



ISSUE BRIEF

WIC Matters During the First 1,000 Days

About 1,000 Days

1,000 Days is the leading nonprofit organization working to ensure women and children in the U.S. and around the world have the healthiest first 1,000 days. As an initiative of FHI Solutions, our mission is to make the well-being of women and children in the first 1,000 days a policy and funding priority.

The Issue

The 1,000 days between a woman's pregnancy and her child's 2nd birthday offers a unique window of opportunity to build healthier and more prosperous futures. This is when a child's brain begins to grow and develop and the foundations for their lifelong health are built. Good nutrition plays a critical role in supporting the health and well-being of women and children during the first 1,000 days and beyond.

Unfortunately, many women and young children are not getting the nutrition they need to thrive. Women of childbearing age are consuming diets with too few nutrient-rich foods and too much saturated fat, added sugar and sodium. About half of women in America enter pregnancy overweight or obese and/or gain excessive weight while pregnant, putting their health and that of their babies at risk. In addition, 1 in 6 babies in America is never breastfed, despite the documented short- and long-term benefits of breastfeeding for both moms and babies. According to the most recent national data, about 1 in 6 infants and toddlers in America lives in poverty and almost 11 million children live in households that struggle to put enough food on the table – and we know that the COVID-19 pandemic has caused even more hunger and hardship. Ultimately, poor nutrition, poverty and food insecurity have a detrimental impact on infant, child and maternal health and well-being.

Evidence-based, proven programs that reach low-income families with healthy foods and nutrition education are a critical investment in the health and well-being of moms and babies. One such program is the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

About WIC

WIC was established as a permanent federal nutrition program in 1974 to safeguard the health of vulnerable mothers and young children. It serves low-income women, infants and children who are at nutritional risk during the first 1,000 days and beyond, including:

- Pregnant women
- Breastfeeding women
- Non-breastfeeding postpartum women
- Infants
- Toddlers and children up to age 5

WIC participants receive nutritious foods, nutrition education, breastfeeding support and referrals to health care and other social services. WIC promotes breastfeeding as the optimal source of nutrition for infants, and participating mothers are encouraged to breastfeed their infants whenever possible. Breastfeeding women receive numerous types of support to help them meet their breastfeeding goals:

- Breastfeeding peer counselors
- Lactation consultants
- Classes and support groups
- Educational materials
- Hotlines for questions
- Enhanced food packages, including a greater quantity and variety of foods
- Breastfeeding aids (breast pumps, breast shells, etc.)

For women who do not fully breastfeed, WIC provides iron-fortified infant formula.

WIC's Impact

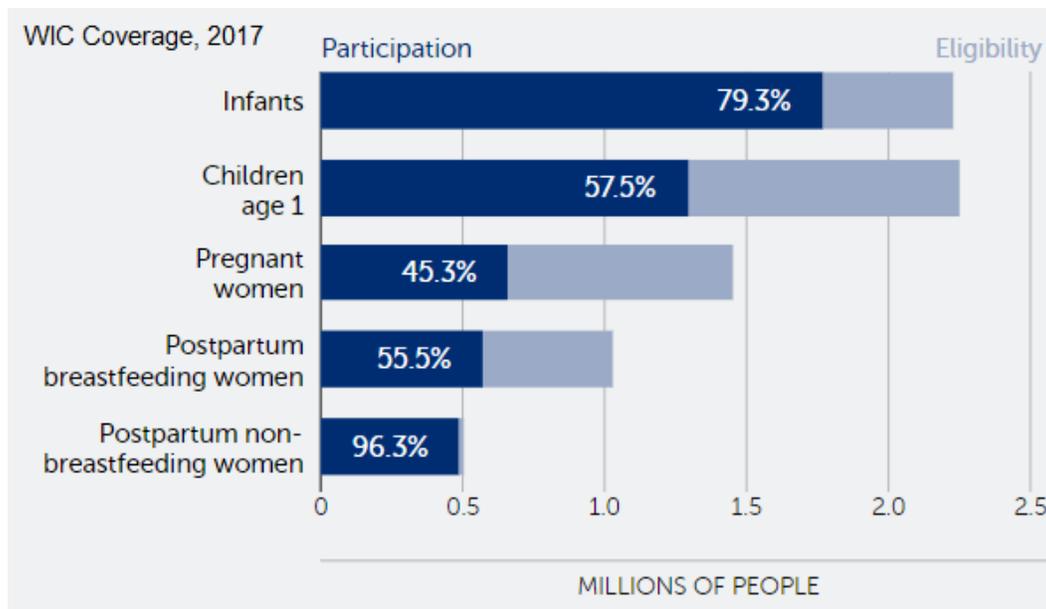
A very large body of research demonstrates that WIC is one of the most successful and effective federal nutrition programs in the United States. WIC reduces food insecurity, alleviates poverty, improves dietary intake, results in better birth outcomes and health outcomes, protects against obesity, supports learning and development and lowers health care costs.

