

# InFOCUS

## The WIC Breastfeeding Policy Inventory Study

**The promotion and support of breastfeeding is a vital part of the nutrition services provided by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).** Targeted to low-income pregnant and postpartum women and children up to age five who are at nutritional risk, the WIC Program uses a variety of policies and practices in its state and local agencies to encourage expectant and new mothers to breastfeed. WIC does so through services such as breastfeeding education and peer counseling.

The first study of its kind to include a census of all state and local WIC agencies, the WIC Breastfeeding Policy Inventory (BPI) Study captured the comprehensive range of policies and practices used to encourage breastfeeding, as well as the ways in which agencies collect and store breastfeeding data. The WIC BPI was administered via a web survey, designed and fielded by Mathematica Policy Research for the U.S. Department of Agriculture (USDA). It covered 90 state-level agencies and nearly 1,800 local WIC agencies.

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The survey findings lay the groundwork for future research on how agencies' breastfeeding policies and practices evolve over time and which practices are associated with high breastfeeding rates for different populations. Helping USDA identify the best policies and practices can ensure that infants and children in the WIC program receive proper sustenance in the crucial stages of early development.



### KEY FINDINGS

Nearly 80 percent of local WIC agencies had at least one staff member with a breastfeeding credential, most often as a Certified Lactation Counselor. In addition, training new staff on breastfeeding promotion was common, particularly for peer counselors but also for breastfeeding coordinators and nutritionists. Nearly all local agencies provided ongoing training in breastfeeding promotion, especially for breastfeeding coordinators and peer counselors.

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Two-thirds of local WIC agencies operated a peer counseling program to provide breastfeeding support. Over half of these agencies enrolled new WIC participants into peer counseling automatically; among those without automatic enrollment, nearly all offered enrollment during a prenatal visit, with many also offering it during postpartum visits and when participants were having breastfeeding problems. Separate from peer counseling programs, WIC staff often had contact with pregnant participants by telephone, in nutrition education classes, and in breastfeeding support groups.



Nearly all local agencies collected information about whether WIC participants started breastfeeding, how long they breastfed, and how long they breastfed exclusively. However, only about half collected information about how frequently participants breastfed in a day

or a week. Agencies also varied considerably in the questions they asked to assess each of these measures and what each measure represented. For example, no more than 41 percent of local agencies asked the same question about how long the mothers breastfed.

## AREAS FOR FUTURE STUDY

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In the long term, regularly collecting breastfeeding data from WIC agencies will provide significant value to the USDA, public health researchers, policymakers, and, most importantly, the low-income and vulnerable populations whom WIC serves. Using administrative data on breastfeeding outcomes that agencies already collect can greatly reduce the burden on agency staff, particularly if the information is collected in a standardized way. Long-term guidance from USDA may promote standardized collection and storage procedures, as well as data systems, for breastfeeding data among WIC agencies.

