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# WIC and Breastfeeding Rates

## Food Assistance Research Brief

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**Issue:** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) promotes breastfeeding as the preferred method for feeding infants. The breastfeeding rates among women participating in WIC, although improving, continue to be significantly lower than the Healthy People 2010 target established by the U.S. Department of Health and Human Services—that at least 75 percent of women initiate breastfeeding and at least 50 percent continue breastfeeding for at least 6 months. WIC faces several challenges in increasing breastfeeding among program participants.

**Background:** The American Academy of Pediatrics (AAP) recognizes breastfeeding as the preferred method of feeding infants and achieving optimal infant and child health, growth, and development. AAP recommends exclusive breastfeeding for approximately the first 6 months after birth and the gradual introduction of iron-enriched foods in the second half of the infant's first year to complement the breastmilk diet. Breastfeeding is recommended for at least 12 months and thereafter for as long as mutually desired. In addition to health benefits, a recent Economic Research Service study estimates that a minimum \$3.6 billion would be saved if the prevalence of exclusive breastfeeding increased from 1998 rates to those recommended by the Surgeon General. These savings would result from reducing both direct costs (such as formula costs and physician fees) and indirect costs (such as time lost by parents attending to an ill child).

On average, 1.9 million infants per month, or almost half of all infants in the United States, participate in the WIC program. WIC, through its nutrition education and breastfeeding promotion programs, encourages mothers to breastfeed their infants if possible. WIC State agencies are required to hire a breastfeeding promotion coordinator, educate local agency staff on the benefits of breastfeeding, and coordinate promotion with programs in the State. Breastfeeding women have a higher priority for certifica-

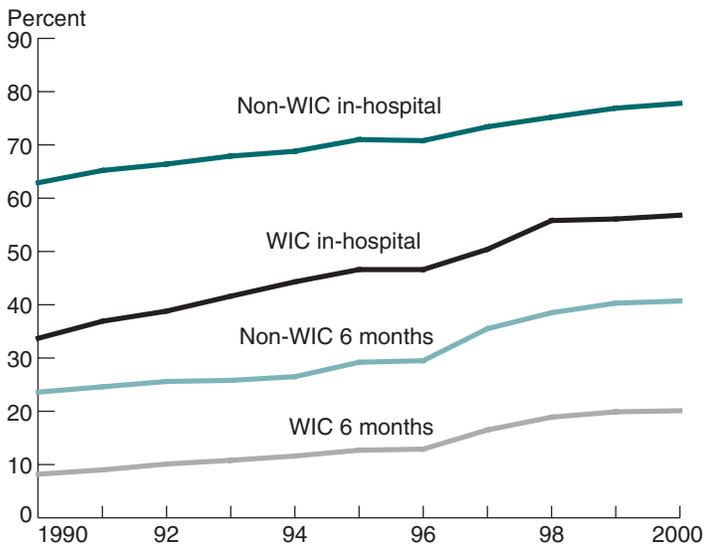
tion into the program than nonbreastfeeding postpartum women and they are eligible to participate in WIC longer than non-breastfeeding mothers. Mothers who exclusively breastfeed their infants receive an enhanced food package containing additional foods and larger quantities of other foods. Breastfeeding mothers can also receive breast pumps and other breastfeeding aids to help support the initiation and continuation of breastfeeding. Meanwhile, WIC provides infants who are not exclusively breastfeeding with up to 806 reconstituted fluid ounces of infant formula (the equivalent of over 100 8-ounce bottles) per month. ERS estimates that infants participating in WIC consume about 54 percent of all formula sold in the United States.

**Findings:** Despite recent science on the benefits of breastfeeding, many women choose to formula-feed their children. Lack of public acceptance, maternity hospital practices, aggressive formula product marketing and difficulties and inconvenience associated with breastfeeding while working outside the home are among the reasons that have been cited as contributing to many women not breastfeeding their child.

Breastfeeding rates among WIC women, both while they and their infants are in the hospital immediately after the babies' birth as well as when their babies are 6 months of age, have historically been significantly lower than those of non-WIC women. For example, 57 percent of WIC women initiated breastfeeding while in the hospital in 2000, compared to 78 percent of non-WIC women. Rates of breastfeeding at 6 months of age were also lower for WIC women than non-WIC women (20 percent versus 41 percent) (fig. 1).

WIC faces a number of challenges in increasing the prevalence of breastfeeding. The amount of time WIC staff have to encourage and counsel pregnant women on breastfeeding is limited. In addition, a woman's decision to breast-

**Figure 1. Breastfeeding rates by WIC status in-hospital and at 6 months, 1990-2000**



Source: Ross Mothers Survey.

feed may be influenced by a number of other factors beyond WIC's control such as the attitudes of her family and friends, her physician, and community views. An additional challenge is the result of recent welfare reform legislation that emphasizes working. A mother who works outside the home must have a place and time to nurse her baby or be able to express and store her milk for bottle feeding. The types of businesses that employ WIC women are believed to be less likely to have the facilities and procedures to accommodate these daily breastfeeding needs.

Since the breastfeeding rate of women participating in WIC is lower than that of women not in the program, some have questioned whether WIC, by supplying infant formula, provides a disincentive to breastfeeding. However, women most likely to participate in WIC,

including mothers who are poor and have low education levels, are generally less likely to breastfeed their children.

**Summary:** The prevalence of breastfeeding among WIC women is on the rise. The percentage of WIC women who initiated breastfeeding increased by 69 percent from 1990 to 2000 while the percentage who breastfed at 6 months increased by 145 percent. Despite the increase, breastfeeding rates among WIC women remain far below the Healthy People 2010 target. Furthermore, although the gap in breastfeeding initiation rates while in the hospital between WIC and non-WIC mothers decreased during the 1990's, the gap at 6-months of age widened. WIC breastfeeding rates, although improving, continue to be significantly lower than the Healthy People 2010 target established by the U.S. Department of Health and Human Services that at least 75 percent of women initiate breastfeeding and at least 50 percent continue breastfeeding for at least six months. More research is needed to determine the most effective breastfeeding promotion and support measures to increase breastfeeding among WIC participants. ERS is funding a study of the impact of individualized professional lactation support upon child health care costs, breastfeeding practices, and child health outcomes.

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