U.S. DEPARTMENT OF AGRICULTURE

WIC Breastfeeding Policy Inventory II

State Agency Report

November 2024

WIC Breastfeeding Policy Inventory II

State Agency Report

November 2024

Authors

Stacy Gleason, Dr. Diana Cassar-Uhl, Dr. Victoria Perez-Zetune, Dr. Polina Zvavitch, Dr. Kiara Amaro Rivera, Julia Esposito, Maddison Geller

Submitted to

Office of Policy Support
Food and Nutrition Service, USDA
3101 Park Center Drive
Alexandria, VA 22302

Submitted by

Westat Insight
1310 North Courthouse Road
Suite 880
Arlington, VA 22201

Project Officer

Dr. Karen Castellanos-Brown

Project Director

Stacy Gleason

This study was conducted by Insight Policy Research, Inc. (now Westat Insight) under contract 12319821A0008 with the Food and Nutrition Service, U.S. Department of Agriculture (USDA). The findings and conclusions in this report are those of the authors and should not be construed to represent any official USDA or U.S. Government determination or policy.

Suggested Citation

Gleason, S., Cassar-Uhl, D., Perez-Zetune, V., Zvavitch, P., Amaro Rivera, K., Esposito, J., & Geller, M. (2024). *WIC Breastfeeding Policy Inventory II: State Agency Report.* Prepared by Insight Policy Research, Inc. U.S. Department of Agriculture, Food and Nutrition Service. Project Officer: Karen Castellanos-Brown.

Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Acknowledgments

This report was prepared by Insight Policy Research, Inc. (now Westat Insight) under contract 12319821A0008 from the U.S. Department of Agriculture, Food and Nutrition Service (FNS). It represents a team effort in which many individuals made contributions in addition to the authors. The authors gratefully acknowledge their assistance. In particular, we recognize Dr. Karen Castellanos-Brown, Project Officer, and Cheryl Funanich, Terra (Olivia) Deavers, Valery Soto, and Ruth Morgan for their leadership and guidance. We thank the numerous FNS headquarters staff who provided support and expert advice to the Westat Insight team. Their insightful comments on the interim deliverables and throughout the study greatly influenced this research. We also thank the FNS Regional Office staff for supporting data collection and encouraging Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) State and local agencies' responses to the surveys.

The authors also express appreciation to the dedicated WIC State agency and local agency staff who responded to the study surveys. Their time and effort to provide complete and accurate data made this research possible.

The authors also gratefully acknowledge our technical working group members who contributed valuable insights during the study planning and dissemination phases based on their research and lived experiences:

- Carole E. Peterson, M.S., IBCLC, Lactation Education Consultants
- Claresa Bedonie, Inter Tribal Council of Arizona WIC
- Darlena Birch, M.B.A., R.D.N., National WIC Association
- Jamie Vigil, CLC, Pueblo of Isleta WIC
- Jean O'Leary, M.P.H., R.D., Washington State WIC
- Karen Kurtz, IBCLC, Gateway WIC (New Jersey)
- Mary Story, Ph.D., R.D., Duke University
- Norma Ortiz Escobar, IBCLC, New Hanover County WIC (North Carolina); La Leche League Leader
- Ronietra Stewart, R.D.N., IBCLC, Public Health Foundation Enterprises WIC Program (California)
- Shannon E. Whaley, Ph.D., Public Health Foundation Enterprises WIC Program (California)
- Zeida Eslava-Cortez, WIC Unity Health Center (Washington, DC)

The authors thank external consultants Linnea Sallack and Dr. Angela Odoms-Young for their expertise and thoughtful reviews. We also thank the numerous individuals from Westat Insight who provided valuable assistance throughout this study. We thank Dr. Debra Wright, Lyndsay Huey, Chrissy Steigelman, Karmen Perry, and Dani Hansen for their support with data collection; Josh Rozen for his coding expertise and assistance; Breanna Wakar for providing statistical guidance; Dr. Jonathan Blitstein and Kathy Wroblewska for their thought leadership and contributions; Dr. Claire Wilson for providing thoughtful suggestions on the report content; and our professional editors and graphic designers for their production assistance.

Contents

Chapter 1. Introduction 1

A. Background 2

B. Prior Study and Recent Programmatic Changes 3

C. Approach 4

Chapter 2. Agency Management and Coordination 6

A. Staffing 6

B. Breastfeeding Promotion Plans 6

C. Minimum Protocols 7

D. Expenditure Monitoring 8

E. Support for Virtual Services 9

F. Online Platforms 11

Chapter 3. Peer Counseling 12

A. Peer Counseling Funds 12

B. Program Management and Oversight 14

C. Peer Counselor Support and Compensation 18

D. Community Partnerships 20

Chapter 4. Breastfeeding Aids and Accessories 22

A. Breast Pumps 22

B. Other Breastfeeding Aids and Accessories 24

C. Staff Authorized to Issue and Follow Up About Breastfeeding Aids 27

Chapter 5. Other Breastfeeding Promotion and Support 29

A. Breastfeeding-Related Infant Food Package Issuance and Tailoring 29

B. Early Postpartum Breastfeeding Contacts 30

C. Coordination of Care for Complex Breastfeeding Issues 33

D. Breastfeeding Education 34

Chapter 6. Breastfeeding Measures 35

A. Breastfeeding Duration 35

B. Breastfeeding Intensity and Exclusivity 36

Chapter 7. Practices to Promote Equity and Inclusion 38

A. Meeting Needs of Participants With Limited English Proficiency 38

B. Meeting Needs of Participants in Rural Areas 41

C. Meeting Needs of Participants Who Are Employed ... 42
D. Meeting Needs of Participants Who Are Unhoused ... 44
E. Meeting Needs of Participants With Gender-Diverse Identities ... 45
Chapter 8. Conclusion ... 47
A. Key Findings ... 47
B. Limitations and Considerations ... 49
C. Future Research ... 50
References ... 51

Tables

Table 7.1. Percentage of WIC State Agencies With Availability of Multilingual Staff or Translators ... 39

Figures

Figure 1.1. Overview of State-Level Data Sources Used to Prepare Report ... 5
Figure 2.1. WIC State Agency Coordination With Local Agencies to Develop Components of Their Breastfeeding Promotion Plans ... 7
Figure 2.2. Minimum Protocols WIC State Agencies Have Established to Promote and Support Breastfeeding ... 8
Figure 2.3. Level at Which WIC State Agencies Monitor Expenditures for Breastfeeding Promotion and Support Activities ... 9
Figure 2.4. Additional Resources WIC State Agencies Identified to Enhance Virtual Breastfeeding Services at Local Level ... 10
Figure 2.5. WIC State Agency Sources of Feedback on Virtual Breastfeeding Counseling ... 11
Figure 2.6. Platforms WIC State Agencies Use to Provide Breastfeeding Education ... 11
Figure 3.1. WIC State Agency Requests for Peer Counseling Funds ... 12
Figure 3.2. WIC State Agency Designation of All, Some, or No Local Agencies to Receive Peer Counseling Program Funds ... 13
Figure 3.3. Information WIC State Agencies Use When Allocating Peer Counseling Program Funds to Local Agencies ... 14
Figure 3.4. Peer Counseling Program Policies and Procedures WIC State Agencies Have Standardized ... 15
Figure 3.5. WIC State Agency Approaches for Peer Counselor Supervision and Monitoring ... 16
Figure 3.6. WIC State Agency Use of Peer Counselor Definition Elements From the WIC Breastfeeding Model Components for Peer Counseling ... 17
Figure 3.7. Most Common WIC State Agency Peer Counselor Requirements That Are Not Part of FNS Definition ... 17
Figure 3.8. Settings in Which WIC State Agencies Allow Peer Counselor Services ... 18

Figure 3.9. Types of Training and Continuing Education WIC State Agencies Provide to Peer Counselors........ 19

Figure 3.10. WIC State Agency Approaches to Support Peer Counselors 20

Figure 3.11. Community Partners WIC State Agencies Engage to Enhance Peer Counseling Effectiveness 21

Figure 4.1. Types of Breast Pumps Issued to Participants, as Reported by WIC State Agencies........ 23

Figure 4.2. Other Breastfeeding Aids Issued to Participants, as Reported by WIC State Agencies........ 25

Figure 4.3. Staff Authorized to Issue and Follow Up on Breastfeeding Aids 28

Figure 5.1. Categories of Policies WIC State Agencies Describe for Infant Food Package Tailoring........ 29

Figure 5.2. Characteristics That Guide Infant Food Package Tailoring 30

Figure 5.3. Guidance WIC State Agencies Provide in Their Manuals on Early Postpartum Breastfeeding Contacts 30

Figure 5.4. Which Postpartum Participants to Contact About Breastfeeding 31

Figure 5.5. When First Postpartum Breastfeeding Contact Should Occur Relative to Date of Delivery or Certification 31

Figure 5.6. Frequency of Postpartum Breastfeeding Contacts........ 32

Figure 5.7. Duration of Regular Breastfeeding Contacts Through Infant's First Year........ 32

Figure 5.8. Guidance WIC State Agencies Provide in Their Manuals on the Coordination of Care for Complex Breastfeeding Issues 33

Figure 5.9. Provider Types to Which Breastfeeding Peer Counselors Should Yield for Complex Breastfeeding Issues 34

Figure 6.1. WIC State Agency Documentation of Breastfeeding Duration in a Statewide WIC Data System........ 35

Figure 6.2. WIC State Agency Documentation of Breastfeeding Intensity Measures in a Statewide WIC Data System 36

Figure 6.3. WIC State Agency Documentation of Breastfeeding Exclusivity Measures in a Statewide WIC Data System........ 37

Figure 7.1. Languages in Which WIC State Agencies Provide Written Materials 40

Figure 7.2. Languages in Which WIC State Agencies Recommend or Make Available Breastfeeding Promotion and Support Materials........ 41

Figure 7.3. Policies WIC State Agencies Authorize Local Agencies to Implement to Accommodate Participants in Rural Areas........ 42

Figure 7.4. Alternative Hours WIC State Agencies Authorize Local Agencies to Implement to Accommodate Participants Who Are Employed........ 43

Figure 7.5. Policies WIC State Agencies Authorize Local Agencies to Implement to Accommodate Participants Who Are Employed 44

Figure 7.6. Policies WIC State Agencies Authorize Local Agencies to Implement to Accommodate Participants Who Are Unhoused 45

Figure 7.7. Training and Policies WIC State Agencies Provide to Support Needs of Parents With Gender-Diverse Identities 46

Chapter 1. Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides benefits such as nutritious supplemental foods; nutrition education and counseling; breastfeeding promotion and support; and referrals to healthcare and social services to income-eligible pregnant, breastfeeding, and postpartum[1] women and infants and children up to age 5 who are at nutrition risk. The U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) administers WIC at the Federal level.[2] In fiscal year (FY) 2022, FNS provided grants to 89 WIC State agencies to operate WIC in all 50 States, 33 Tribal Organizations, the District of Columbia, and 5 territories (American Samoa, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands). Established to counteract the negative effects of poverty on prenatal and pediatric health, WIC served 7 million women, infants, and children in April 2022. For FY 2022, Congress appropriated $6 billion for WIC.

Breastfeeding is a priority for WIC. Aligned with recommendations from the American Academy of Pediatrics (2022), WIC supports and promotes breastfeeding as the optimal source of infant nutrition for most babies. WIC State and local agencies educate expectant and new mothers about the benefits of breastfeeding and provide support and encouragement to breastfeed throughout the infant's first year and beyond.

In 2021, FNS contracted with Insight Policy Research (now Westat Insight) to conduct the *WIC Breastfeeding Policy Inventory II* (WIC BPI II). WIC BPI II provides a comprehensive description of breastfeeding statistics, policies, procedures, and practices at the WIC State and local agency levels, with a special focus on equity (see text box for the study objectives). *WIC BPI II: State Agency Report* is one of three reports produced for the WIC BPI II study; companion reports focus on local agency policies and practices and WIC State and local agency use of FNS breastfeeding resources.[3,4]

Study Objectives

1. Provide a comprehensive description of breastfeeding statistics, policies, procedures, and practices at the WIC State and local agency levels, including implementation of peer counseling programs, staff training on breastfeeding, use of the national breastfeeding campaign, and best practices to improve breastfeeding initiation and duration rates.
2. Examine equity in the availability of breastfeeding support that results from local and State policies and practices.
3. Explore methods for routine collection of information on the number of WIC designated breastfeeding experts (DBEs).

[1] Current WIC regulations allow food packages to be prescribed to women up to 6 months postpartum who are not breastfeeding or minimally breastfeeding; these women are included in the definition of postpartum women in this report. See 7 C.F.R. 246 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).
[2] See 7 C.F.R. 246 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).
[3] For further details on local agency findings, see: Wroblewska, K., Zvavitch, P., Perez-Zetune, V., Amaro-Rivera, K., Gleason, S., Cassar-Uhl, D., & Geller, M. (2024). *WIC Breastfeeding Policy Inventory II: Local Agency Report*. Prepared by Insight Policy Research, Inc. U.S. Department of Agriculture, Food and Nutrition Service. Project Officer: Karen Castellanos-Brown.
[4] For further details on WIC State and local agency use of FNS resources, see: Esposito, J., Wroblewska, K., Zvavitch, P., Gleason, S., & Cassar-Uhl, D. (2024). *WIC Breastfeeding Policy Inventory II: State and Local Agency Use of FNS Breastfeeding Resources*. Prepared by Insight Policy Research, Inc. U.S. Department of Agriculture, Food and Nutrition Service. Project Officer: Karen Castellanos-Brown.

A. Background

In the United States, breastfeeding rates have increased overall in recent years. Several factors have created a more supportive environment for breastfeeding and likely contributed to these increases, including campaigns designed to build awareness about the benefits of breastfeeding, a cultural shift toward normalizing breastfeeding, policy changes that protect a mother's right to breastfeed in public, and improved workplace accommodations for breastfeeding mothers. The benefits of breastfeeding for both mothers and their infants are well-documented. Breastfed infants have a lower risk of obesity, type 1 diabetes, infections, and sudden infant death syndrome (Victora et al., 2016; Li et al., 2022; Thompson et al., 2017). Breastfeeding mothers have a lower risk of hypertension, type 2 diabetes, and breast and ovarian cancer (Victora et al., 2016; Feltner et al., 2018). As more evidence accumulates, it reinforces the importance of breastfeeding.

Despite an overall increase in breastfeeding, disparities by race and ethnicity, income, educational attainment, and maternal age persist (CDC, 2023; Haas et al., 2022). For example, national data consistently show that non-Hispanic Black women and infants experience lower breastfeeding initiation and duration rates than other racial and ethnic groups (Beauregard et al., 2019; Chiang et al., 2021). Many women experience barriers to breastfeeding. However, some barriers are more common among women from historically underrepresented groups. These barriers include less family and social support for breastfeeding, the need for prompt return to work after childbirth, and limited access to information that promotes and supports breastfeeding (Jones et al., 2015). Understanding the root causes and structural factors contributing to disparities in breastfeeding outcomes may help address these disparities and promote health equity (see text box).

> **Health Equity**
>
> Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Achieving this requires removing obstacles to health—such as poverty and discrimination and their consequences, which include powerlessness and lack of access to good jobs with fair pay; quality education, housing, and health care; and safe environments.
>
> (Braverman et al., 2018)

Breastfeeding promotion and support are core components of the nutrition services WIC provides. To address some of the common barriers breastfeeding mothers face, WIC provides breastfeeding education and support groups, breastfeeding aids such as breast pumps, and social support through its Breastfeeding Peer Counseling Program (peer counseling program). The peer counseling program is an evidence-based model that helps pregnant and postpartum WIC participants connect with peers from their community. Breastfeeding peer counselors are paraprofessionals who have experience breastfeeding one or more of their own children and support WIC participants in meeting their breastfeeding goals by providing realistic and practical guidance (e.g., counseling) in a variety of settings. Peer counselors can also refer breastfeeding participants to professionals such as WIC designated breastfeeding experts (DBEs) who are trained to assess and provide counseling on complex breastfeeding issues.[5] Research has shown that participation in the peer counseling program is associated with higher rates of breastfeeding initiation and duration (Feltner et al., 2018).

State and local WIC agencies have considerable flexibility in how they establish policies and practices related to breastfeeding promotion and support. As a result, the breastfeeding resources available to

[5] FNS defines a DBE as an individual who is an expert with special experience or training in helping breastfeeding mothers and who provides breastfeeding expertise and care for more complex breastfeeding problems when WIC staff face situations outside their scope of practice (USDA, 2016). DBEs must meet several criteria, including the successful completion of the FNS or a State-approved competency-based training, and have at least 1 year of experience in counseling breastfeeding mothers.

WIC participants vary across State and local agencies. Recently published research found the odds of breastfeeding were higher among participants at WIC sites that had access to a peer counseling program, had access to an International Board Certified Lactation Consultant[6] (IBCLC), made postnatal home visits,[7] allowed any staff member to provide breast pump education, or had a policy not to provide formula during the first 30 days postpartum (Gleason et al., 2020). The odds of breastfeeding increased with each additional support present at the site. These findings suggest structural factors, such as staffing decisions and the distribution of peer counseling funds, may help or hinder WIC participants' breastfeeding outcomes.

B. Prior Study and Recent Programmatic Changes

The first WIC BPI study (WIC BPI I) provided a broad snapshot of breastfeeding practices, policies, and breastfeeding measures across State and local agencies (Forrestal et al., 2015). Since the publication of the WIC BPI I report, WIC breastfeeding initiation rates have increased from 67.7 percent in 2012 to 70.0 percent in 2022, peaking at 71.8 percent in 2018, and WIC has undergone important changes that may affect how WIC State and local agencies promote and support breastfeeding (Zvavitch et al., 2024).

WIC BPI I Key Findings

- 78 percent of local agencies had at least one staff member with a certification in lactation counseling, consulting, education, or management
- 69 percent of local agencies operated a peer counseling program
- Most local agencies collected information on breastfeeding initiation, duration, and exclusivity; 51 percent of local agencies collected information on breastfeeding intensity (Forrestal et al., 2015)

- **FNS WIC breastfeeding resources:** In 2018, FNS launched a national breastfeeding campaign called *WIC Breastfeeding Support: Learn Together. Grow Together*. The campaign aims to provide information, support, and resources, including through the WIC Breastfeeding Support site, to those seeking to breastfeed. FNS also developed a breastfeeding training curriculum, which offers competency-based training for WIC staff who provide breastfeeding promotion and support.
- **WIC State agencies' increased use of technology to communicate with and educate WIC participants:** The Coronavirus Disease 2019 (COVID-19) public health emergency led to significant disruptions in the delivery of nutrition education and breastfeeding support services. WIC offices received waivers to operate remotely to reduce the spread of the virus and maintain the safety of staff and the communities they serve.[8] Some States ended all in-person visitation, and many clinics saw an increase in the number and type of remote education and support services delivered via web- and smartphone application-based platforms. Although some WIC State agencies had already implemented telehealth and virtual service technologies, COVID-19 and USDA's waiver authority increased the use of technology to communicate with and educate WIC participants.

[6] These IBCLCs may be designated breastfeeding experts but were not described as such in the cited research article.
[7] WIC State and local agencies determine whether peer counselors can visit participants in their homes. Home visits can be reassuring to mothers with breastfeeding concerns, help family members see how they can support breastfeeding, and provide peer counselors with valuable insights about the mother's home environment that may influence her breastfeeding success.
[8] Under the Families First Coronavirus Response Act of 2020 (FFCRA, Pub. L. 116-127), the USDA had the authority to grant programmatic waivers to WIC State agencies. FFCRA waiver authority ended September 30, 2021. Pursuant to Section 1106 of the American Rescue Plan, USDA had the authority to waive the physical presence and remote benefit issuance requirements for all State agencies that elected to use them. These waivers remain in effect until September 30, 2026, or, for projects requiring waivers, until the WIC Outreach, Innovation, and Modernization Evaluation is complete.

