will be subject to public disclosure. All written submissions will be available for public inspection at 3101 Park Center Drive, Room 528, Alexandria, Virginia 22302, during regular business hours. Contact 703-305-2746 Monday through Friday between the hours of 8:30 a.m. and 5 p.m. FNS may make comments available to the public by posting a copy of all comments on the FNS Web site at <http://www.fns.usda.gov/wic>.

For additional information about the proposed changes, please visit

the National WIC Association at <http://www.nwica.org>/ where you can access talking points in support of the IOM recommendations,

or visit the California WIC Association at www.calwic.org where you can download an educational toolkit.

SCIENCE OR SCIENCE FICTION

Early Introduction of Solid Foods Increases Risk of Food Allergy

Researchers conducted a critical review of the evidence for the timing of the introduction of solid foods and its possible role in the development of food allergy. Fifty-two studies met the criteria for inclusion. The researchers concluded that early introduction of solid foods can increase the risk of food allergy; avoidance of solid foods can prevent the development of specific food allergies; some foods are more allergenic than others; and some food allergies are more persistent than others. Therefore, pediatric care providers should individualize the introduction of solid foods into the infant diet based on assessed risk.

For high risk infants, the optimal age for the introduction of selected supplemental foods should be 6 months; dairy products 12 months; hen's egg 24 months; and peanut, tree nuts, fish, and seafood at least 36 months.

For all other infants, complementary foods can be introduced from the sixth month, and egg, peanut, tree nuts, one at a time in small amounts. Mixed foods containing various food allergens should not be given unless tolerance to every ingredient has been assessed. *Annals of Allergy, Asthma & Immunology* 2006; 97(1):10-21

Adverse Perinatal Outcomes Associated with Birth Interval

Researchers conducted a meta-analysis utilizing data from 67 cohort, cross-sectional, and case-

control studies with results adjusted at least for maternal age and socioeconomic status, reporting risk estimates and 95% confidence intervals (or data to calculate them) of birth spacing and perinatal outcomes. A random-effects model and meta-regression analyses were used to pool the data from individual studies. The relative risk for three adverse perinatal events (pre-term birth, low birth weight, and small for gestational age) was greater when the interval between pregnancies was shorter than 18 months and longer than 59 months. Spacing pregnancies appropriately has the potential for preventing some adverse perinatal outcomes.

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WHAT'S NEW

Brochures Highlight the Importance of Breastfeeding in Preventing Obesity

The California WIC Association in partnership with the University of California at Davis Human Lactation Center have developed two brochures designed to educate decision makers about the critical link between breastfeeding and obesity prevention. For more information about the brochures or to download free copies visit www.calwic.org.

Amy's Babies is pleased to present the Feeding Times. Published four times a year, the Feeding Times focuses on topics of interest to breastfeeding parents and lactation professionals. For additional information about our

products and services please visit our website at www.amysbabies.com.

EDUCATIONAL EVENTS

Please visit www.amysbabies.com for a complete listing of upcoming events. Simply click on services in the navigation bar.

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