Evidence also shows that WIC breastfeeding promotion works. For example, a recent evaluation of the breastfeeding peer counselor program found that mothers who receive peer counselor support are up to 2-3 times more likely to initiate and continue breastfeeding. Additionally, the rate of breastfeeding among WIC participants has been increasing in recent years, rising from 68.8% in 2009 to 75.5% in 2016. Breastfeeding rates are still lower among WIC participants compared to eligible non-participants, but research shows that women who enroll in WIC differ in important ways from eligible non-participants: eligible non-participants are older, more highly educated, more likely to be married and more likely to be white – all of which are associated with higher rates of breastfeeding. When researchers compare WIC participants to *well-matched* eligible non-participants, they find no difference in breastfeeding rates.

WIC's Challenges

WIC served more than 7 million individuals in 2017, including nearly 5 million pregnant and postpartum women, infants and toddlers in their first 1,000 days. Nearly half (44.6%) of all babies born in the U.S. are served by WIC.

However, in 2017 only 51% of all eligible women, infants and children were participating in the WIC program – down from a high of 63.5% coverage in 2011. Although several factors may account for this decline, one important factor is a drop in the number of eligible individuals who choose to participate.



In many ways, the WIC program hasn't modernized to meet the needs of today's families. According to a USDA survey analyzing early exit from WIC, many women find participation burdensome and find that the costs of participating outweigh the benefits. Participants have cited the following barriers:

- Dissatisfaction with program operations, such as:
 - WIC clinic operations (e.g., long wait times or poor customer service)
 - Inconveniences in appointment scheduling
 - Transportation costs
 - Language barriers
 - Embarrassing or difficult shopping experiences
- Misconceptions surrounding eligibility
- Lack of knowledge about the existence of WIC

Additionally, evidence suggests that recent federal policy changes are contributing to declines in WIC participation. For example, although WIC was not one of the programs included in the recently proposed expansion of the “public charge” policy, WIC agencies in at least 18 states have reported drops in enrollment of up to 20%, which they attribute to fears about the immigration policy. Without support from WIC, many mothers and young children will be put at risk for malnutrition and serious health problems now and in the future.

The recent trend in declining participation is concerning because it implies that women who can benefit from the program aren't utilizing it. Any changes to WIC that reduce its budget, compromise its science-based nutrition standards or restrict its ability to reach families will have significant, adverse impacts on the health of our nation's mothers and children.

COVID-19 Pandemic

The COVID-19 pandemic has caused widespread economic hardship. WIC has played an important role in supporting families across the country, continuing to provide vital nutrition and breastfeeding services at a time when they are needed most. USDA has taken steps to bolster WIC's ability to keep staff healthy and meet the needs of families during the pandemic, such as issuing waivers for program flexibilities to reduce the risk of exposure to COVID-19 and create more options for participants. For example, these waivers allow for participants to be approved for WIC without being physically present in a local office, remote issuance of benefits, flexibility in food package requirements, and additional options for pick-up of food packages. As a result, clinics have seen increased caseloads and decreased no-show rates for appointments, while maintaining key program responsibilities.

Solutions We Support

To protect and strengthen the WIC program going forward, 1,000 Days supports changes that would better ensure it meets the needs of today's families:

- Extend the postpartum eligibility window to two years.
- Expand and fully fund the Breastfeeding Peer Counselor Program.
- Invest in technology that will enable WIC clinics to better serve participants (e.g., online document submission and appointment scheduling).
- Encourage WIC clinics to partner or integrate with other federal, state and local programs that support working families, such as health centers and other community programs.
- Provide stable funding for WIC clinics to innovate and conduct pilots.
- Continue to allow for remote certification by video or phone, when possible.

In the Words of WIC Participants

"WIC has helped me tremendously. I have found support there and have been able to give my son all that he needs. If it weren't for WIC there would have been many days that I would not have been able to eat a meal when I was pregnant and breastfeeding... I am very thankful for this program because I don't have to stress on where food is going to come from to feed my son." - Kasey

"...I relied heavily on WIC to get the nutrition I needed for my daughter. Without the WIC program I wouldn't have been able to provide what she needed nutritionally... WIC has given me the things she needs to grow up and be healthy." - Dominique

"If it wasn't for the WIC program, I would not have been able to breastfeed my third (and last) child. I was not able to successfully breastfeed my first two children, but the WIC program and their lactation consultants provided me the necessary tools and support I needed to finally succeed! I am forever grateful for their help and guidance!" - July

"Through WIC I was able to... continue my breastfeeding journey. They helped me keep exclusively breastfeeding when I went back to work full-time and even provided me a pump. My daughter and I are still going strong at 2 years!" - Christina