- **Expansion of peer counseling program funding:** Each year, Congress sets aside funding to support the peer counseling program. This set-aside has grown over time, from $20 million in 2005 to $60 million in 2011 and finally to the full authorized amount of $90 million in 2020.

Given these programmatic changes and additional investments in WIC breastfeeding promotion and support, FNS conducted WIC BPI II to understand the current state of WIC breastfeeding policies and practices.

C. Approach

WIC BPI II provides an update on WIC State agency and local agency policies and practices across six broad research topics (see text box). By systematically collecting and disaggregating data from a census of WIC State and local agencies, WIC BPI II helps illuminate the role WIC breastfeeding policies and practices can play in ensuring equitable services and support.

The *State Agency Report* provides a comprehensive description of breastfeeding statistics, policies, procedures, and practices at the WIC State agency level. See appendix A for the full listing of WIC BPI II research questions. Throughout the study, the team applied culturally responsive and equitable evaluation approaches (see text box).

Broad Research Topics

- Breastfeeding Peer Counseling Programs
- *WIC Breastfeeding Support: Learn Together. Grow Together.* social marketing campaign (not covered in this report)
- Virtual breastfeeding services
- WIC State Plan and WIC State Policy and Procedure Manuals
- Equity
- Breastfeeding measures

Culturally Responsive and Equitable Evaluation Approaches Applied to This Study

- Used asset-based language and avoided “othering”
- Focused on structural factors (e.g., the availability of breastfeeding resources) that may limit participants’ ability to achieve desired outcomes
- Promoted inclusion by engaging a technical working group with representatives from groups that may be affected by this work (e.g., WIC State agencies, local agencies, participants)
- Discussed findings in the context of structural factors
- Disseminated findings in plain language through formats accessible to members of the communities of interest

1. Data Sources Used in This Report

The study team used three WIC State agency-level data sources to prepare this *State Agency Report* (figure 1.1). All WIC State agency-level data sources were collected in or current as of FY 2022. See appendix B for further details.

Figure 1.1. Overview of State-Level Data Sources Used to Prepare Report

Source	Nature of Information	Universe
FY 2022 WIC BPI II State Agency Survey	Captured current or future-oriented information about State agency breastfeeding policies and practices not available from other sources; fielded between August and November 2022	77 of 89 WIC State agencies responded to survey
FY 2022 WIC State Agency Plans (“State Plans”)	Captured policy information provided by WIC State agencies to FNS on how agencies plan to operate WIC for current FY	89 WIC State agencies
FY 2022 WIC State Agency Policy and Procedure Manuals (“State Policy and Procedure Manuals”)	Captured policy information and guidance WIC State agencies provide to their staff and local agencies for current FY	87 of 89 WIC State agencies provided complete or near complete manual

BPI = Breastfeeding Policy Inventory; FY = fiscal year

2. Analysis

The study team produced descriptive statistics using SAS® software and weighted all WIC State agency survey results to adjust for survey nonresponse.[9] The team qualitatively analyzed responses to open-ended survey questions to identify key themes and describe similarities and differences in policies among the WIC State agencies. The team also reviewed “other, specify” responses to identify common and potentially innovative approaches. A description of the steps the study team took to prepare the data follow:

- **Cleaned the survey data** by applying consistency edits, set outliers to missing, checked that responses followed the survey skip logic, and created new analytic variables
- **Created the State agency analytic file** (*N* = 89), which includes responses to the WIC BPI II State Agency Survey and data abstracted from State Plans and State Policy and Procedure Manuals
- **Conducted nonresponse bias analysis** for the State agency survey to assess any differences between respondents and nonrespondents by agency characteristics and FNS Region
- **Created survey weights** to account for nonresponse in the State agency survey; created a weight adjustment based on the total number of WIC State agencies in each FNS Region divided by the number of State agency respondents

[9] SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc. in the USA and other countries. ® indicates USA registration.

Chapter 2. Agency Management and Coordination

WIC State agencies are responsible for creating policies and procedures to ensure their local agencies[10] and staff provide breastfeeding support and assistance throughout the prenatal and postpartum period when a mother is most likely to need assistance (USDA, 2021). For example, WIC State agencies must ensure sufficient staff are available,[11] establish standards,[12] and spend a portion of their Nutrition Services and Administration (NSA) grant on breastfeeding promotion and support activities.[13]

This chapter describes how WIC State agencies fulfill these requirements. Specifically, findings describe the level of effort WIC State agencies dedicate to breastfeeding training, promotion, and support; their level of engagement with local agencies in developing breastfeeding promotion plans; and the minimum protocols they establish to promote breastfeeding. This chapter also presents results from the State survey to describe the types of resources WIC State agencies identified as necessary to bolster virtual breastfeeding counseling services, WIC State agencies' sources of feedback on the virtual breastfeeding counseling offered, and their use of online platforms or websites for breastfeeding education materials.

A. Staffing

According to State Plans, WIC State agency staff planned to devote about 12 percent of their time to breastfeeding training, promotion, and support (see appendix table D.1). Half of WIC State agencies planned to devote between 5 and 14 percent of their time to these important functions.

WIC State agencies are required to employ a breastfeeding promotion coordinator to manage breastfeeding promotion activities identified in the State Plan; the coordinator may also perform other duties.[14] The 61 WIC State agencies that reported staffing levels in their State Plan had, on average, 3.1 breastfeeding coordinator full-time equivalents (FTEs) at the State level (see appendix table D.2); 17 WIC State agencies reported an average of 2.8 FTEs for other breastfeeding positions, such as peer counselors, breastfeeding educators, and DBEs at the State level.

B. Breastfeeding Promotion Plans

State Plans address aspects of WIC program administration that can facilitate breastfeeding promotion, such as procedures for procuring breastfeeding aids, identifying materials that support breastfeeding, training WIC State and local agency staff, defining staff roles and responsibilities, evaluating breastfeeding support efforts, and planning or hosting community activities to promote breastfeeding. WIC State agencies typically assist their local agencies in developing plans for one or more of these areas. As figure 2.1 illustrates, 96.6 percent of WIC State agencies assist their local agencies in developing plans for procuring breastfeeding aids and identifying breastfeeding promotion and support materials.

---

[10] Most WIC State agencies contract with WIC local agencies to operate local sites where participants can receive WIC services; about one-third of WIC State agencies provide services directly to participants through State-run local offices.

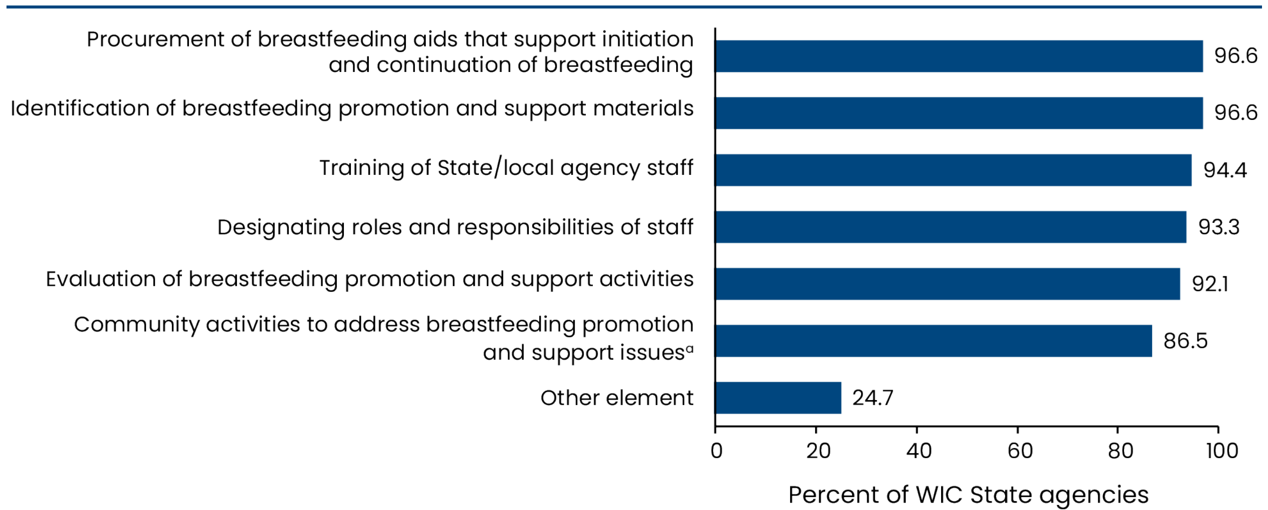
[11] See 7 C.F.R. 246.3(e) (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

[12] See 7 C.F.R. 246.11(c)(7) (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

[13] Per 7 C.F.R. 246.14(c)(1), beginning October 1, 1996, the national minimum expenditure for breastfeeding promotion and support activities is $21 multiplied by the number of pregnant and breastfeeding women in the program; the $21 is adjusted annually on October 1 using the same inflation percentage used to determine the national administrative grant per person (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

[14] See 7 C.F.R. 246.3(e)(4) (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

Figure 2.1. WIC State Agency Coordination With Local Agencies to Develop Components of Their Breastfeeding Promotion Plans



Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other element" included community outreach, data collection efforts, providing access to breastfeeding support through a telehealth app, and breastfeeding-related staffing. See appendix table D.3 for more information.

[a] Includes the development of breastfeeding coalitions, task forces, or forums

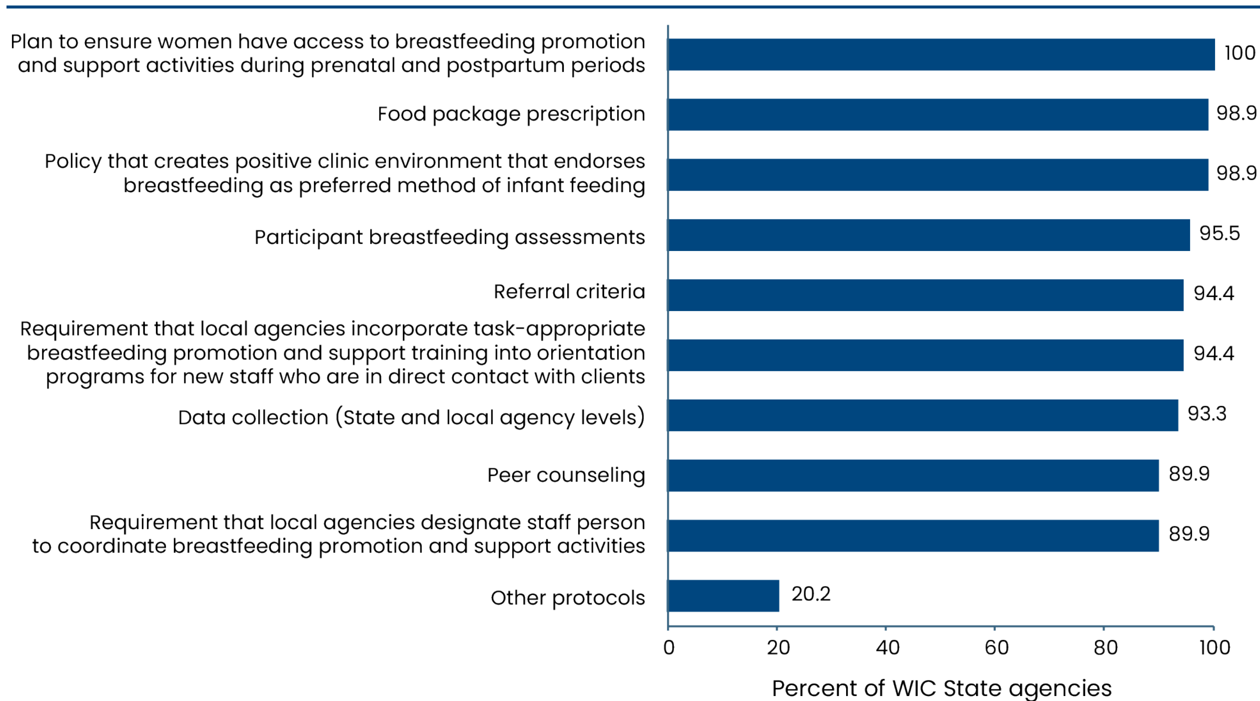
N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.6.a)

C. Minimum Protocols

In their State Plans, WIC State agencies establish the minimum protocols, or procedures local agencies are expected to implement or follow, to promote and support breastfeeding. For example, in 2022, all WIC State agencies indicated they establish minimum protocols to ensure women have access to breastfeeding promotion and support activities during the prenatal and postpartum period (figure 2.2). Nearly all WIC State agencies also had a protocol for food package prescription and tailoring based on a breastfeeding and nutrition assessment (98.9 percent) and a policy to create a positive clinic environment that endorses breastfeeding as the preferred method of infant feeding (98.9 percent). Most WIC State agencies also had minimum protocols for participant breastfeeding assessments (95.5 percent); referral criteria (94.4 percent); a requirement that local agencies incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff who are in direct contact with clients (94.4 percent); and data collection at the State and local agency levels (93.3 percent).

Figure 2.2. Minimum Protocols WIC State Agencies Have Established to Promote and Support Breastfeeding



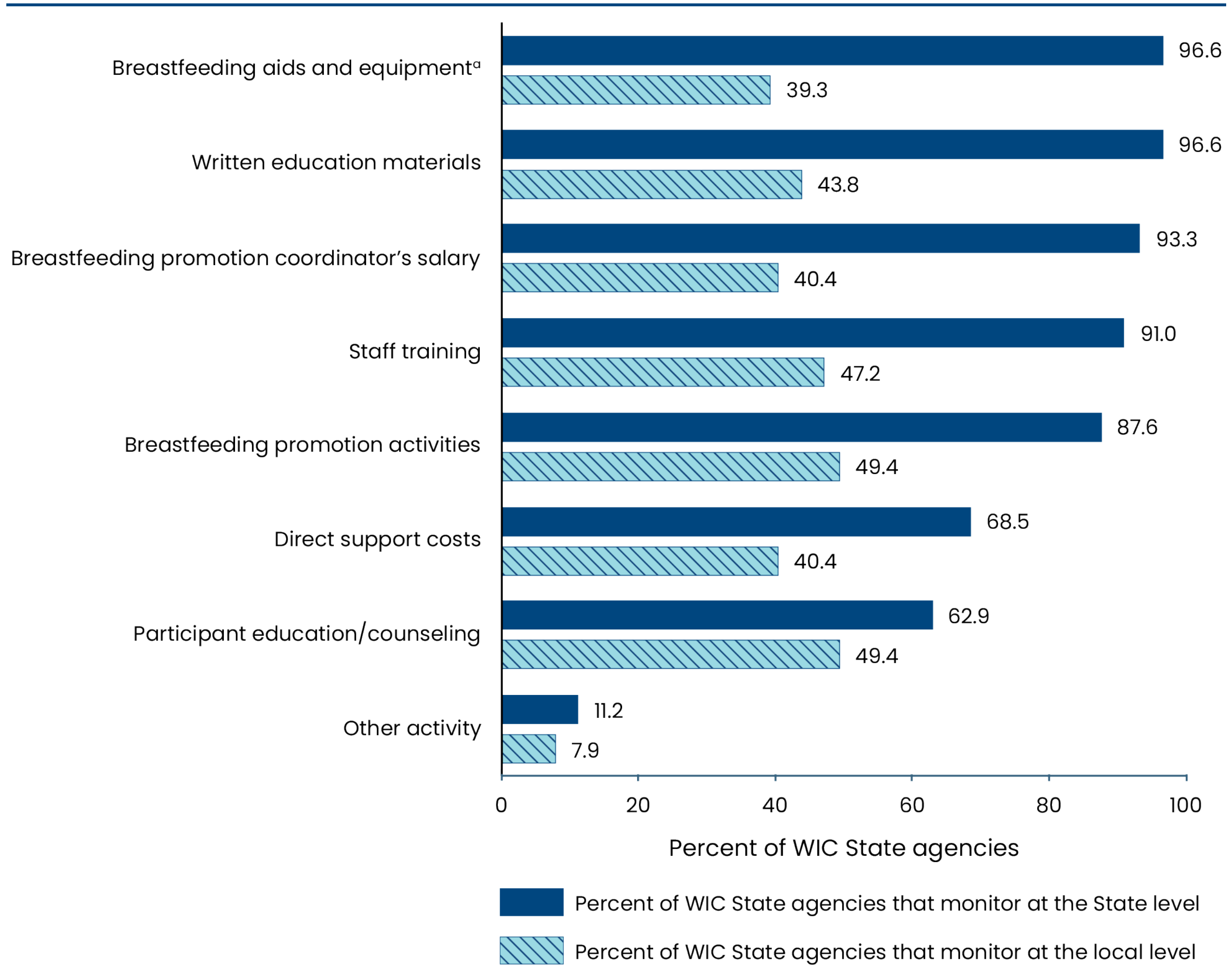
Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other protocols" included those related to community outreach, staff training, peer counseling oversight, and the distribution of breastfeeding aids. See appendix table D.4 for more information.
N = 89 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.6.b)

D. Expenditure Monitoring

WIC State agencies are required to spend an amount greater than or equal to the WIC State agency's proportionate share of the national minimum breastfeeding promotion expenditure on breastfeeding promotion and support activities.[15] To comply with this regulation, WIC State agencies track and monitor breastfeeding promotion expenditures at the State and local levels. According to State Plans, it is generally much more common for WIC State agencies to monitor expenditures at the State level than the local level. The most common types of expenditures WIC State agencies monitor at the State level include written education materials and breastfeeding aid and equipment (both 96.6 percent); breastfeeding promotion coordinator's salary (93.3 percent); and staff training (91.0 percent; figure 2.3). WIC State agencies reported less frequently that they monitor expenditures for breastfeeding promotion activities (87.6 percent), direct support costs (68.5 percent), and participant education and counseling (62.9 percent) at the State level. About half of WIC State agencies (49.4 percent) monitor expenditures for breastfeeding promotion activities and participant education and counseling at the local agency level.

[15] Per 7 C.F.R. 246.14(c)(1), beginning October 1, 1996, the national minimum expenditure for breastfeeding promotion and support activities is $21 multiplied by the number of pregnant and breastfeeding women in the program; the $21 is adjusted annually on October 1 using the same inflation percentage used to determine the national administrative grant per person (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

Figure 2.3. Level at Which WIC State Agencies Monitor Expenditures for Breastfeeding Promotion and Support Activities



Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other activity" included WIC State agency monitoring of staff salaries, travel, office administration, promotion supplies, and media campaign activities. See appendix table D.5 for more information.

[a] Examples include breast pumps purchased with Nutrition Services and Administration funds.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area V question E.2)

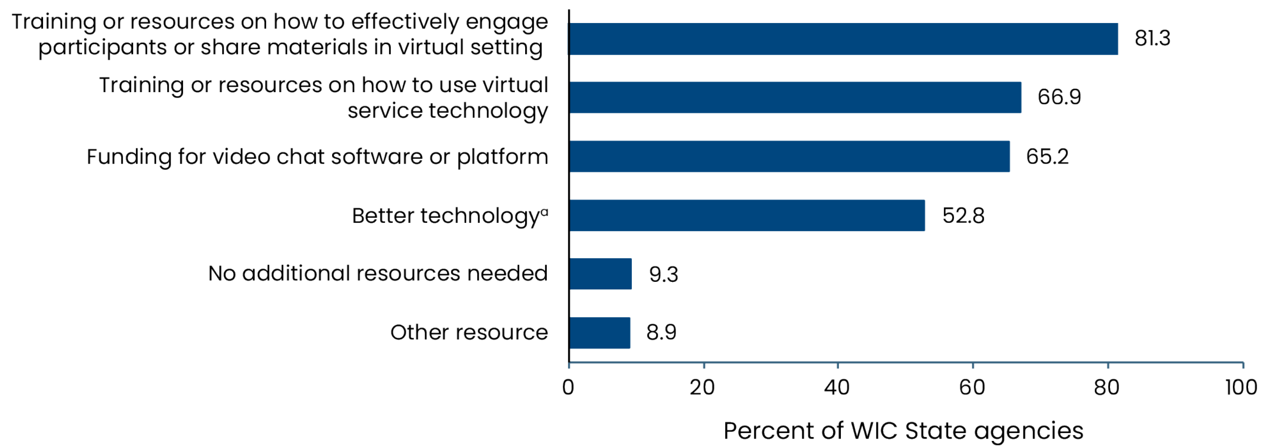
E. Support for Virtual Services

In response to the COVID-19 public health emergency, local agencies increased their use of remote methods to ensure participants continued to receive nutrition education and breastfeeding counseling (Wroblewska et al., 2023). Although the national emergency ended in April 2023,[16] many local agencies continue to offer remote services with varying levels of support from their WIC State agency. When asked about the resources they would need to help bolster virtual breastfeeding counseling services at the local agency level, approximately 81 percent of WIC State agencies indicated they need training or resources to effectively engage or share program materials with participants in a virtual setting

[16] Pub. L. No. 118-3, April 10, 2023. This joint resolution terminates the national emergency concerning COVID-19 declared by the President on March 13, 2020.

