Does WIC Involvement Lead to Higher Levels of Breastfeeding?

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Every year, half of all new mothers and infants in the United States depend on the Special Supplemental Program for Women, Infants, and Children (WIC) for nutritious food, nutritional counseling, and screening and referrals to other health, welfare and social services. One of the major goals for the program, which provides federal grants to states for services to low-income pregnant and postpartum women and infants and children up to age five, is to support breastfeeding as research has shown that breast milk is the best food for babies in their first year of life.

Trying to measure how much WIC helps families is challenging. This is because of differences between families who participate in WIC and families who do not. Any family with an income at or below 185% of the federal poverty level ($24,300 for a family of four) is eligible for WIC services. However, actual use of the program differs systematically on demographic lines. Mothers who are white, older and more highly educated are less likely to take advantage of WIC services, even if they are eligible. But these same demographics – older age, higher levels of education and white race – are also associated with higher levels of breastfeeding.

Previous research has found that participating in WIC is sometimes associated with lower breastfeeding initiation and duration. My colleagues and I were interested in studying this further by using a dataset that contained not only demographic data but also breastfeeding-related factors such as maternal intention to breastfeed and attitudes about breastfeeding. We wondered whether taking these types of factors into account could explain previous research findings or lead to a different result.

In our recent study, we examined breastfeeding attitudes and intentions for both WIC participants and mothers who could have participated in WIC but didn't. We found that WIC participants were less likely to report positive attitudes toward breastfeeding and intended to breastfeed for shorter durations. Though the data we used did not address why this is, we suspect it relates to barriers to breastfeeding and infant feeding norms that exist in specific communities.

In addition, almost half of WIC participants had completely stopped breastfeeding before they brought their infants into a WIC office. Among mothers who were still breastfeeding when they reached WIC services after birth, WIC participation made it more likely that they would still be breastfeeding at 3 months postpartum. We believe this is due to the fact that WIC provides direct support for breastfeeding, including education around the benefits of breastfeeding, food for breastfeeding mothers, and in many cases access to certified lactation consultants or peer counselors.

Our findings, however, also highlight the fragmentation of care faced by new mothers. Theoretically, breastfeeding support is available in the hospital at birth, in the pediatrician's office and from WIC, but mothers may not be able to make it to these locations in time to take advantage of necessary support. Even 12 hours of feeding difficulty can feel like an eternity to a new mother. Hospitals, outpatient centers and WIC offices need to better collaborate to make breastfeeding support continuously available to all new mothers who desire to

breastfeed. There are many WIC sites that are co-located within pediatrics offices, which allows for easy introduction to the program and participation. A current study is taking place in Pennsylvania in which the investigators are allowing their electronic health records to communicate directly with WIC electronic records. These integrated models may better empower WIC to provide intergenerational care to half of all new families in the United States.

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