

Section 7.4: Supporting Breastfeeding with the WIC Food Package

02/2024

References: 7CFR Part 246.10, [USDA WIC Nutrition Services Standards](#), [USDA Breastfeeding Policy and Guidance](#)

Policy: Breastfeeding participants whose infants receive formula from WIC are to be supported to breastfeed to the maximum extent possible with minimal supplementation with infant formula.

Individual tailoring of food packages shall be completed after a comprehensive assessment of the participant's supplemental nutrition needs and to accommodate participant preferences.

Formula amounts issued to breastfed infants are to be tailored to meet but not exceed the infant's nutritional needs.

Purpose: To assure that WIC food packages support and do not adversely impact breastfeeding and the participant's infant feeding goals.

Background

- The WIC food package is designed based on participant category and shall be tailored to meet the nutritional needs of the participant. Breastfeeding assessment and plans for breastfeeding serve as the basis for determining food package issuance for all breastfeeding participants and infants. The intent of the WIC Program is that all breastfeeding participants be supported to exclusively breastfeed their infants and to choose the fully breastfeeding food package without infant formula.
- Breastfeeding is the biological norm for infant feeding. The WIC food package has many mechanisms in place to support exclusive breastfeeding, such as the enhanced food packages for fully lactating parents and for infants 6 months and older.

Procedures

1. When full breastfeeding isn't utilized, by circumstance or choice, the appropriate formula food package can be tailored to support the infant's nutritional needs.
2. The agency must not develop a standard food package for breastfed infants that receive formula. Any formula issued must be based on an assessment of the individual situation.

3. Individual tailoring of food packages shall be completed after a **comprehensive assessment** of the participant's supplemental nutrition needs and to accommodate participant preferences.

Assessment components:

- Find out why formula is being used or requested. Inquire what the family's breastfeeding plan or goal is.
 - Focus on the participant's goals and work with the participant to create a plan to meet those goals.
 - Refer to the Designated Breastfeeding Expert (DBE), health care provider, and/or community resources for lactation support if there are barriers to fully breastfeeding. See [Section 4.7: Designated Breastfeeding Expert](#) for additional information.
 - Review with participants that exclusive breastfeeding in the infant's first month is ideal for the infant and critical for establishing milk supply. Supplementation with formula or other foods during that period may reduce milk supply and undermine continued breastfeeding.
 - Discuss supplementing with breastmilk, such as by hand expression, or pumping with a manual or electric breast pump to meet the infant's needs.
4. Food package tailoring is a collaborative process. For breastfed infants, staff will estimate the amount of formula needed, based on the assessment information, and issue the amount of formula tailored to what the infant will likely consume during the benefit issuance period.
 5. Only CPAs may assign food packages. Other WIC and non-WIC staff may not assign food packages or change the infant food package. Staff who are not CPAs must be trained on procedures for referring a participant to a CPA if the participant requests formula.
 6. **Educate** breastfeeding parents using formula on the following topics:
 - Support lactation and provide counseling if there is a barrier to lactation.
 - Consider the age of the infant and amount of formula being routinely offered. Inform parents of young infants who are using formula that they may be able to resume full breastfeeding, if this is their goal.
 - Explain that feeding formula can reduce mom's supply of breastmilk and interfere with a goal of fully breastfeeding.
 - Educate on safe mixing and handling of infant formula. Refer to the [USDA Infant Nutrition and Feeding Guide](#) Chapter 4.
 - Educate the family that the formula is only for their infant and can't be given to others or sold if not used.
 - Document the assessment, education related to breastfeeding and/or formula preparation, and other information as appropriate. See Guidance section below.

Documentation

To promote continuity of care, the following should be apparent in the record when providing formula for a breastfed infant:

- Assessment of current breastfeeding and formula supplementation
- Counseling provided
- Referrals for breastfeeding support, as needed
- 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.

Guidance

Best practices to support breastfeeding participants 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 families an opportunity to ask questions.
 - Check how breastfeeding is going. It is important to discover what the underlying reason for formula supplementation is and determine if the parent may want to continue to breastfeed without a supplement.
 - Support participants returning to work who want to continue breastfeeding. Offer suggestions for how to maintain breastfeeding after returning to work, based on the participant's situation.

Assessment and Counseling Tips:

- Teach new parents how to recognize that breastfeeding is going well, and resources for breastfeeding support if they have questions.
- If infant formula is requested by a breastfeeding woman or participant who intended to breastfeed:
 - 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.

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- 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 breast pump as often as the infant would be nursing. See [Section 6.11: Supporting Breastfeeding Through Breast Pump Access and Education on Expressing Milk](#).

Tables on the following pages

Table 1: Estimating the amount of formula to assign.

- Counsel to encourage as much breastfeeding as possible based on the parent's goals.
- If formula is used, assess if formula is used every day.
- If issuing formula, use the chart below to assess the number of cans of powdered formula to assign.
 - 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.
 - It may also be helpful to ask how long 1 can of powder formula lasts.
- When in doubt issue a lower amount of formula and plan to follow-up sooner to see if more formula is needed. If so, it can be added to the food package later.

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 need to be rounded up. Assess the next month if less formula is needed.

Guidance on Individualizing the Food Package: Breastfeeding Dyad

The table on the following page illustrates infant food packages and the corresponding mother's food package.

- If a mother chooses to add formula and this changes what food package she receives (e.g., going from a food package for a Fully Breastfeeding Women (Food Package 7) to a food package for Some-Breastfeeding and Non-Breastfeeding Postpartum Women (Food Package 6); a CPA does not need to adjust the current month's benefits if they have been already issued, only future months' benefits.

Table 2 on the following page.

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Table 2: Mother and Infant Food Packages

Infant Age and Food Package	Breastfed Infant Food Package♥	Mom's Food Package	Comments
First Month: Infant Food Package 1	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	Priceless breast milk	7 (Full)	This should be the norm for infant feeding.
	1 to 4 cans	5 (Mostly)	Formula assigned only after assessment and counseling.
	> 5 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.
4 th and 5 th Months: Infant Food Package 1	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.
6 th month to 1 year: Infant Food Package 2	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)

Reference – Complete Listing of Hyperlinks

USDA WIC Nutrition Services Standards

(https://wicworks.fns.usda.gov/sites/default/files/media/document/wic-nutrition-services-standards_0.pdf)

USDA Breastfeeding Policy and Guidance

(https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC-Breastfeeding-Policy-and-Guidance_1.pdf)

USDA Infant Nutrition and Feeding Guide

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

Section 4.7: Designated Breastfeeding Expert

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch4/sctn4_7.pdf)

Section 4.5: Staff Training

(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>)

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)

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