(figure 2.4). More than half of WIC State agencies indicated they need training or resources to use virtual service technology (66.9 percent), increased funding for video chat software or platform (65.2 percent), and better technology (52.8 percent). Less than 10 percent of WIC State agencies (9.3 percent) indicated they need no additional resources. About 9 percent of WIC State agencies reported a need for other resources not listed in the survey responses, including better internet access for participants, particularly those in rural areas, and additional funding.

Figure 2.4. Additional Resources WIC State Agencies Identified to Enhance Virtual Breastfeeding Services at Local Level



Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) WIC State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other resource" included better internet access for participants, especially in rural areas, and additional funding. See appendix table D.6 for more information.

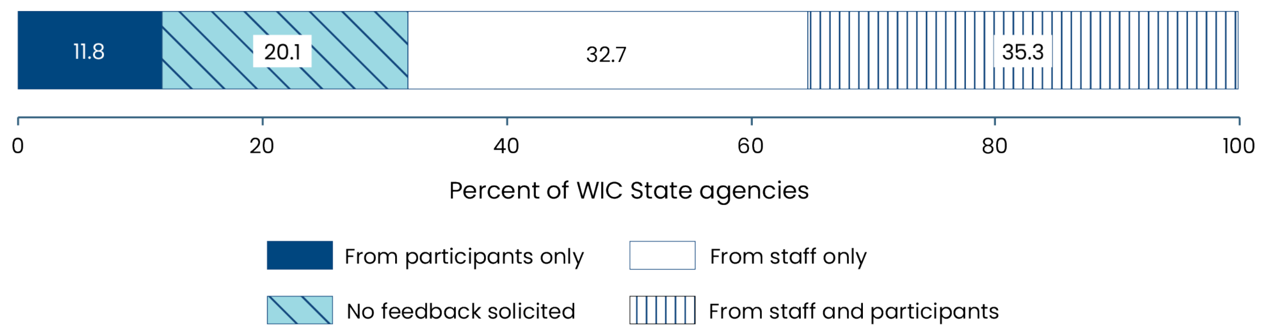
[a] Includes faster computers and improved access to the internet for WIC counselors and service providers

N = 77 WIC State agencies

Source: WIC BPI II WIC State Agency Survey question 9

To better understand the effectiveness of virtual breastfeeding counseling services and areas for improvement, some WIC State agencies obtain feedback from participants on the services they provide. WIC State agencies reported obtaining feedback from both staff and participants (35.3 percent), staff only (20.1 percent), or participants only (11.8 percent; figure 2.5). Nearly 33 percent of WIC State agencies reported not soliciting feedback on their virtual breastfeeding counseling from staff or participants.

Figure 2.5. WIC State Agency Sources of Feedback on Virtual Breastfeeding Counseling

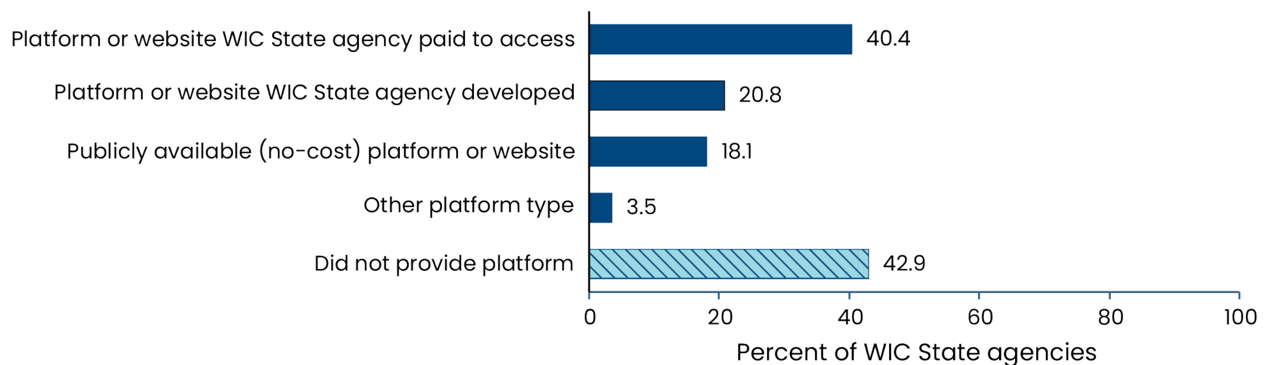


Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may not sum to 100 percent because of rounding. Percentages are weighted to account for agency nonresponse. See appendix table D.7 for more information.
N = 77 WIC State agencies
Source: WIC BPI II State Agency Survey question 10

F. Online Platforms

More than half of WIC State agencies (57.1 percent) indicated they provide local agencies or participants with an online platform or website to access breastfeeding education. As figure 2.6 illustrates, over 40 percent of WIC State agencies (40.4 percent) reported providing a platform or website the WIC State agency pays to access; approximately one-fifth reported providing a platform or website developed by the WIC State agency (20.8 percent) or a no-cost publicly available platform or website (18.1 percent).

Figure 2.6. Platforms WIC State Agencies Use to Provide Breastfeeding Education



Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. In response to “other platform type,” two WIC State agencies listed the name of their platform, and one WIC State agency noted it provides electronic access to breastfeeding education through text, email, and messenger. See appendix table D.8 for more information.
N = 77 WIC State agencies
Source: WIC BPI II State Agency Survey questions 11 and 12

WIC State agencies that provide local agencies and participants access to online platforms (*n* = 45) were asked to specify the platform or website. About two-thirds reported using a State-specific or other website where participants can access breastfeeding information. Less frequently, WIC State agencies reported using the USDA breastfeeding support website; a social media site, such as Facebook or Instagram; a mobile application; a file-sharing platform like SharePoint or Teletask; or an interactive meeting platform, such as a Teams or Zoom.

Chapter 3. Peer Counseling

The peer counseling program is a support initiative designed to assist and encourage breastfeeding among WIC participants. Officially launched in 1989, this program involves recruiting and training peer counselors who are women with previous breastfeeding experience, ideally from the same racial and ethnic background as WIC participants. Peer counselors provide one-on-one support and guidance to breastfeeding mothers, helping them overcome common challenges and continue breastfeeding successfully. The program promotes mother-to-mother support and aims to improve breastfeeding rates among WIC participants. FNS-developed training and technical assistance resources provide a framework for establishing and sustaining peer counseling programs. Nearly all 77 WIC State agencies that responded to the WIC BPI II State Agency Survey operated a peer counseling program in 2022 (95.6 percent; see appendix table D.9).

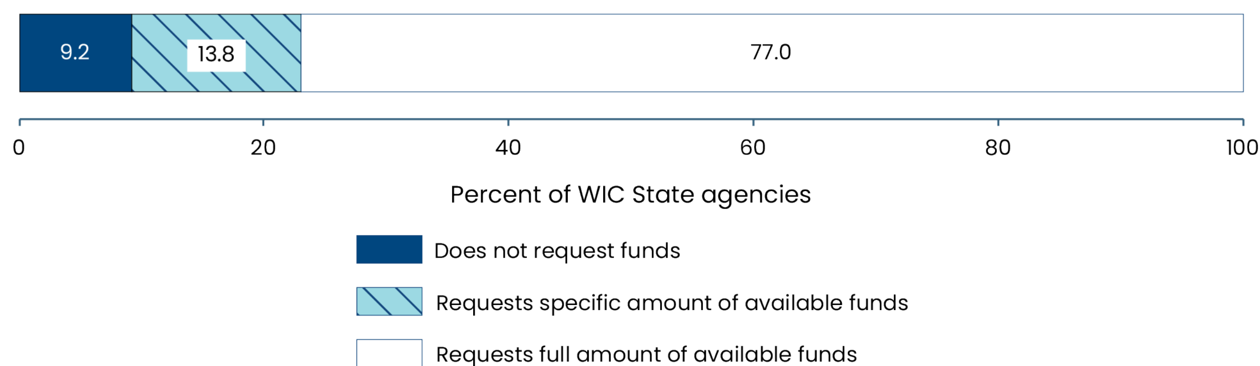
A. Peer Counseling Funds

Congress authorized $90 million for peer counseling grants in FY 2022. FNS awarded $88 million to WIC State agencies using a funding formula that factors in the State and local cost of salaries for program administration and the average number of pregnant and breastfeeding participants served. WIC State agencies request peer counseling funds through their annual State Plan. Once awarded, WIC State agencies are required to submit periodic reports as well as grant closeout information. The amount a WIC State agency can receive is capped at a percentage of their NSA grant. WIC State agencies may use the funds over multiple years but only to support the salary, office space, and supervision of peer counselors for activities specified in their approved plan and supported by the WIC Breastfeeding Support model.

1. WIC State Agency Requests for Funds

According to their State Plans, most WIC State agencies (77.0 percent) requested the full amount of available peer counseling funds from FNS, while about 14 percent requested a specific amount that was less than the full amount available (figure 3.1). About 9 percent of WIC State agencies indicated they do not request funds.

Figure 3.1. WIC State Agency Requests for Peer Counseling Funds

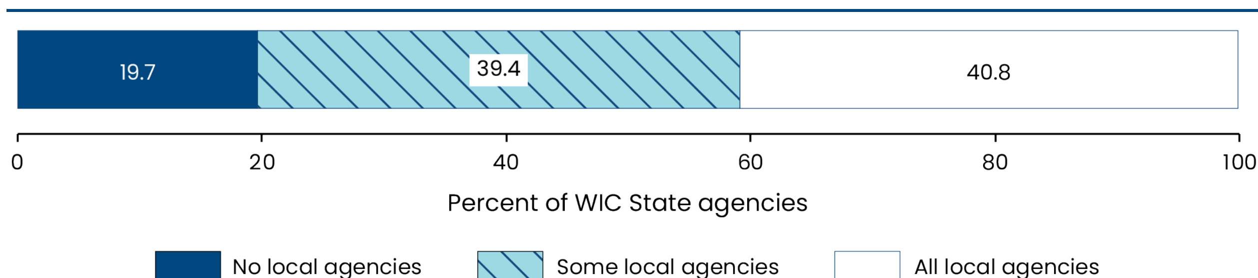


Note: Excludes two WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II question A.7.a. See appendix table D.10 for more information.
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (FA II question A.7.a)

2. WIC State Agency Allocation of Funds to Local Agencies

In their State Plans, WIC State agencies specify the total number of local agencies in the State and the number of local agencies to which they plan to allocate peer counseling funds. Based on this information, about 41 percent of WIC State agencies planned to allocate peer counseling funds to all local agencies, about 39 percent planned to allocate funds to only some local agencies, and about 20 percent did not plan to allocate funds to any local agencies (figure 3.2). Most WIC State agencies that did not plan to allocate funds to any local agencies serve participants directly (85.7 percent or 12 out of 14 WIC State agencies); they do not contract with local agencies to deliver participant services.

Figure 3.2. WIC State Agency Designation of All, Some, or No Local Agencies to Receive Peer Counseling Program Funds

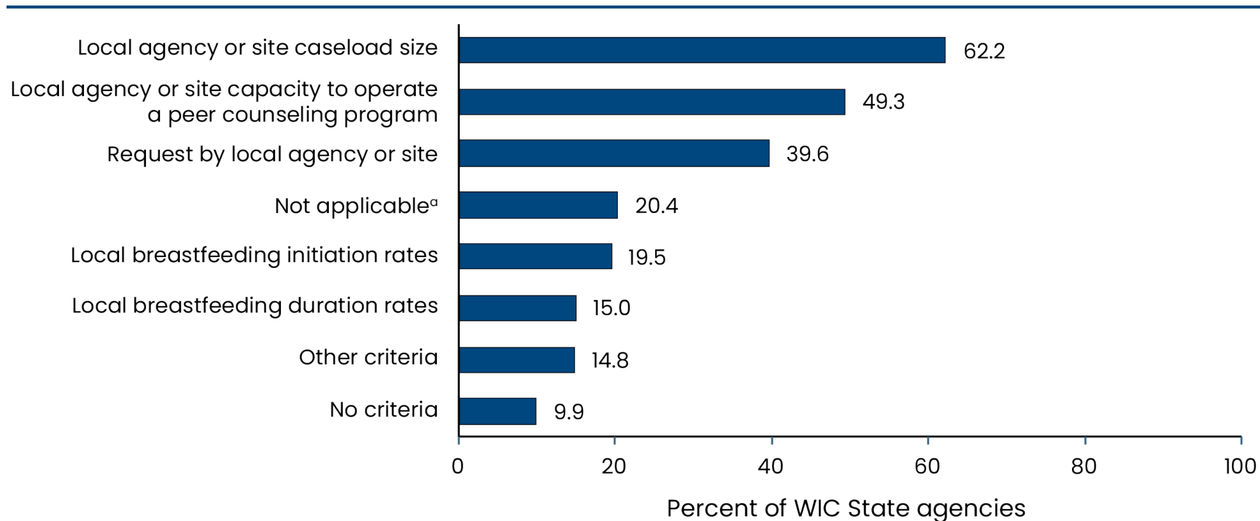


Note: Excludes 20 WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II A.7.d or responded with a value significantly higher than their number of local agencies. The number of local agencies in a WIC State agency was determined using the WIC Local Agency Directory. Percentages may not sum to 100 percent because of rounding. See appendix table D.11 for more information.
N = 71 WIC State agencies
Sources: Fiscal Year 2022 WIC State Plan (FA II question A.7.d); WIC Local Agency Directory

According to the WIC BPI II State Agency Survey, most WIC State agencies (62.2 percent) considered caseload size when allocating peer counseling funds to local agencies or sites (figure 3.3). Nearly half of WIC State agencies (49.3 percent) considered local agency or site capacity to operate a peer counseling program, and 39.6 percent considered requests made by local agency or site. Less frequently, WIC State agencies considered local agency breastfeeding initiation rates and duration rates or indicated the question was not applicable because they do not have local agencies.

About 14 percent of WIC State agencies (*n* = 11) indicated they use criteria other than those presented in the survey, such as the WIC State agency's available budget or funding, infant mortality rates, and health equity, when allocating peer counseling grant funds to local agencies.

Figure 3.3. Information WIC State Agencies Use When Allocating Peer Counseling Program Funds to Local Agencies



Note: Excludes 15 WIC State agencies: 12 WIC State agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey, and 3 WIC State agencies did not have a peer counseling program. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other criteria" included available budget or funding, infant mortality rate, health equity, and that each local agency is required to have one peer counselor. "No criteria" means the WIC State agency does not use criteria to determine how it allocates Breastfeeding Peer Counseling Program funds to local agencies. See appendix table D.12 for more information.
[a] Indicates a response option developed from an analysis of open-ended "other criteria" text; respondents indicated their WIC State agency does not operate local agencies.
N = 74 WIC State agencies
Source: WIC BPI II State Agency Survey question 3

The study team also searched State Policy and Procedure Manuals for information WIC State agencies use when allocating peer counselor resources or providing related guidance to local agencies. Approximately one-third of WIC State agencies provided related guidance in their manual (28.7 percent; appendix table D.13). Of these WIC State agencies, most considered caseload. They either mentioned using a staff-to-participant ratio or stipulated that local agencies conduct a community needs assessment annually to assess the available breastfeeding supports, demographic characteristics of the WIC population, and other important community factors, such as rurality. Some WIC State agencies considered local agency capacity, including the number of staff available to provide breastfeeding support. Some WIC State agencies specified that there should be one peer counselor at each local agency.

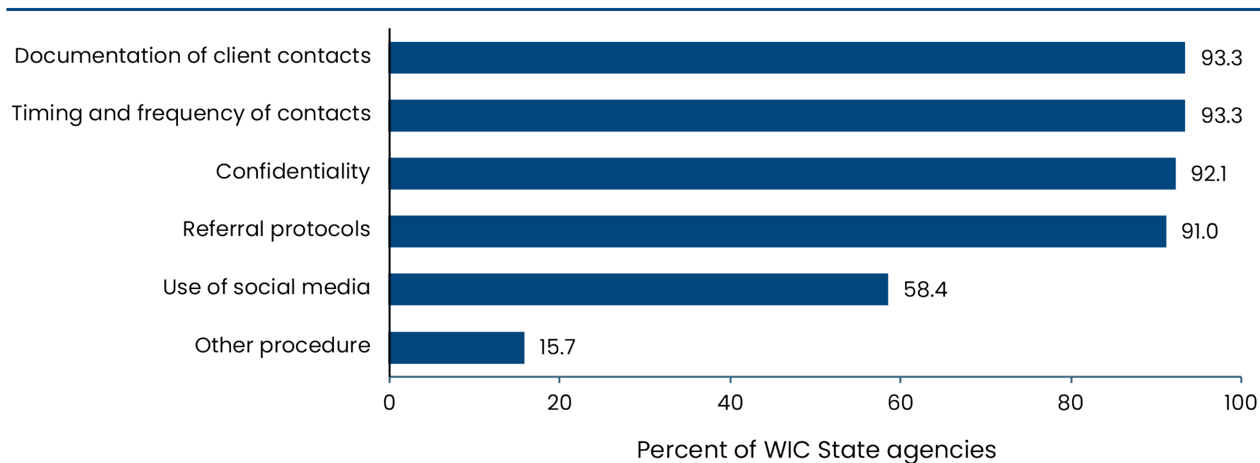
B. Program Management and Oversight

According to their State Plans, all responding WIC State agencies designated a peer counseling program manager or coordinator at the State and/or local agency level (*N* = 83; see appendix table D.14), and nearly all standardized at least one policy and procedure for the peer counseling program (94.4 percent; data not shown).

Figure 3.4 summarizes the peer counseling policies and procedures WIC State agencies standardized. Nearly all WIC State agencies standardized the documentation of client contacts (93.3 percent), timing and frequency of contacts (93.3 percent), policies related to confidentiality (92.1 percent), and referral protocols (91.0 percent). About 58 percent of WIC State agencies standardized policies related to social

media use. A smaller percentage of WIC State agencies standardized other procedures, such as training, technology use, compensation, allowable costs, scope of practice, and staff monitoring.

Figure 3.4. Peer Counseling Program Policies and Procedures WIC State Agencies Have Standardized

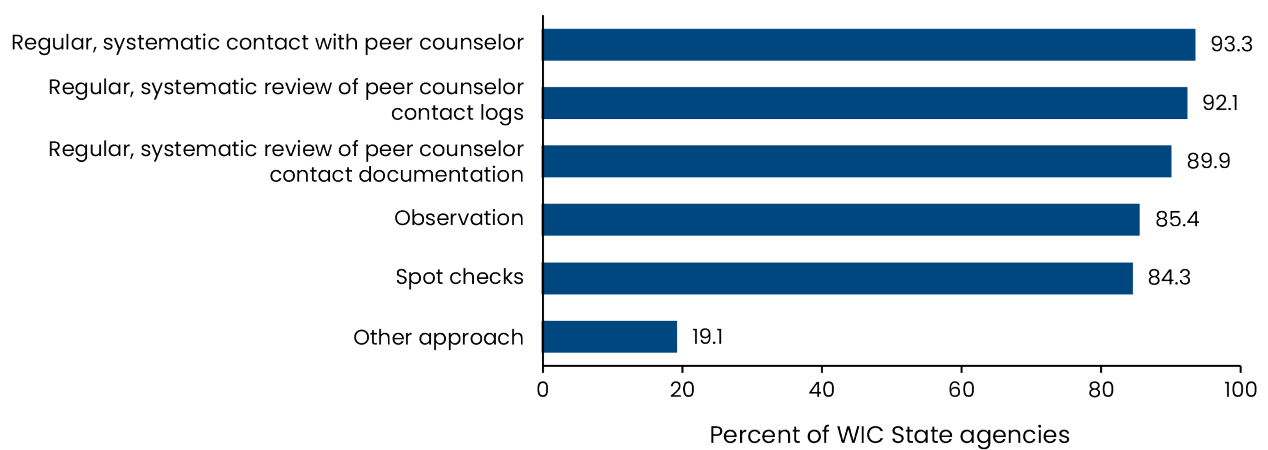


Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. “Other procedure” included training, technology use, compensation, allowable costs, scope of practice, and staff monitoring. See appendix table D.15 for more information.
N = 89 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.l)

1. Supervision and Monitoring of Peer Counselors

WIC State agencies use or require local agencies to use multiple approaches to supervise and monitor peer counselors. Nearly all WIC State agencies required regular, systematic contact with peer counselors (93.3 percent), review of peer counselor contact logs (92.1 percent), and review of peer counselor contact documentation (89.9 percent). Most WIC State agencies also required observations (85.4 percent) and conducted spot checks (84.3 percent) to supervise and monitor peer counselors. About 20 percent of WIC State agencies required other approaches, such as participant feedback, performance reviews, database and site monitoring, and check-in meetings. Figure 3.5 illustrates these findings.

Figure 3.5. WIC State Agency Approaches for Peer Counselor Supervision and Monitoring



Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other approach" included participant feedback, performance reviews, database and site monitoring, and check-in meetings. See appendix table D.16 for more information.
N = 89 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.m)

2. Peer Counselor Definition

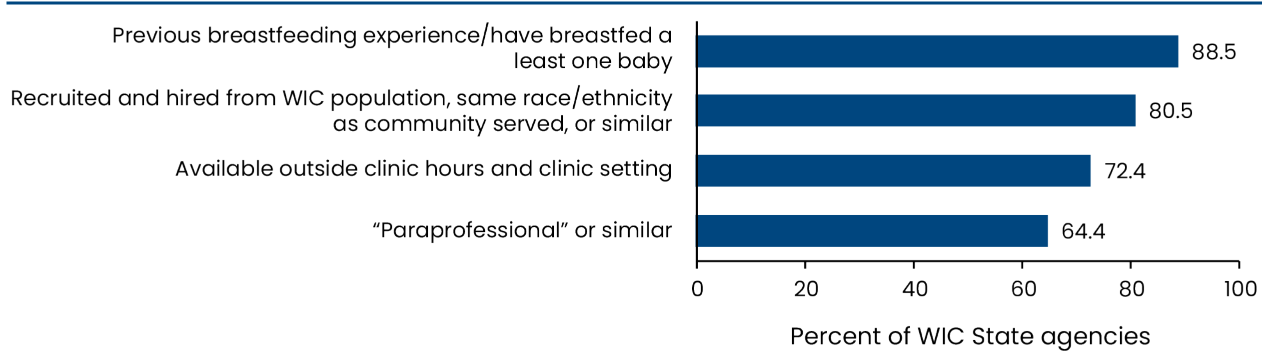
In the State Plan fillable form (i.e., template), FNS defines a peer counselor as a "paraprofessional, recruited and hired from target population, and available to WIC clients outside usual clinic hours and outside the WIC clinic," and most WIC State agencies indicated they use this definition (96.4 percent; see appendix table D.23).

WIC Breastfeeding Model Components for Peer Counseling (WIC Breastfeeding Model) outlines the essential elements for establishing and maintaining effective peer counseling programs within WIC. In this model, FNS provides an expanded peer counselor definition that specifies peer counselors should also have previous breastfeeding experience and, to the extent possible, represent the same racial and ethnic background as the mothers they support (see text box). Based on information in their State Policy and Procedure Manuals, 42.5 percent of WIC State agencies incorporated all four elements of the peer counselor definition from the WIC Breastfeeding Model (see appendix table D.17) into their WIC State agency definition. Figure 3.6 shows the percentage of WIC State agencies that incorporated each element into their definition.

Peer Counselor Definition in the *WIC Breastfeeding Model Components for Peer Counseling*

- Paraprofessional
- Recruited and hired from target population and, to the extent possible, representing the same racial and ethnic background as the mothers they support
- Available to WIC clients outside usual clinic hours and outside the WIC clinic
- Previous experience with breastfeeding

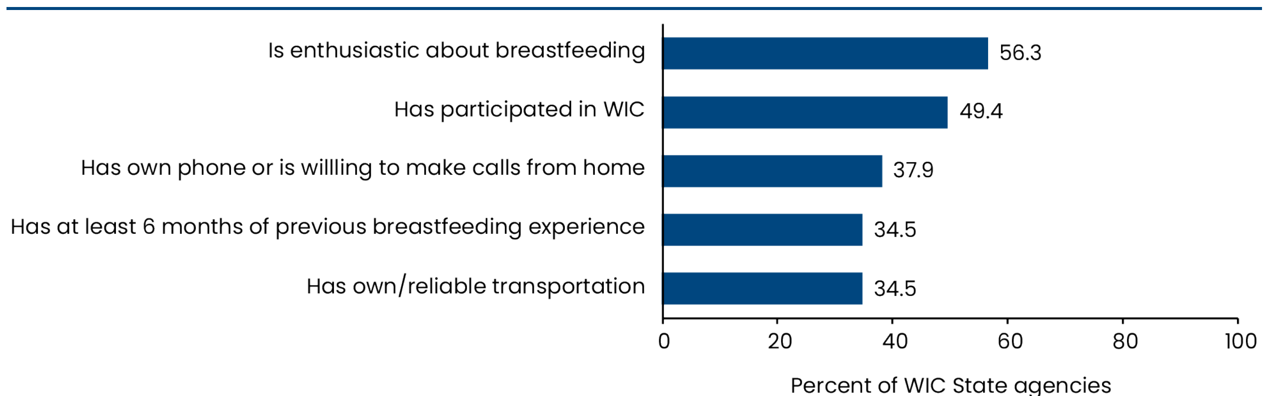
Figure 3.6. WIC State Agency Use of Peer Counselor Definition Elements From the WIC Breastfeeding Model Components for Peer Counseling



Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. See appendix table D.17 for more information.
N = 87 WIC State agencies
Sources: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023; USDA. (n.d.). *WIC breastfeeding model components for peer counseling*. https://wicworks.fns.usda.gov/topic/breastfeeding/wic-breastfeeding-model-components-peer-counseling

Most WIC State agencies specified at least one peer counselor requirement that was not part of the FNS definition (83.9 percent). More than half of WIC State agencies indicated peer counselors should be enthusiastic about breastfeeding (56.3 percent; figure 3.7). While the WIC Breastfeeding Model specifies that peer counselors should be recruited and hired from the eligible WIC population, about half of WIC State agencies required peer counselors to have previously participated in WIC (49.4 percent). Likewise, while the WIC Breastfeeding Model specifies that peer counselors have previous breastfeeding experience, more than a third of WIC State agencies required peer counselors to have at least 6 months of previous breastfeeding experience (34.5 percent). Other common peer counselor requirements, not included in the FNS definition, include having their own phone or being willing to make calls from home (37.9 percent) and having reliable transportation (34.5 percent).

Figure 3.7. Most Common WIC State Agency Peer Counselor Requirements That Are Not Part of FNS Definition



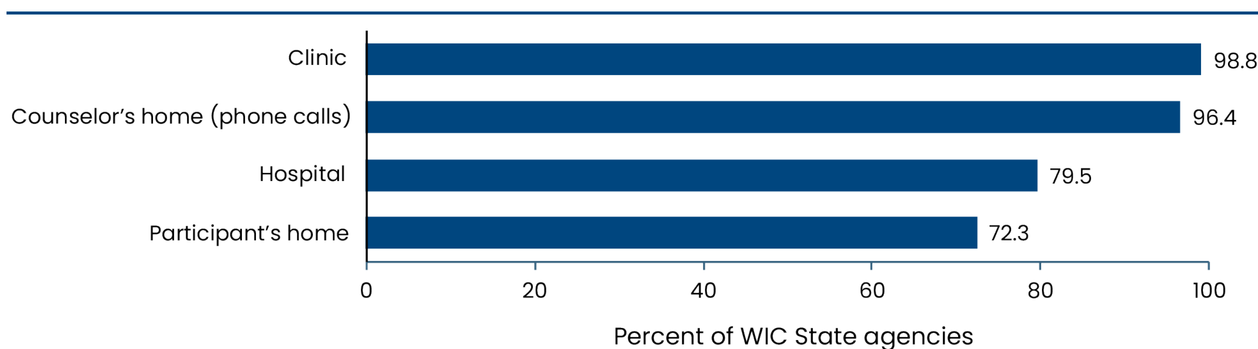
Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. See appendix table D.17 for more information.
N = 87 WIC State agencies
Sources: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

3. Peer Counselor Job Parameters and Settings

All WIC State agencies indicated in their State Plan that they define job parameters for peer counselors (100 percent; see appendix table D.18). Most WIC State agencies defined peer counselors' scope of practice (91.6 percent), the recommended frequency of client contacts (92.8 percent), and procedures for making referrals (90.4 percent).

All WIC State agencies specified the settings in which peer counselors can provide service (100 percent). Of these 83 WIC State agencies, nearly all established WIC clinics (98.8 percent) and phone calls from the peer counselor's home (96.4 percent) as settings in which peer counselors can provide services (figure 3.8). Most WIC State agencies also established hospitals (79.5 percent) and participants' homes (72.3 percent) as settings in which peer counselors can provide services.

Figure 3.8. Settings in Which WIC State Agencies Allow Peer Counselor Services



Note: Excludes six WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II question A.7.h. Percentages may sum to more than 100 percent because responses are not mutually exclusive. See appendix table D.18 for more information.
N = 83 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (FA II question A.7.h)

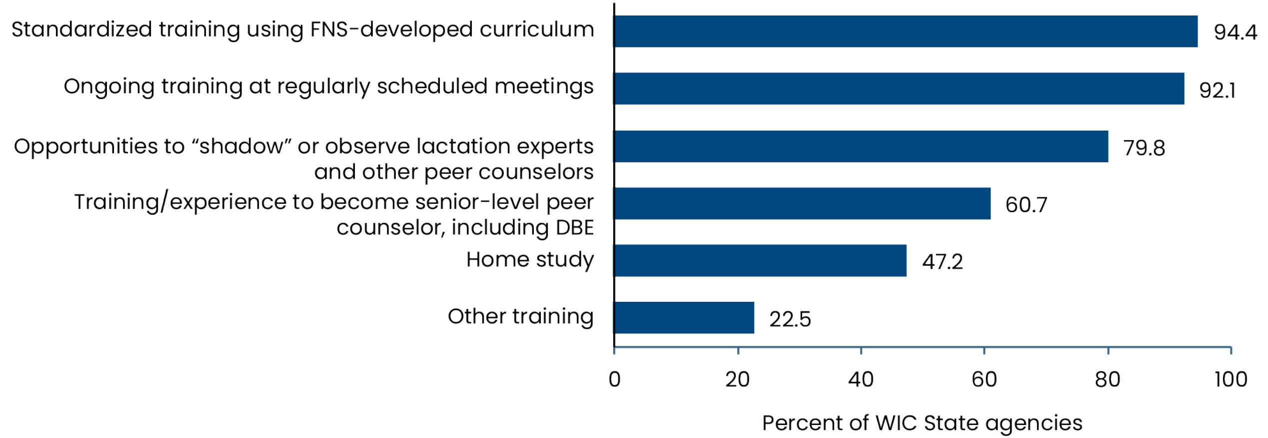
C. Peer Counselor Support and Compensation

In their State Plans, nearly all WIC State agencies indicated they require adequate compensation and reimbursement of peer counselors (97.6 percent; see appendix table D.24). WIC State agencies also provided guidance on the types of training and other supports peer counselors receive.

1. Training

WIC State agencies use various methods to ensure peer counselors are well prepared to serve WIC clients. Nearly all WIC State agencies provided peer counselors standardized training using FNS-developed curriculum (94.4 percent) and ongoing training at regularly scheduled meetings (92.1 percent; figure 3.9). Most WIC State agencies also provided peer counselors with opportunities to "shadow" lactation experts and other peer counselors (79.8 percent), and most offered to provide training toward being a senior-level peer counselor (60.7 percent). About half of WIC State agencies provided peer counselors home study training and continuing education (47.2 percent). Less than one-quarter of WIC State agencies reported providing peer counselors with other types of training (22.5 percent), including participation in large meetings and conferences, webinars and other virtual training, and training provided by a local hospital. All WIC State agencies indicated they provide training to WIC clinic staff to educate them about the peer counselor role (100 percent; see appendix table D.19).

Figure 3.9. Types of Training and Continuing Education WIC State Agencies Provide to Peer Counselors

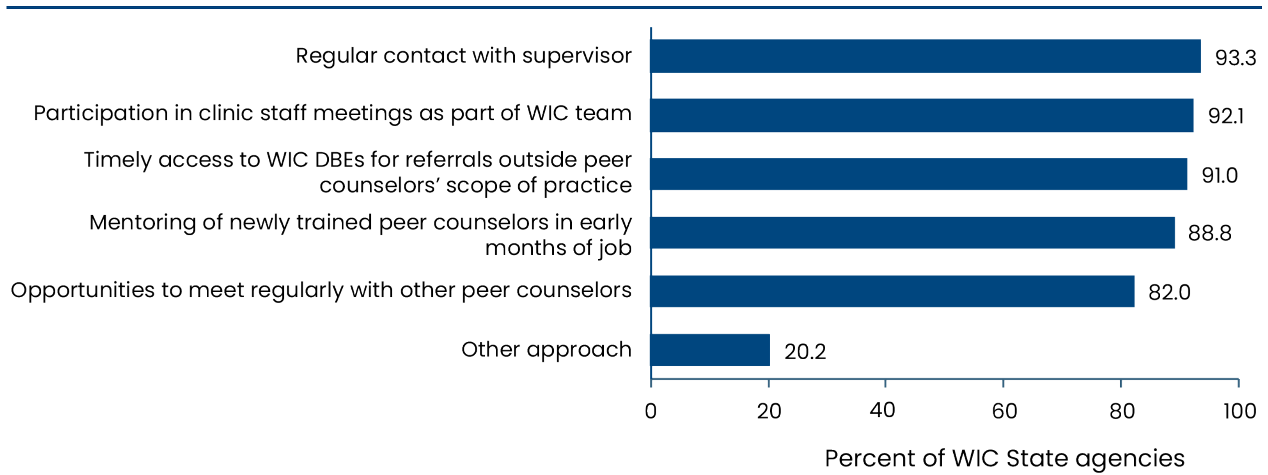


Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other training" included participation in large meetings and conferences, webinars and other virtual training, and training provided by a local hospital. See appendix table D.20 for more information.
DBE = designated breastfeeding expert
N = 89 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.p)

2. Other Types of Support

In addition to training, peer counselors receive other types of support. Most frequently, WIC State agencies indicated peer counselors are in regular contact with their supervisor (93.3 percent), participate in clinic staff meetings as part of the WIC team (92.1 percent), and receive timely access to WIC DBEs for referrals outside their scope of practice (91.0 percent; figure 3.10). Most WIC State agencies indicated newly trained peer counselors receive mentoring (88.8 percent) and have opportunities to meet regularly with other peer counselors (82.0 percent). About 20 percent of WIC State agencies indicated their peer counselors receive other types of support, such as access to dedicated social media groups, meetings, and conferences.

Figure 3.10. WIC State Agency Approaches to Support Peer Counselors

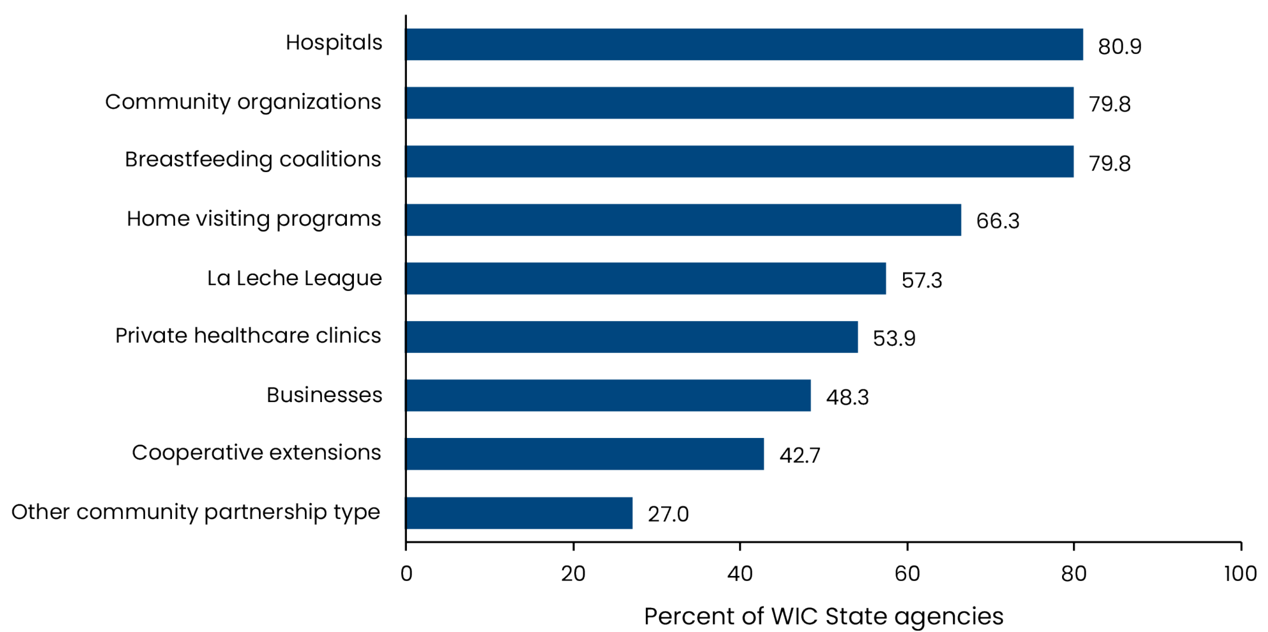


Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other approach" included training and continuing education, social media groups, meetings, and conferences. See appendix table D.21 for more information.
DBE = designated breastfeeding expert
N = 89 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.o)

D. Community Partnerships

Community partnerships offer WIC State agencies another way to support breastfeeding promotion and enhance the effectiveness of peer counseling programs. About 80 percent of WIC State agencies engaged in partnerships with hospitals, breastfeeding coalitions, and community organizations for this purpose (figure 3.11). More than half of WIC State agencies engaged in partnerships with home visiting programs (66.3 percent), La Leche League (57.3 percent), and private healthcare clinics (53.9 percent). Less frequently, WIC State agencies engaged with businesses (48.3 percent), cooperative extensions (42.7 percent), and other partners (27.0 percent) such as jails, Tribal programs, and other State departments.

Figure 3.11. Community Partners WIC State Agencies Engage to Enhance Peer Counseling Effectiveness



Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. “Other community partnership type” included medical offices, childcare centers, schools and universities, jails, local breastfeeding groups, maternal and child health related programs and coalitions, Tribal programs, Federal programs, and other State departments. See appendix table D.22 for more information.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.n)

Chapter 4. Breastfeeding Aids and Accessories

Breastfeeding aids, such as breast pumps, breast shells, and nipple shields, may make it easier for a new breastfeeding parent to provide human milk to their infant. Although not considered a WIC benefit at the time of this study, WIC State agencies are allowed to issue breastfeeding aids because doing so is aligned with WIC's goal to promote and encourage breastfeeding (USDA, 2016). According to State Plans, 96.6 percent of WIC State agencies coordinated with local agencies to procure breastfeeding aids that support the initiation and continuation of breastfeeding (see appendix table D.25). WIC State agencies primarily use WIC NSA grant funds to cover these expenses.[17] WIC Breastfeeding Peer Counseling funds can only be used to purchase breast pumps and other breastfeeding aids for demonstration purposes (USDA, 2016).

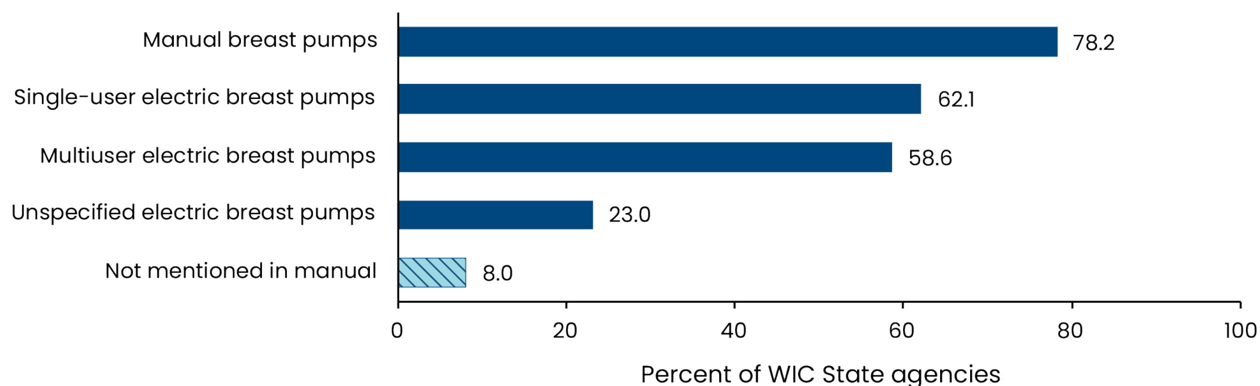
WIC State agencies also establish policies and procedures for procuring and distributing breastfeeding aids and accessories to participants who might need them. Nearly all WIC State agencies (90.8 percent) included a breastfeeding promotion plan in their State Policy and Procedure Manuals, and most WIC State agencies (80.5 percent) included in their manuals a breastfeeding promotion plan section that mentioned the types of breast pumps and other supportive aids and accessories they offer participants (see appendix table D.26). Some WIC State agencies mentioned breastfeeding aids and accessories in sections other than the breastfeeding promotion plan, while others did not mention them at all. While WIC State agencies may mention the issuance of a breastfeeding aid, not all WIC State agencies specify criteria for issuance. For WIC State agencies without criteria listed in the manual, criteria may be documented outside of the manual.

A. Breast Pumps

Figure 4.1 summarizes the types of breast pumps WIC State agencies mentioned in their State Policy and Procedure Manuals. Most frequently, WIC State agencies mentioned manual (78.2 percent), single-user electric (62.1 percent), and multiuser electric (58.6 percent) breast pumps. Some WIC State agencies (23.0 percent) mentioned breast pumps but did not identify the pump type. In most cases, it was clear from contextual information in the manual (e.g., remarks about issuing adapters or following up about whether the pump was working) that the WIC State agency was referring to an electric pump.

[17] See 7 C.F.R. 246.14(c)(10) (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

Figure 4.1. Types of Breast Pumps Issued to Participants, as Reported by WIC State Agencies



Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Single-user electric breast pumps include pumps described as single-user or personal. Multiuser electric breast pumps include pumps described as multiuser electric, hospital-grade, and loaner pumps. Unspecified electric breast pumps include breast pumps that could not be further categorized because the description was too general or vague. See appendix table D.27 for more information.
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Of the 80 WIC State agencies (92.0 percent) that mentioned breast pumps in their manuals, 60.0 percent offered 3 types of pumps, 26.3 percent offered 2 types of pumps, and 13.8 percent offered 1 pump type (data not shown).

Generally, WIC State agencies' breast pump policies were flexible enough to ensure participants who needed a pump could receive one.

FNS recommends WIC State agencies issue breast pumps judiciously. In its *WIC Breastfeeding Policy and Guidance*, FNS recommends WIC State agencies balance "program goals for promoting and supporting breastfeeding with liability and cost accountability concerns and other priorities" (USDA, 2016, p. 28). This section describes each pump type, and the criteria participants must meet to receive one. Among WIC State agencies that mentioned offering one or more pump types and specified criteria participants must meet, the policies appeared flexible enough to ensure participants who needed a pump could receive one (i.e., all of these WIC State agencies offered at least one pump for which they did not have strict criteria). Most WIC State agencies did not describe strict criteria participants *must* meet to receive a pump (e.g., about 9 percent of WIC State agencies described criteria participants must meet to receive a manual breast pump). Rather, because WIC State and local agencies must use NSA funds to purchase pumps and other aids and accessories, many WIC State agencies presented guidelines local agencies and staff could use to prioritize how and to whom they distribute breast pumps so that cost and necessity are carefully considered. Findings in this section focus exclusively on the criteria WIC State agencies said participants *must* meet.

1. Manual Breast Pumps

Manual breast pumps are simple in construction and intended for occasional use. Powered by the user's hands or feet to activate the suction mechanism, manual breast pumps usually express milk from one breast at a time. They are single-user items and should not be shared.

Of the 68 WIC State agencies that mentioned manual breast pumps in their State Policy and Procedure Manual, 6 specified that participants must meet certain criteria to receive this pump type. These

requirements included that the infant must be a WIC participant, the infant must be certified as breastfeeding, the mother or caregiver must be 1–3 weeks postpartum, and the mother or caregiver must have an established milk supply (see appendix table D.28).

2. Single-User Electric Breast Pumps

Single-user electric breast pumps, sometimes called double electric breast pumps because they can express milk from both breasts at the same time, are compact, relatively lightweight, and portable. These pumps are appropriate for frequent, longer term use after breastfeeding has been established, such as when a mother must separate from her infant regularly to attend work or school. Once issued, these pumps should not be returned to WIC or passed on to another user. Single-user electric pumps had the most restrictive distribution practices and were generally reserved for participants who truly need them to continue providing human milk long term for their infants.

Of the 54 WIC State agencies that mentioned single-user breast pumps in their manual, 34 specified that participants must meet certain criteria to receive this pump type (see appendix table D.29). Most frequently, WIC State agencies required participants to have an established milk supply, express their commitment to continued breastfeeding, be fully or exclusively breastfeeding, experience mother-infant separation, and be a certain number of weeks postpartum (1–3 or 4 or more).

3. Multiuser Electric Breast Pumps

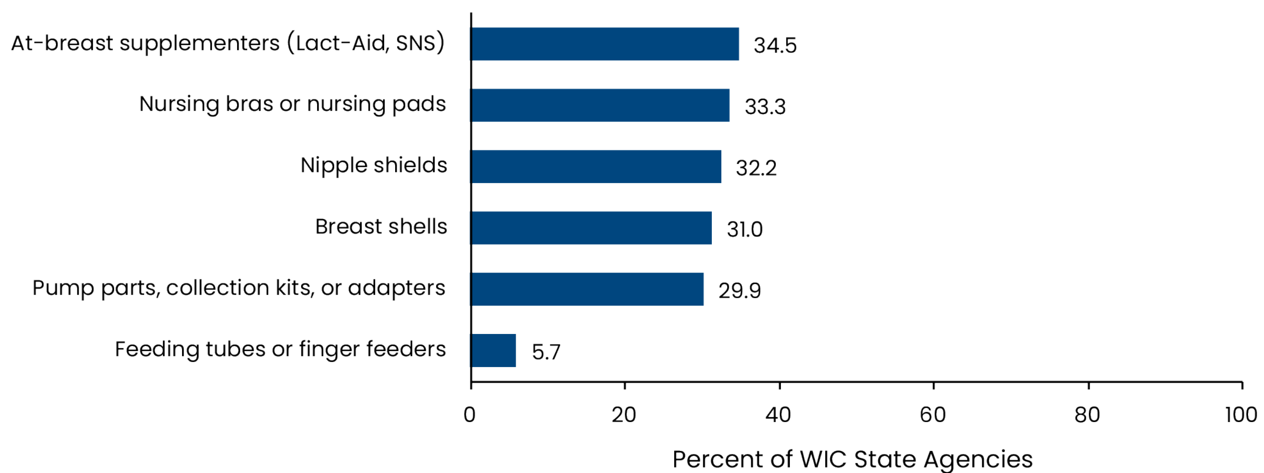
Multiuser electric breast pumps, also sometimes called “hospital-grade” pumps, have a powerful, durable motor and are appropriate for different breastfeeding experiences than the other types of pumps. While these pumps may be used to continue lactation during periods of mother-infant separation, they are also used to establish a milk supply when there is a feeding problem with the infant or when the mother’s lactation capacity is not fully stimulated by her infant at the breast. Multiuser electric pumps are often issued when an infant is premature and needs to gain strength and grow before breastfeeding is possible. These pumps are usually loaned for a period not exceeding a few months and tend to be heavier and less portable than single-user electric pumps.

Of the 51 WIC State agencies that mentioned multiuser electric breast pumps, 9 specified that participants must meet certain criteria to receive this pump type (see appendix table D.30). The criteria specified most often included having a premature infant or an infant unable to breastfeed and mother-infant separation.

B. Other Breastfeeding Aids and Accessories

Figure 4.2 summarizes the other types of breastfeeding aids and accessories WIC State agencies mentioned in their State Policy and Procedure Manuals. Generally, these aids and accessories were mentioned less frequently than breast pumps. The most mentioned breastfeeding aids were an at-breast supplementing device, mentioned by 34.5 percent of WIC State agencies, and nursing bras or pads, mentioned by 33.3 percent of WIC State agencies. Nipple shields, breast shells, and breast pump accessories were also mentioned by nearly one-third of WIC State agencies. Feeding tubes and finger feeders were mentioned much less frequently, perhaps because these devices are typically used in situations that require specialized clinical support.

Figure 4.2. Other Breastfeeding Aids Issued to Participants, as Reported by WIC State Agencies



Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. See appendix table D.27 for more information.
SNS = Supplemental Nursing System
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

1. At-Breast Supplementing Devices

Distributed under commercial names such as Lact-Aid and Supplemental Nursing System (SNS), at-breast supplementing devices feature a small container that can be filled with human milk or infant formula and worn around the mother's neck to enable the infant to latch onto and receive nourishment from the device and the mother's breast at the same time. These devices can be useful in the short term if an infant has been bottle-fed and becomes frustrated by a slower flow at the breast during the transition back to breastfeeding. The devices can also be used for a longer term if a mother's milk supply is not sufficient to exclusively breastfeed, but she wants to provide most or all feedings at her breast. Once instructed in the proper use, care, and cleaning of an at-breast supplementing device, a mother can use it whenever and for however long she needs to. Parents with gender-diverse identities may also use these supplementing devices when chestfeeding their infants. Of the 30 WIC State agencies that mentioned at-breast supplementing devices in their manuals, 12 provided considerations for when to issue them. The most common consideration mentioned was infant illness or problem (e.g., weak suck, cardiac condition; see appendix table D.31).

2. Nursing Bras and Pads

Nursing bras are designed with reclosable flaps, which enable a mother to expose her breast and nipple to her infant for feeding (or for expressing milk with a pump) without having to completely disrobe or lose the bra's support. Absorbent pads can be disposable or washable/reusable. They are inserted into the bra to absorb any leaking milk and prevent it from staining the outer garment. Of the 29 WIC State agencies that mentioned nursing bras or pads in their manuals, 5 presented considerations for when to issue them, such as maternal illness or problem, participant's inability to afford or obtain the device from a non-WIC source, and exclusive or fully breastfeeding (see appendix table D.32).

3. Nipple Shields

Nipple shields, usually made of silicone, look like the teats or nipples used on a baby's bottle. They fit over a mother's nipple and can be useful when an infant needs more oral stimulation to feed properly. Sometimes, they are recommended when an infant has been bottle-fed and the mother wants to transition back to breastfeeding. The baby can latch onto the silicone nipple shield and feed at the breast. Because they obstruct direct nipple stimulation and can cause reduced milk supply, nipple shields are intended for short-term transitional use with guidance from a trained lactation care provider, such as an IBCLC (Chow et al., 2015). Of the 28 WIC State agencies that mentioned nipple shields in their manuals, 12 listed considerations for when to issue them. The most common considerations were an infant illness or problem, a maternal illness or problem, and breastfeeding problem attributed to prematurity (see appendix table D.33).

4. Breast Shells

Breast shells are disc-shaped items with a shallow dome-shaped cover that fit inside a bra. The dome, which is ventilated, protects the mother's nipples, gives them room to air out between feedings, and can help encourage nipples to protrude more prominently if an infant is having difficulty latching on. Breast shells are typically only necessary while lactation is being established, and they can help a mother heal more quickly and get through early nipple soreness or injury. Of the 27 WIC State agencies that mentioned offering breast shells to participants, 12 stated considerations for issuing them. The most mentioned consideration was a maternal illness or problem (see appendix table D.34).

5. Pump Parts, Collection Kits, and Adapters

When a multiuser electric breast pump is issued, pump parts such as breast shields, tubing, and bottles to collect milk are also typically issued. Because these parts come into contact with human milk, they are single-user items and should not be shared or returned. Adapters enable users to operate their motorized pumps with a power source other than electricity, such as in a vehicle or with batteries. Of the 26 WIC State agencies that mentioned offering these items, 4 provided considerations for when to issue them (see appendix table D.35). Considerations included concurrent issuance of a pedal or electric pump, mother-infant separation (e.g., because of hospitalization or return to work), maternal illness or problem (e.g., engorgement, mastitis), and other reasons approved by the lactation counselor.[18]

6. Feeding Tubes and Finger Feeders

Some infants, often those born prematurely or with orofacial abnormalities, may not have the strength or coordination required to effectively breastfeed in the early days or weeks after birth. These infants might also have trouble managing a fast milk flow from a bottle, or, if exclusive breastfeeding is the goal, the family and care team may wish to avoid using a bottle. Finger feeders and feeding tubes enable an infant to suckle on a fine tube attached to a caregiver's clean finger and receive milk at a manageable pace. They are typically only necessary in complex cases and should be introduced under the supervision of a skilled lactation care provider and only used until the infant gains the ability to feed from the breast or a bottle. Of the five WIC State agencies that mentioned feeding tubes or finger feeders, two offered considerations for when to issue them. Reasons given were prematurity, infant illness or problem (e.g., weak suck, cardiac condition), maternal illness or problem (e.g., engorgement, mastitis), and other considerations such as adoption and the participant's ability to demonstrate proper use of the aid.

[18] These lactation counselors may be designated breastfeeding experts but were not described as such in the manuals.

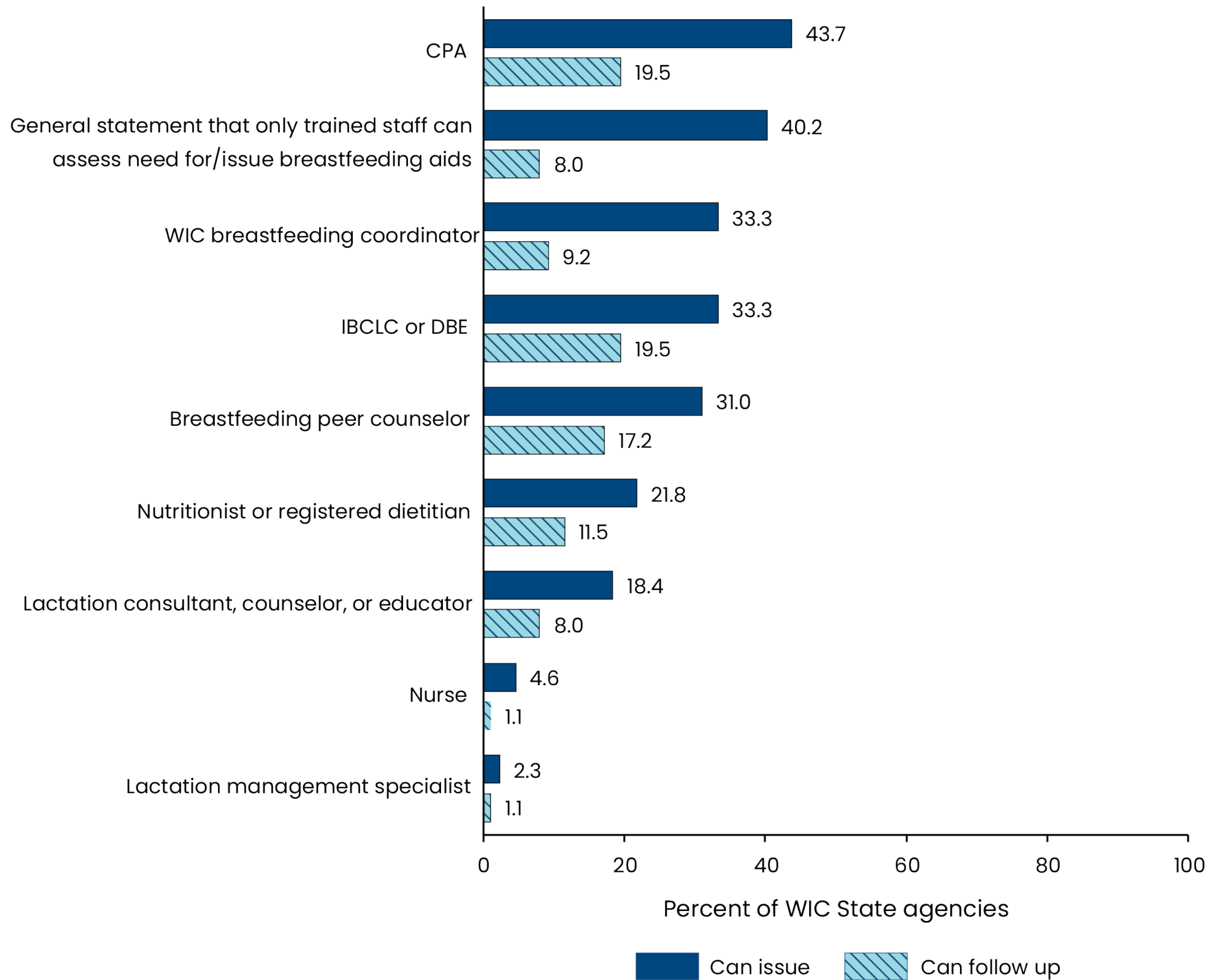
C. Staff Authorized to Issue and Follow Up About Breastfeeding Aids

About 84 percent of WIC State agencies described in their State Policy and Procedure Manual the WIC staff positions that may issue breastfeeding aids; about 67 percent listed WIC staff positions that may follow up with participants to ensure proper use (see appendix table D.36). Some manuals suggested that when a participant needed equipment typically used for a more clinically complex breastfeeding issue, such as an at-breast supplementing device, WIC should provide counseling and follow-up with a more advanced lactation care provider, such as a DBE or IBCLC.

Figure 4.3 shows how often each WIC staff position was mentioned as authorized to issue breastfeeding equipment and follow up after equipment is issued. Most commonly, WIC State agencies indicated competent professional authorities (CPAs) were authorized to issue breastfeeding aids (43.7 percent) or any staff trained to issue breastfeeding aids were permitted to do so (40.2 percent). Based on information in their manuals, WIC State agencies leaned mostly on CPAs and breastfeeding experts (IBCLCs and DBEs) to conduct follow-up.[19]

[19] IBCLCs may be designated breastfeeding experts but were not always described as such in the manuals.

Figure 4.3. Staff Authorized to Issue and Follow Up on Breastfeeding Aids



Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Nurses include RNs, LPNs, and community health nurses. See appendix table D.36 for more information.

CPA = competent professional authority; IBCLC = International Board Certified Lactation Consultant; DBE = designated breastfeeding expert; RN = registered nurse; LPN = licensed practical nurse

N = 87 WIC State agencies

Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Chapter 5. Other Breastfeeding Promotion and Support

In addition to maintaining a trained, breastfeeding-friendly staff and implementing peer counselor programs, WIC State agencies devote substantial resources to other activities that promote and support breastfeeding. These activities include setting guidelines for issuing and tailoring breastfeeding-related food packages to individualize nutrition support, establishing time and staff standards for initiating breastfeeding contacts in the early postpartum period, advising local agencies on coordinating care among WIC and non-WIC lactation care providers (e.g., IBCLCs that are not WIC employees) for complex breastfeeding issues, and setting standards for breastfeeding education.

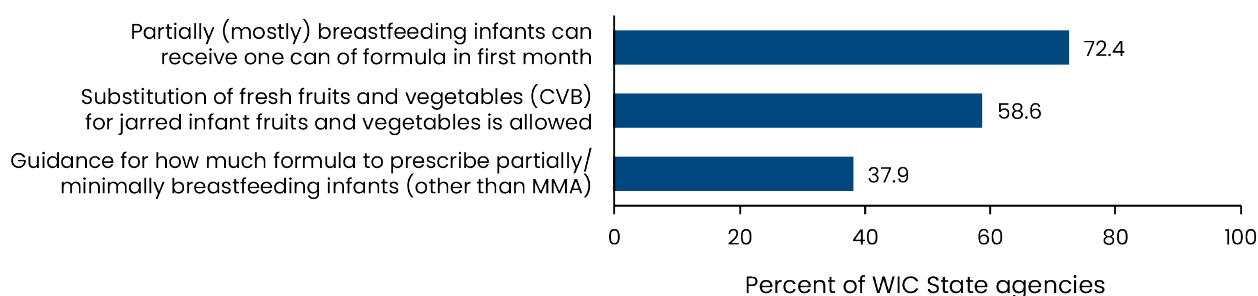
A. Breastfeeding-Related Infant Food Package Issuance and Tailoring

To ensure WIC participants receive food packages best suited to their specific nutritional needs, some WIC State agencies present guidelines for food package issuance and tailoring in their State Plans and State Policy and Procedure Manuals. The guidelines provide staff the opportunity to make slight deviations from standard WIC food packages to accommodate nutritional needs, such as tailoring the amount of infant formula an infant receives or allowing families to receive a cash-value benefit (CVB) instead of jarred infant fruits and vegetables after the infant turns 9 months old. Food package tailoring can be useful in many situations; WIC BPI II focused on three tailoring practices specific to infant feeding:

- Whether partially (mostly) breastfeeding infants can receive one can of formula in the first month
- Whether partially (minimally) breastfeeding infants can receive an amount of formula other than the maximum monthly allowance
- Whether an infant at least 9 months of age can receive a CVB instead of jarred infant fruits and vegetables

Eighty-three WIC State agencies mentioned one or more infant food package tailoring policies in their manuals. Most commonly, WIC State agencies specified partially (mostly) breastfeeding infants could receive one can of formula in their first month (72.4 percent; figure 5.1).

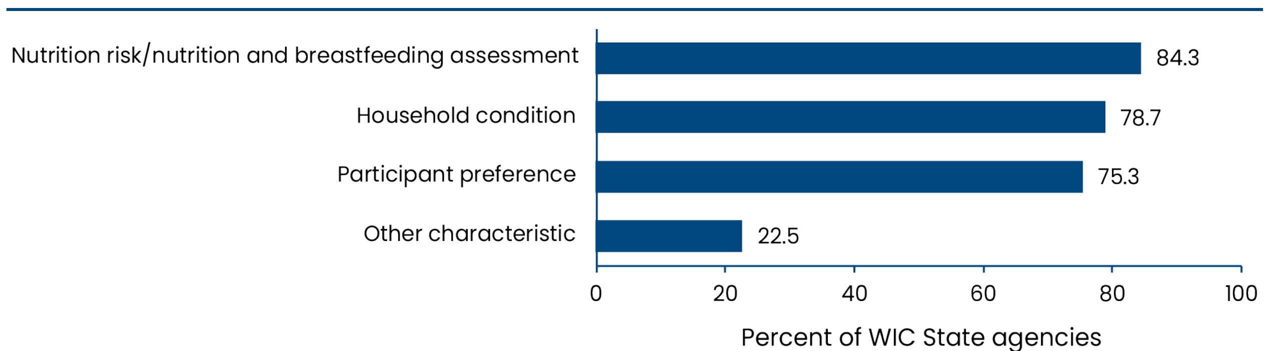
Figure 5.1. Categories of Policies WIC State Agencies Describe for Infant Food Package Tailoring



Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. See appendix table D.37 for more information.
CVB = cash-value benefit; MMA = maximum monthly allowance
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

In their State Plans, most WIC State agencies specified the participant characteristics on which they base individual nutrition tailoring (figure 5.2). These characteristics included assessments that enable accommodations for food allergies; special diets, such as a vegan diet; cultural preferences; or other conditions that can affect how a family acquires food.

Figure 5.2. Characteristics That Guide Infant Food Package Tailoring

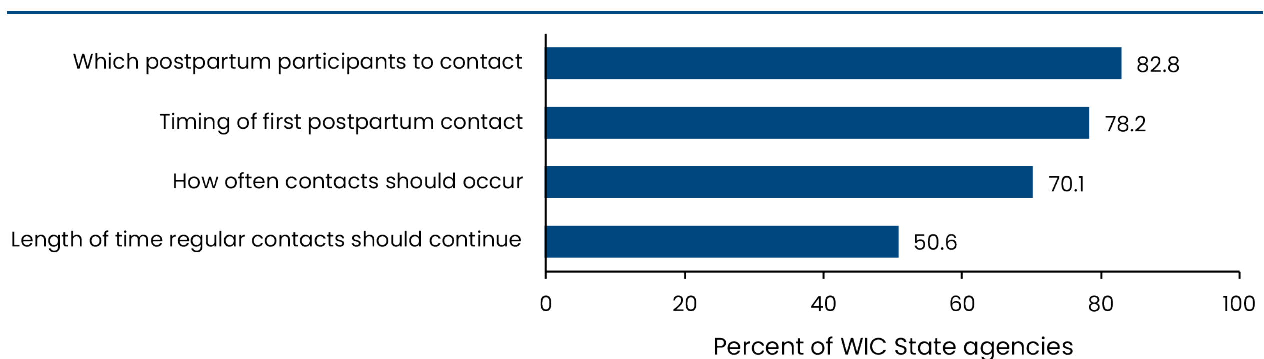


Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other characteristic" includes caregiver's ability to prepare formula, medical conditions, socioeconomic circumstances, certification category, age, individual needs, and product availability. See appendix table D.38 for more information.
N = 89 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (Functional Area II question B.2.c)

B. Early Postpartum Breastfeeding Contacts

Breastfeeding-specific outreach to participants during the early postpartum period is an important part of the breastfeeding support WIC provides. Figure 5.3 summarizes the type of guidance WIC State agencies provided in their manuals related to early postpartum contacts, such as whom to contact, when to contact them, how frequently contact should be made, and for how long contact should continue. Most commonly, WIC State agencies provided guidance on which postpartum participants to contact.

Figure 5.3. Guidance WIC State Agencies Provide in Their Manuals on Early Postpartum Breastfeeding Contacts

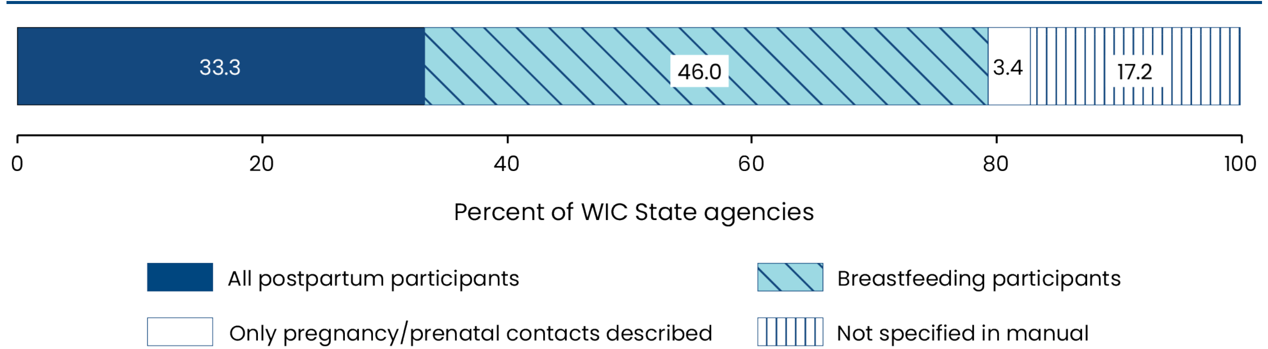


Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. See appendix table D.39 for more information.
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

1. Whom to Contact

Most commonly, WIC State agencies mentioned providing breastfeeding-specific outreach to breastfeeding participants in the early postpartum period (46.0 percent; figure 5.4). One-third of WIC State agencies mentioned contacting all postpartum participants about breastfeeding.

Figure 5.4. Which Postpartum Participants to Contact About Breastfeeding

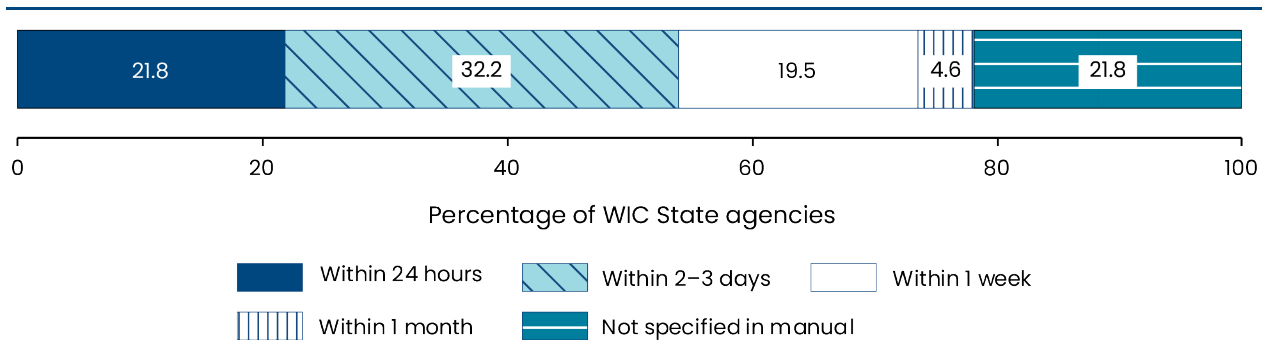


Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may not sum to 100 percent because of rounding. See appendix table D.39 for more information.
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

2. When to Make First Contact

The first hours and days with a newborn can be confusing and stressful, especially for families that have not seen a breastfeeding infant before. To support parents during this critical time, more than half of WIC State agencies indicated initial breastfeeding contacts should occur within 3 days of delivery or infant certification (figure 5.5).

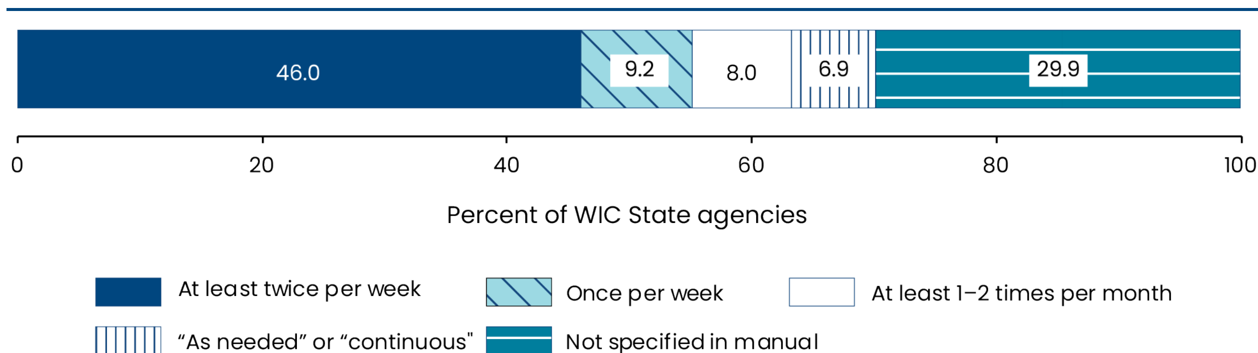
Figure 5.5. When First Postpartum Breastfeeding Contact Should Occur Relative to Date of Delivery or Certification



Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may not sum to 100 percent because of rounding. See appendix table D.39 for more information.
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Caring for and feeding a newborn is an around-the-clock activity. Frequent reminders about normal infant behavior and encouragement to feed on demand can reassure new parents that they are doing a good job. FNS guidance suggests WIC staff cover topics such as supplemental feeding and recognizing hunger and fullness cues during the early postpartum period (USDA, 2016). More than half of WIC State agencies recommended that WIC staff contact breastfeeding families at least once or twice a week in the early postpartum period (figure 5.6).

Figure 5.6. Frequency of Postpartum Breastfeeding Contacts

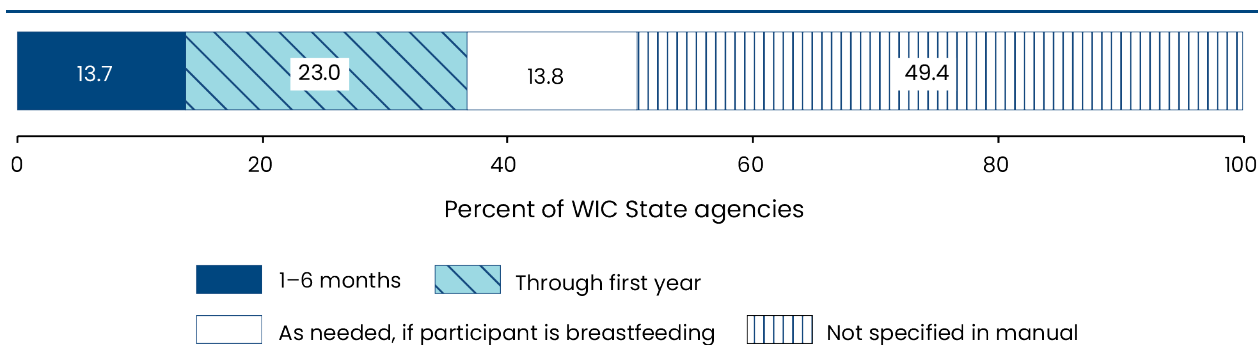


Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may not sum to 100 percent because of rounding. See appendix table D.39 for more information.
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

3. Duration of Contact

National and global health organizations recommend exclusive breastfeeding for the first 6 months and continued breastfeeding through the child's second birthday. Continued contact with WIC staff can help participants breastfeed longer. Just over half of WIC State agencies (50.5 percent) mentioned the duration of regular breastfeeding contacts in their policy and procedure manuals; most of them recommended continuing contacts through the infant's first year or for as long as the participant is breastfeeding (figure 5.7).

Figure 5.7. Duration of Regular Breastfeeding Contacts Through Infant's First Year



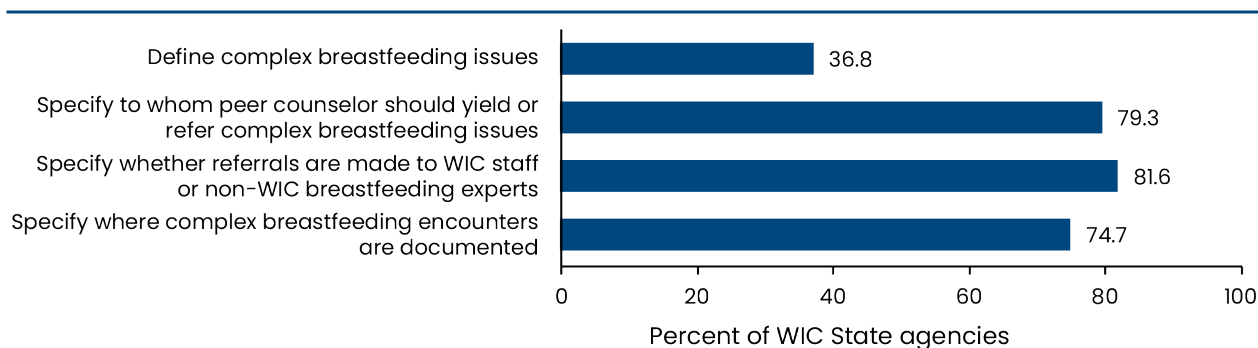
Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may not sum to 100 percent because of rounding. See appendix table D.39 for more information.
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

C. Coordination of Care for Complex Breastfeeding Issues

Complex breastfeeding issues include anatomical or physiological problems with the mother or the infant or situations when certain breastfeeding aids might enable a participant to continue providing human milk to her infant. Breastfeeding may be difficult for a mother and infant for numerous reasons. Breastfeeding support for WIC participants can include care for complex lactation or breastfeeding issues when local agencies have staff and providers with the appropriate training, such as a WIC DBE working within their scope of practice, or can refer to non-WIC breastfeeding providers in their community.

To varying degrees, State Policy and Procedure Manuals provided guidance on how to coordinate care for participants with complex breastfeeding issues. Figure 5.8 summarizes the types of guidance WIC State agencies provided in these manuals. For example, 36.8 percent of WIC State agencies defined what qualifies as a complex breastfeeding issue. Thirty WIC State agencies (34.5 percent) provided guidance on all four elements of care coordination.

Figure 5.8. Guidance WIC State Agencies Provide in Their Manuals on the Coordination of Care for Complex Breastfeeding Issues



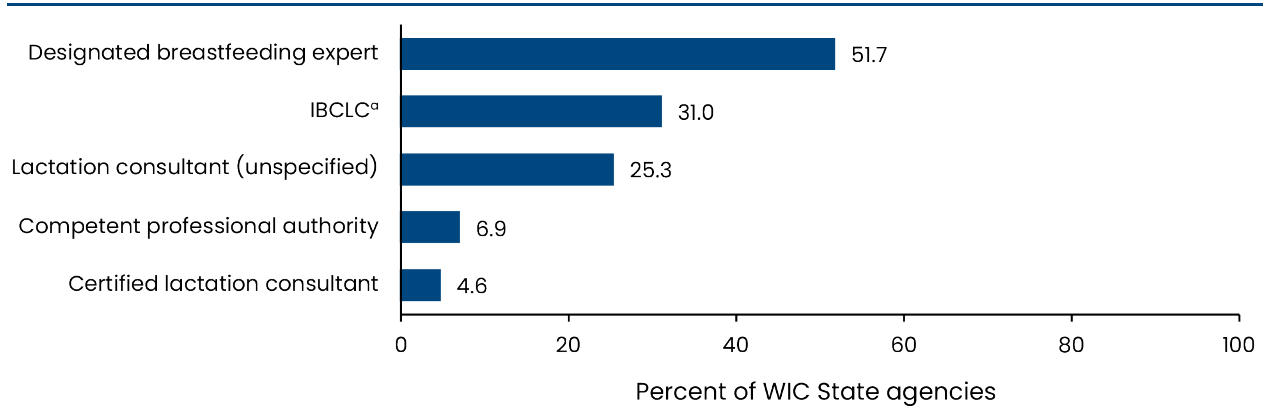
Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. See appendix table D.40 for more information.
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

1. Who Should Address Complex Breastfeeding Issues

WIC breastfeeding peer counselors are trained to work within a defined scope of practice. Their role is to provide encouragement and peer support for everyday breastfeeding questions and challenges, not to provide extensive or comprehensive clinical care if breastfeeding becomes complicated. Nearly 52 percent of WIC State agencies indicated peer counselors should yield to DBEs when a participant in their care is experiencing a complex breastfeeding issue; 31.0 percent indicated peer counselors should yield to an IBCLC (figure 5.9).[20] About half of WIC State agencies specified that WIC participants with complex breastfeeding issues could be referred to either WIC or non-WIC providers (see appendix table D.40).

[20] IBCLCs may be designated breastfeeding experts but were not always described as such in the manuals.

Figure 5.9. Provider Types to Which Breastfeeding Peer Counselors Should Yield for Complex Breastfeeding Issues



Note: Excludes two WIC State agencies that did not provide a State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. See appendix table D.40 for more information.
IBCLC = International Board Certified Lactation Consultants
[a] IBCLCs may be designated breastfeeding experts but were not always described as such in the manuals.
N = 87 WIC State agencies
Source: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

2. Documentation

Most commonly, WIC State agencies indicated they document complex breastfeeding issues in the management information system (MIS) (60.9 percent; see appendix table D.40). About 21 percent of WIC State agencies said they document complex breastfeeding issues somewhere other than their MIS, such as a breastfeeding contact log, or both in their MIS and another location.

When both WIC staff and non-WIC providers help a participant through a complex breastfeeding issue, they must document and coordinate care to ensure continuity. Of the 10 WIC State agencies that described in their manuals communication between WIC staff and non-WIC providers, 4 made their MIS available to outside providers, and 6 used another method of communication, such as passing information along to a WIC staff member to upload into the MIS.

D. Breastfeeding Education

Breastfeeding education includes any activity where WIC staff teach, distribute information about, or model breastfeeding behaviors for participants. In their State Plans, all 89 WIC State agencies stated that they develop minimum nutrition education standards for breastfeeding.

Chapter 6. Breastfeeding Measures

The WIC BPI II State Agency Survey included questions about WIC State agency practices in collecting and recording data related to breastfeeding duration, intensity, and exclusivity (see text box).

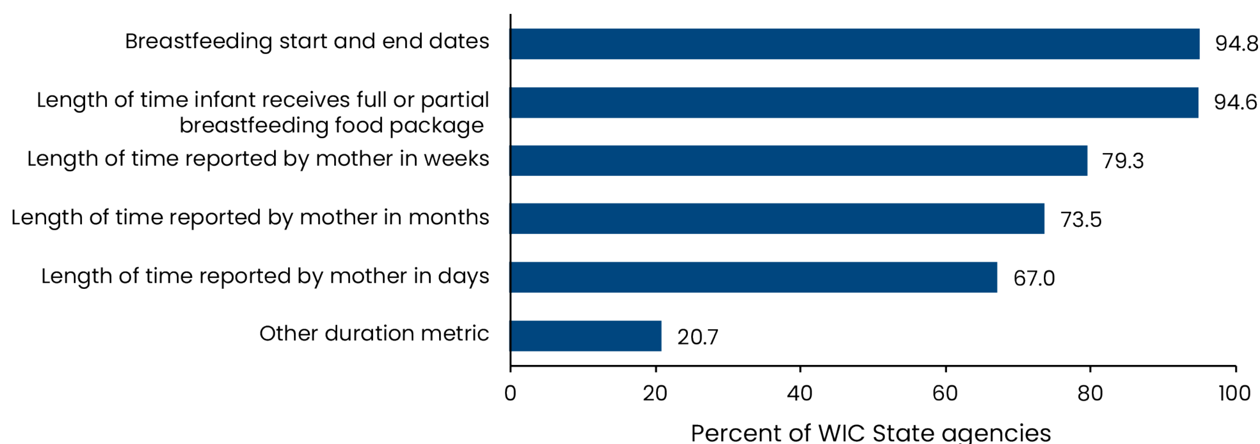
A. Breastfeeding Duration

The World Health Organization (WHO, 2021) and the American Academy of Pediatrics (Meek et al., 2020) recommend exclusive breastfeeding for the first 6 months of life and continued breastfeeding with the introduction of nutritionally rich complementary foods through the child's second birthday. The longer an infant receives human milk, the stronger their protection against infections, gastrointestinal diseases, and chronic diseases will be during infancy and after weaning. Most WIC State agencies indicated they document at least one metric in their MIS or another statewide WIC data system to capture breastfeeding duration (98.4 percent; data not shown). Most commonly, WIC State agencies documented start and end dates and the length of time an infant received a full or partially breastfeeding food package (figure 6.1; appendix table D.41).

Breastfeeding Measures Used in the Breastfeeding Field

- Initiation—whether an infant received human milk at least once
- Duration—how long a participant breastfeeds or provides human milk to their infant
- Intensity—how much of the infant's milk diet is human milk
- Exclusivity—whether other foods or liquids are fed to the infant during the first 6 months of the infant's life, during which the only recommended food or liquid is human milk (WHO, 2023)

Figure 6.1. WIC State Agency Documentation of Breastfeeding Duration in a Statewide WIC Data System



Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other duration metric" included the date formula was added, the age of the infant when transitioned from exclusive to partial breastfeeding, the reason breastfeeding ended, the indicator of current breastfeeding, breastfeeding intensity, the date the infant was fed something other than breast milk (to measure duration for exclusive breastfeeding), and the length of time the breast pump was loaned. See appendix table D.41 for more information.
N = 77 WIC State agencies
Source: WIC BPI II State Agency Survey question 15

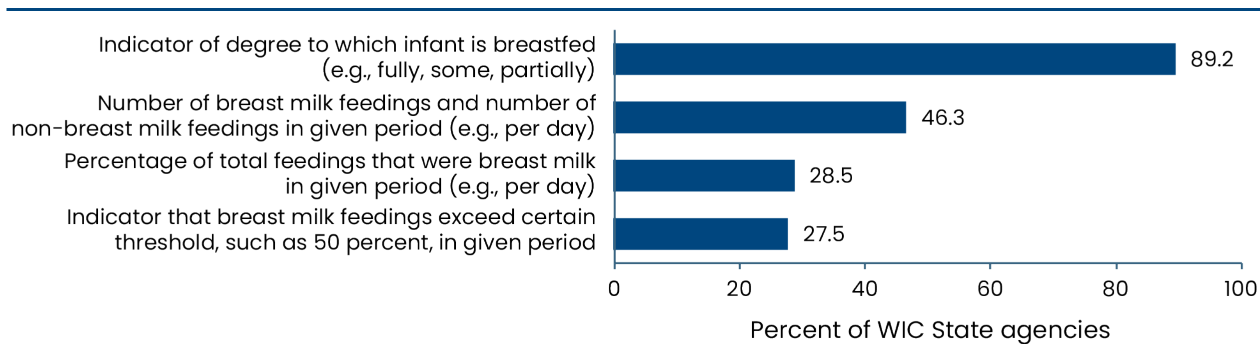
B. Breastfeeding Intensity and Exclusivity

Some of the improved maternal and infant outcomes associated with breastfeeding are dose dependent, meaning the outcomes depend on how much or for how long the mother breastfeeds and the infant receives human milk. Optimally, infants should receive more human milk and less infant formula. Exclusive breastfeeding can be a difficult endeavor, which is why WIC encourages and celebrates any breastfeeding over no breastfeeding and recognizes caregiver efforts toward minimizing the use of infant formula. Breastfeeding experts within and outside WIC sometimes use the terms "breastfeeding intensity" and "breastfeeding exclusivity" to quantify the proportion of the infant's milk diet consisting of human milk.

About 4 percent of WIC State agencies (3.7 percent; *n* = 3) indicated they use the term "breastfeeding intensity" to characterize breastfeeding behavior and described how they define it (see appendix table D.43). One WIC State agency defined intensity based on whether an infant is fully, mostly, or partially receiving human milk. Another WIC State agency defined intensity based on the number of human milk feedings in a 24-hour period: fully (all feedings are human milk), mostly or partial (half or more of feedings are human milk), and limited/partial/token (less than half of feedings are human milk). The third WIC State agency defined intensity based on the amount of formula needed in the food package.

While three WIC State agencies formally defined breastfeeding intensity, 95.0 percent tracked at least one measure of breastfeeding activity in their MIS related to breastfeeding intensity (data not shown). Most commonly, WIC State agencies measured breastfeeding intensity by tracking the degree to which the infant receives human milk. Nearly half of WIC State agencies tracked the number of human milk feedings and number of feedings without human milk in a given period (figure 6.2; appendix table D.42).

Figure 6.2. WIC State Agency Documentation of Breastfeeding Intensity Measures in a Statewide WIC Data System



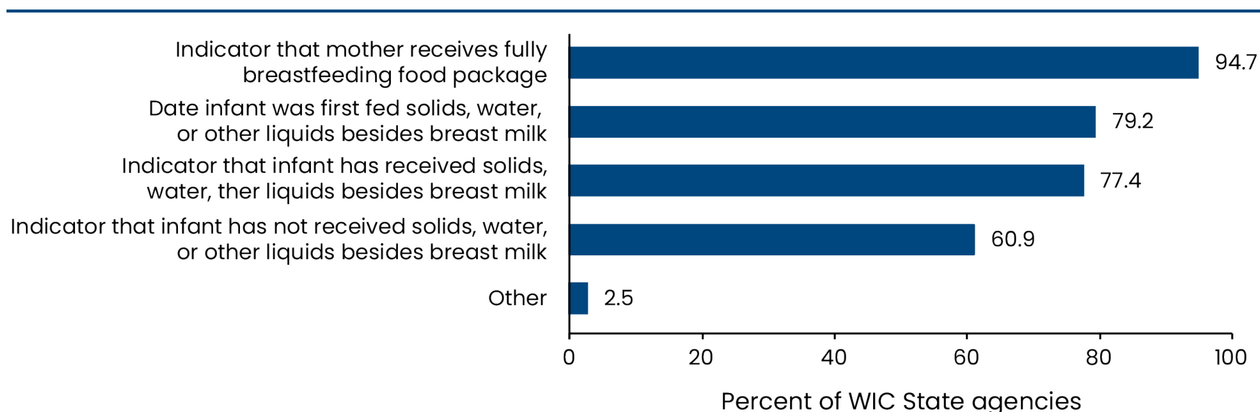
Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. See appendix table D.42 for more information.
N = 77 WIC State agencies
Source: WIC BPI II State Agency Survey question 16

About 82 percent of WIC State agencies indicated they use the term "breastfeeding exclusivity" to characterize breastfeeding behavior (see appendix table D.43) and described how they define it. Most definitions included a statement about providing only human milk. Some of these definitions also noted exceptions to providing only human milk (i.e., vitamins, minerals, medications) or included clarifying statements such as "no solids, no water, and no formula supplement." Some WIC State agencies cited definitions that were based on the food package the infant receives from WIC (e.g., "receives no formula from WIC," "categorized 'fully breastfed'"). Using the food package as a proxy for breastfeeding

exclusivity does not align with FNS guidance or the internationally accepted definition for exclusive breastfeeding[21] because it does not capture whether the infant receives formula or other foods, only that the infant does not receive formula from WIC (USDA, 2016).

Nearly all WIC State agencies (95.9 percent; data not shown) tracked at least one measure of breastfeeding activity in their MIS related to breastfeeding exclusivity. In addition to using the food package to quantify breastfeeding behavior, WIC State agencies commonly documented breastfeeding exclusivity, or the end of exclusivity, by the date an infant received a food or liquid other than human milk. Some WIC State agencies also used an indicator that an infant received or did not receive food or liquid other than human milk since the last clinic visit (figure 6.3).

Figure 6.3. WIC State Agency Documentation of Breastfeeding Exclusivity Measures in a Statewide WIC Data System



Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. See appendix table D.42 for more information.
N = 77 WIC State agencies
Source: WIC BPI II State Agency Survey question 16

[21] The World Health Organization defines exclusive breastfeeding as follows: "Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given—not even water—with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals, or medicines." (https://www.who.int/tools/elena/interventions/exclusive-breastfeeding)

Chapter 7. Practices to Promote Equity and Inclusion

State agency decisions influence how WIC participants perceive and experience WIC services. WIC State agencies have the flexibility to adopt policies and practices they believe will best meet the needs of their participants. For example, WIC State agencies may choose to employ multilingual staff rather than rely on language lines to serve WIC participants with limited English proficiency. The policies and practices WIC State agencies adopt vary, in part because of differences in resources and in the needs of the population they serve.

Key Concepts

- **Health equity**—fair and just opportunity to achieve health goals; requires removal of barriers linked to economic, social, and environmental conditions people face (Braverman et al., 2018)
- **Access**—opportunity to use service or program
- **Inclusion**—practice of providing access to all, particularly those who would not have access otherwise, in a manner that is welcoming and empowering
- **Availability**—presence or existence of a service or program; the availability of a service or program does not imply access for all

This chapter examines the prevalence of WIC State agency policies and practices captured in WIC State Plans and the WIC BPI II State Agency Survey that may help foster inclusion and address health disparities among WIC participants. WIC State agency use of one or more of these policies or practices does not necessarily mean all participants feel included and have access to the WIC resources they need to meet their breastfeeding goals because local implementation of the policy may vary; therefore, the results presented in this chapter should be interpreted with caution and not viewed as general measures of access and inclusion.

A. Meeting Needs of Participants With Limited English Proficiency

Federal nondiscrimination laws require WIC State agencies to provide all individuals with "meaningful access" to their programs.[22] In areas with a high proportion of residents with limited English proficiency, WIC State agencies receiving Federal financial assistance from USDA must provide key written information in the appropriate language, make available multilingual staff or translators, and communicate all rights and responsibilities in the appropriate language to applicants (USDA, 2014).

In 2019, a national survey of WIC participants found that about 80 percent of WIC participants primarily spoke English at home, about 16 percent primarily spoke Spanish, and less than 5 percent primarily spoke a language other than English or Spanish (Magness et al., 2021; appendix G table 1a.1). Although language and cultural barriers may discourage individuals with limited English proficiency from participating in WIC, according to the survey, most participants (98 percent) were either somewhat or very satisfied with WIC staffs' ability to speak their language (Magness et al., 2021, p.10).

1. Multilingual Staff and Translators

To comply with Federal nondiscrimination laws, WIC State agencies employ multilingual staff and offer translation services. Most commonly, WIC State agencies indicated in their State Plans that they use multilingual staff to serve WIC participants who speak Spanish (55.1 percent) and paid translators to serve participants who speak another language (42.7 percent; table 7.1). WIC State agencies also reported using paid translators most frequently to serve participants who are part of the Deaf

[22] See Title 42—The Public Health and Welfare, Chapter 21—Civil Rights, Subchapter V—Federally Assisted Programs, 42 U.S.C. 2000d-2000d-7.

community (39.3 percent) or have a visual impairment (12.4 percent). Fewer WIC State agencies reported using volunteer translators to serve these populations.

Table 7.1. Percentage of WIC State Agencies With Availability of Multilingual Staff or Translators

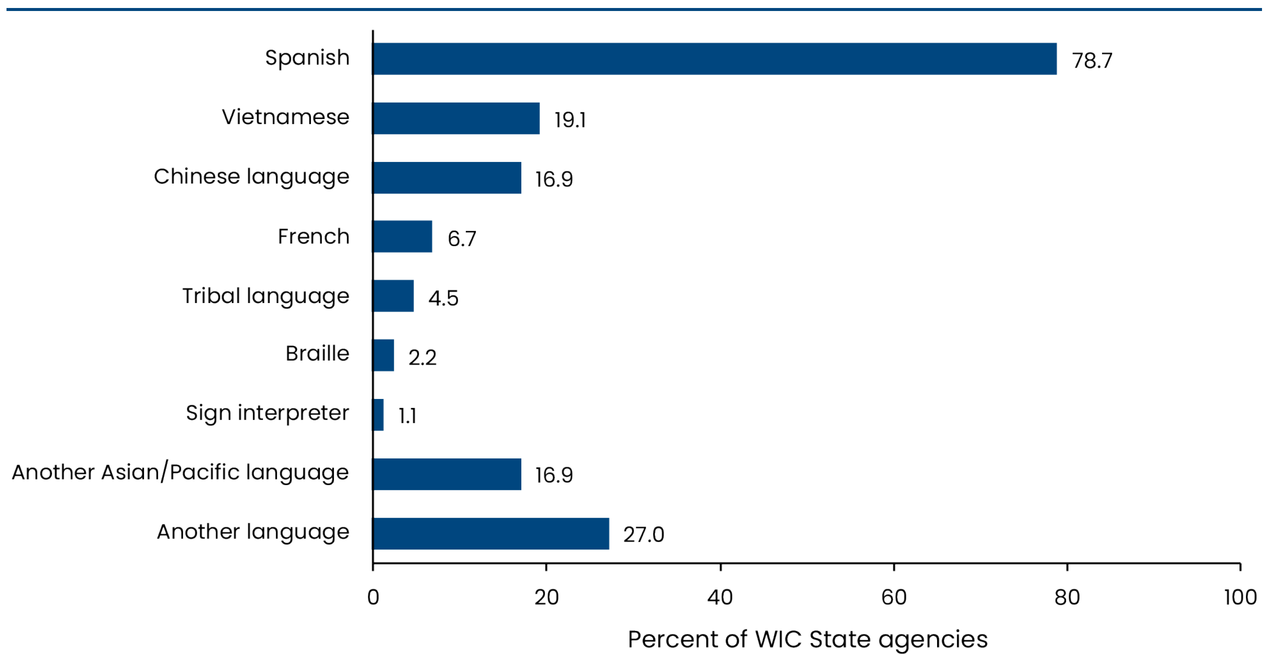
Language	Multilingual Staff	Paid Translator	Volunteer Translator
Spanish	55.1	42.7	18.0
Tribal language	9.0	9.0	5.6
Vietnamese	9.0	38.2	3.4
Chinese language	6.7	39.3	4.5
French	6.7	34.8	1.1
Sign interpreter	4.5	39.3	10.1
Braille	0.0	12.4	1.1
Another Asian/Pacific Islander language	11.2	31.5	3.4
Another language	20.2	36.0	7.9

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. “Another language” includes Korean, Japanese, Laotian, Cambodian, Tagalog, Ilocano, Burmese, Chin, Hindi, Gujarati, Nepali, Hmong, Karen, Samoan, Chamorro, Carolinian, Haitian Creole, or whatever is requested by the participant. See appendix table D.44 for more information.
N = 89 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (Functional Area XI question B.2.b)

2. Program Material Languages

In their State Plans, most WIC State agencies reported offering WIC materials in Spanish (78.7 percent; figure 7.1). Besides Spanish, WIC State agencies most frequently reported offering WIC materials in Vietnamese (19.1 percent), Chinese languages (16.9 percent), and another Asian/Pacific Islander language (16.9 percent). About one-quarter of WIC State agencies reported offering WIC materials in a language other than those listed in the State Plan, such as Haitian Creole.

Figure 7.1. Languages in Which WIC State Agencies Provide Written Materials

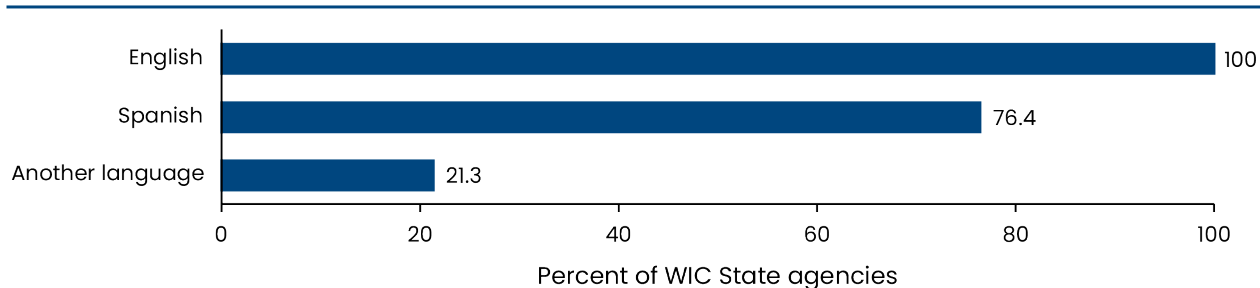


Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. “Another language” includes Korean, Japanese, Laotian, Cambodian, Tagalog, Ilocano, Burmese, Chin, Hindi, Gujarati, Nepali, Hmong, Karen, Samoan, Chamorro, Carolinian, Haitian Creole, or whatever is requested by the participant. See appendix table D.44 for more information.
N = 89 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (Functional Area XI question B.2.b)

As part of the nutrition education component of WIC, WIC State agencies are responsible for identifying or developing breastfeeding promotion and support materials for local agencies to use.[23] In their State Plans, all WIC State agencies indicated they recommend or make available such materials in English (figure 7.2) and over three-quarters (76.4 percent) in Spanish. Over one-fifth of WIC State agencies (21.3 percent) recommended or made available to local agencies breastfeeding and support materials in another language.

[23] See 7 C.F.R. 246.11(c) (Special Supplemental Nutrition Program for Women, Infants and Children, 1985).

Figure 7.2. Languages in Which WIC State Agencies Recommend or Make Available Breastfeeding Promotion and Support Materials



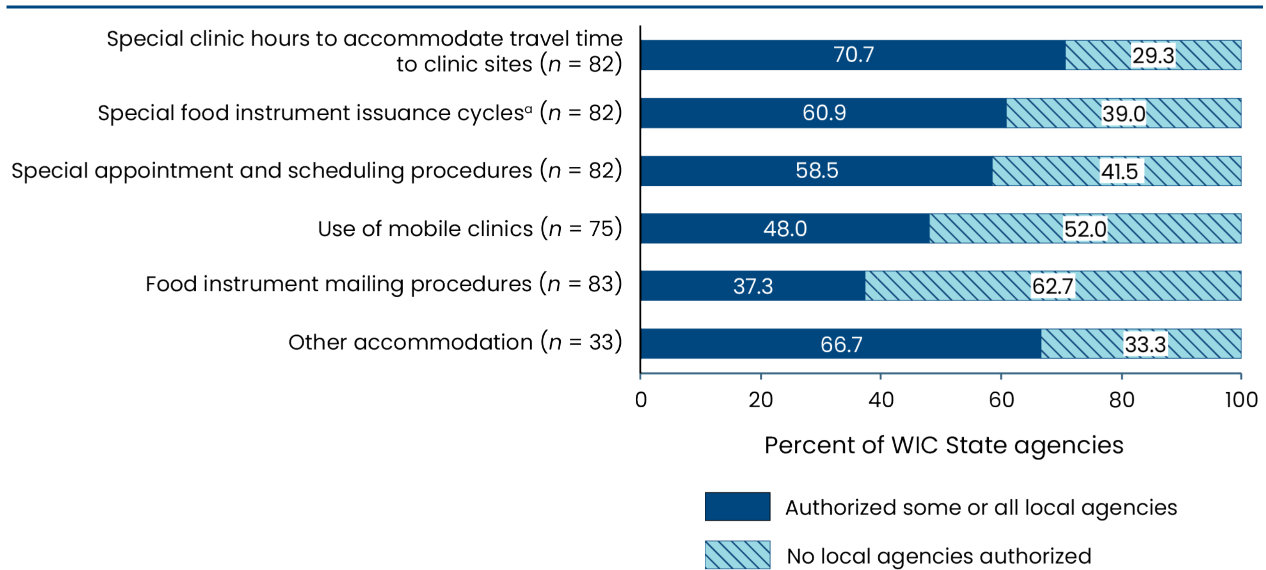
Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Another language" includes Arabic, Bengali, Burmese, Cantonese, Chinese (Mandarin), French, Haitian Creole, Hmong, Korean, Lingala, Nepali, Portuguese, Russian, Samoan, Somali, Swahili, Vietnamese, and any language available through a translator. See appendix table D.45 for more information.
N = 89 WIC State agencies
Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.4.b)

B. Meeting Needs of Participants in Rural Areas

WIC participants in rural areas face unique barriers accessing WIC. For example, participants in rural areas may need to travel long distances to the nearest WIC clinic and have limited public transportation options. Figure 7.3 presents the policies WIC State agencies authorize local agencies to implement, as documented in their State Plans, to accommodate participants in rural areas. Most WIC State agencies authorized local agencies to offer special clinic hours (i.e., outside the normal business hours of 9 a.m. to 5 p.m.) to accommodate participants' travel time (70.7 percent), special (i.e., multi-month) food instrument issuance cycles[24] (60.9 percent), and special appointment and scheduling procedures (58.5 percent). Nearly half of WIC State agencies authorized the use of mobile clinics (48.0 percent). Two-thirds of WIC State agencies authorized other accommodations to meet the needs of participants in rural areas; these accommodations included virtual services, home visits, and outreach in rural communities. Although State Plans focus on accommodations for participants in rural areas, WIC State agencies may permit local agencies to implement these practices more broadly (i.e., in any local agency).

[24] WIC State agencies may authorize food benefits to be issued 1 month at a time, in 2-month cycles, or in 3-month cycles. WIC participants can use each monthly food benefit allotment within the appropriate time period, typically 30 days. Unused food benefits do not roll over into the next month.

Figure 7.3. Policies WIC State Agencies Authorize Local Agencies to Implement to Accommodate Participants in Rural Areas



Note: Excludes WIC State agencies that did not respond to items included in WIC State Plan Functional Area (FA) VII question E.2.b. Percentages may not sum to 100 because of rounding. "Other accommodation" included virtual services, home visits, outreach to rural communities, and variations of the accommodations listed in this State Plan item. Percentages may not sum to 100 because of rounding. See appendix table D.46 for more information.

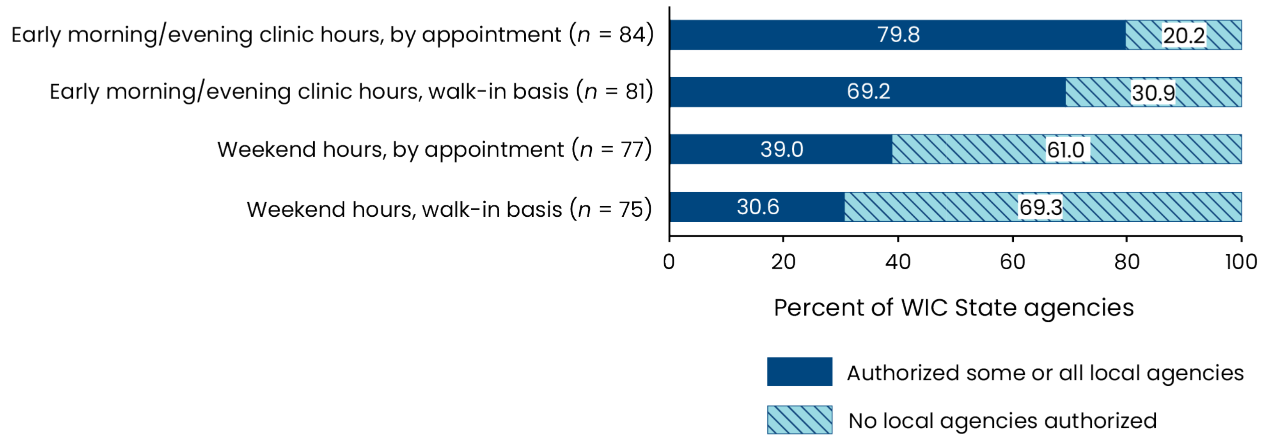
[a] Includes 2- or 3-month issuance cycles

Source: Fiscal Year 2022 WIC State Plan (FA VII question E.2.b)

C. Meeting Needs of Participants Who Are Employed

WIC participants who are employed may also face barriers accessing WIC. Their work schedule may overlap with the WIC clinic hours, and they may face challenges or hardships taking time off work. Figure 7.4 presents the policies WIC State agencies authorize local agencies to implement, as documented in their State Plans, to accommodate participants who are employed. To better meet the needs of participants who are employed, many WIC State agencies authorized local agencies to offer alternative clinic hours. Most WIC State agencies authorized early morning or evening hours by appointment (79.8 percent) and on a walk-in basis (69.2 percent). Less frequently, WIC State agencies authorized weekend hours by appointment (39.0 percent) and on a walk-in basis (30.6 percent). Although State Plans focus on accommodations for participants who are employed, WIC State agencies may permit local agencies to implement these practices more broadly (i.e., to participants who are not employed).

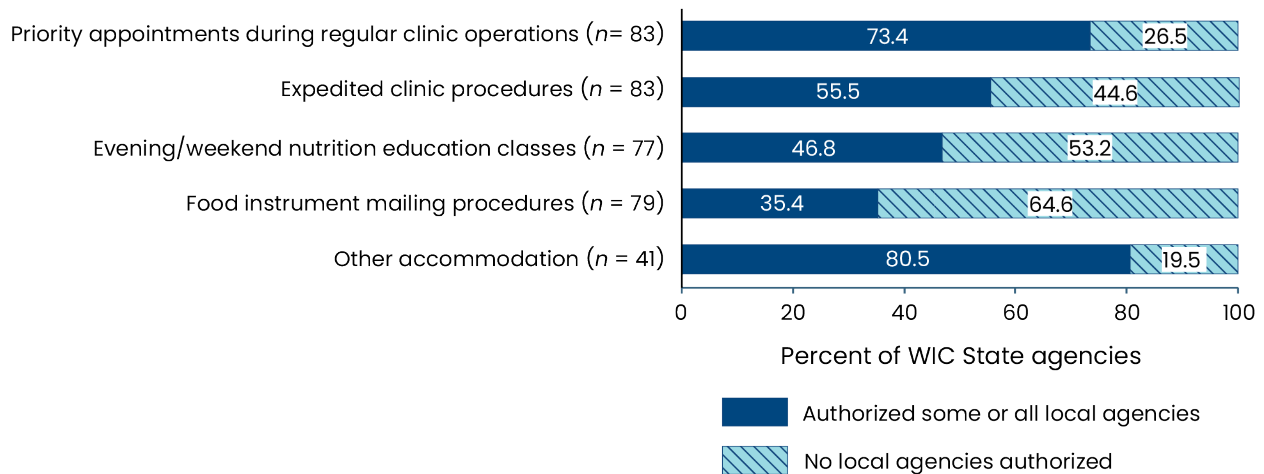
Figure 7.4. Alternative Hours WIC State Agencies Authorize Local Agencies to Implement to Accommodate Participants Who Are Employed



Note: Excludes WIC State agencies that did not respond to items included in WIC State Plan Functional Area (FA) VII question E.2.b. See each data label for the total number of participants (*n*) responding to each item. Percentages may not sum to 100 because of rounding. See appendix table D.47 for more information.
Source: Fiscal Year 2022 WIC State Plan (FA VII question E.2.a)

Most WIC State agencies authorized local agencies to implement policies offering priority appointment scheduling during regular clinic operations (73.4 percent) and expedited clinic procedures (55.5 percent) for participants who are employed (figure 7.5). Expedited clinic procedures are typically used in cases where the participant has valid verification of certification documentation, is a recent evacuee, or is unhoused. Otherwise, WIC State agencies need to certify the applicant based on WIC regulations—within 10 days for applicants with special nutrition risk and 20 days for all other applicants. To expand the availability of nutrition education services, 46.8 percent of WIC State agencies authorized local agencies to provide evening or weekend nutrition education classes. Less frequently, WIC State agencies authorized local agencies to design special mailing procedures to distribute food instruments for participants who are employed. Other accommodations WIC State agencies mentioned include keeping the clinic open through lunch hours, offering virtual services, and operating mobile clinics.

Figure 7.5. Policies WIC State Agencies Authorize Local Agencies to Implement to Accommodate Participants Who Are Employed



Note: Excludes WIC State agencies that did not respond to items included in WIC State Plan Functional Area (FA) VII question E.2.b. See each data label for the total number of participants (*n*) responding to each item. Percentages may not sum to 100 because of rounding. "Expedited clinic procedures" are typically used in cases where the participant has valid verification of certification documentation, is a recent evacuee, or is unhoused. "Other accommodation" included keeping clinics open through lunch, virtual services, satellite or mobile clinics, other accommodations at local agency discretion, and variations of the accommodations listed in the State Plan item. See appendix table D.47 for more information.
Source: Fiscal Year 2022 WIC State Plan (FA VII question E.2.a)

D. Meeting Needs of Participants Who Are Unhoused

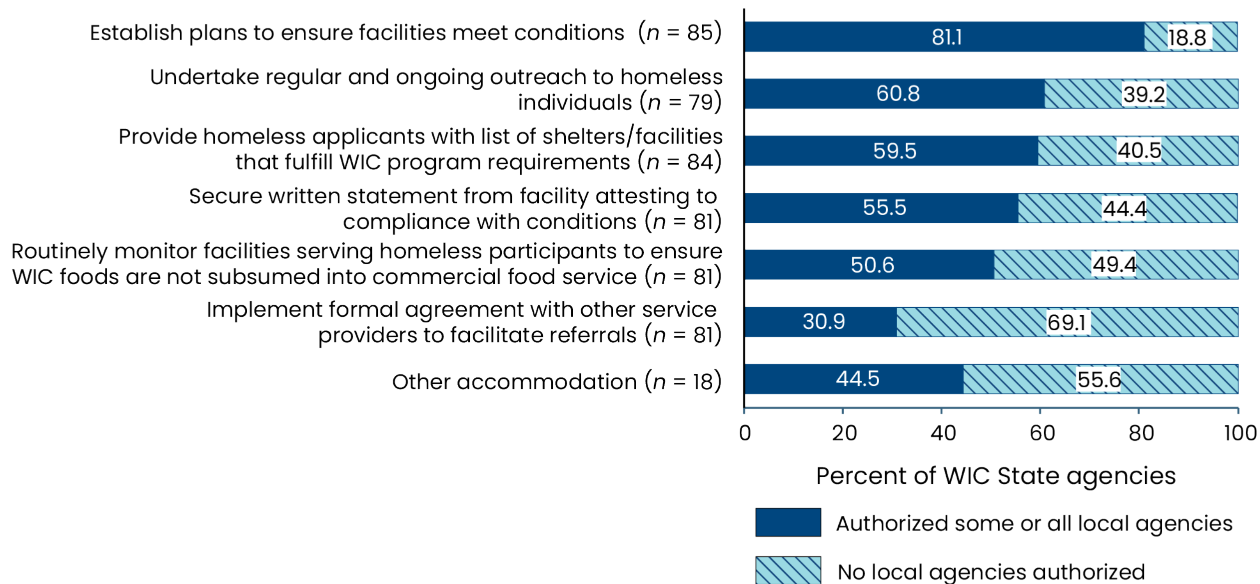
Over half a million Americans were unhoused at some point in 2022, including about 100,000 children (de Sousa et al., 2022). People who are unhoused experience challenges applying for and obtaining services from government programs because of their living situation. For individuals living in transitional housing facilities to participate in WIC, the facilities need to meet three criteria: The facilities cannot (1) financially benefit from a person's WIC participation (for example, through lowered food expenditures); (2) incorporate WIC-provided foods in communal food services; or (3) constrain a participant's ability to use supplemental foods, get nutrition education, or get breastfeeding support through WIC.[25]

In their WIC State Plans, WIC State agencies authorized local agencies to implement policies designed to meet the needs of the participants who are unhoused (figure 7.6). About 81 percent of WIC State agencies authorized local agencies to establish plans that ensure transitional housing facilities meet the three criteria for their residents to participate in WIC. Over half of WIC State agencies authorized local agencies to undertake regular and ongoing outreach to the unhoused community (60.8 percent), provide applicants who are unhoused with a list of shelters and facilities that comply with program requirements (59.5 percent), secure written statements of program compliance from shelters and facilities (55.5 percent), and routinely monitor facilities to ensure proper use of WIC foods (50.6 percent). Less frequently, WIC State agencies authorized local agencies to establish formal agreements with other service providers to facilitate the referral of families and individuals who are unhoused. Other policies that WIC State agencies authorized local agencies to implement include written

[25] See 7 C.F.R. 246.12(m)(1)(i) A-C (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

agreements with facilities, mobile clinics, and provision of accommodations on an as-needed basis (e.g., to facilitate participant referrals).

Figure 7.6. Policies WIC State Agencies Authorize Local Agencies to Implement to Accommodate Participants Who Are Unhoused



Note: Excludes WIC State agencies that did not respond to items included in WIC State Plan Functional Area (FA) VII question E.2.e. "Other accommodation" included written agreements with homeless shelters, mobile clinics, or accommodation on an as-needed basis. See each data label for the total number of agencies (*n*) responding to each item. Percentages may not sum to 100 because of rounding. See appendix table D.48 for more information.
Source: Fiscal Year 2022 WIC State Plan (FA VII question E.2.e)

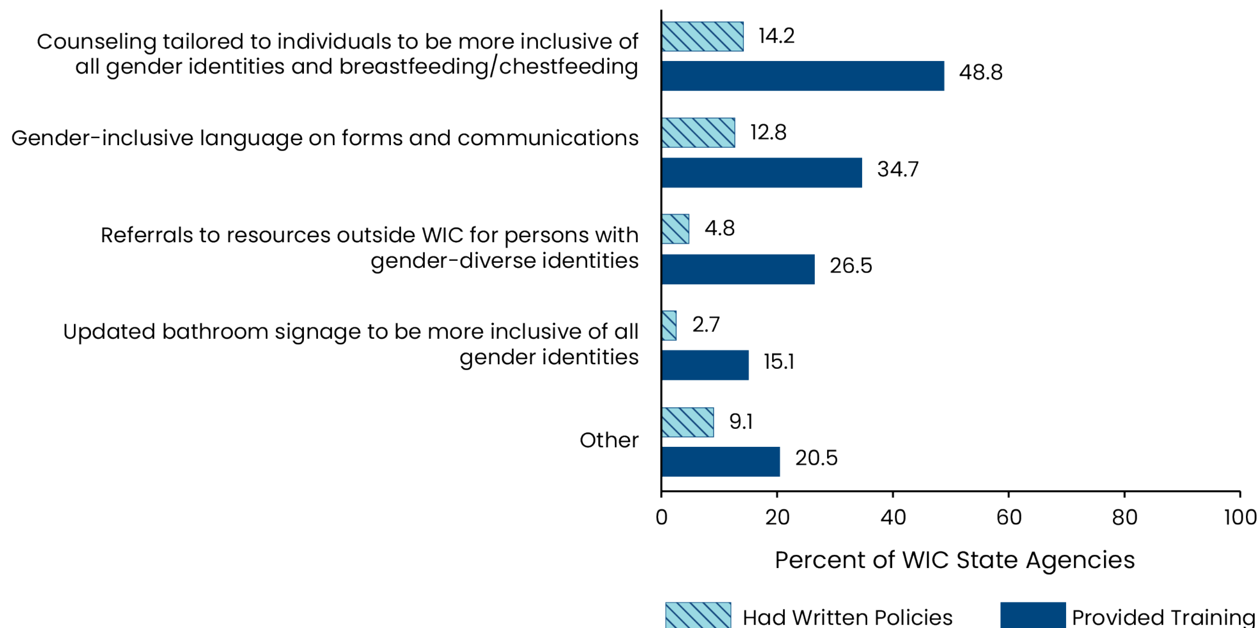
E. Meeting Needs of Participants With Gender-Diverse Identities

The medical community has largely viewed pregnancy and breastfeeding/chestfeeding as a woman's or mother's experience. In recent years, healthcare professionals and WIC agencies have taken steps to better serve people with gender-diverse identities (Dahl et al., 2013; Hoffkling et al., 2017; Ross et al., 2012). WIC State agencies can implement policies, train staff, and adopt procedures to better meet the needs of WIC participants with gender-diverse identities and foster a greater sense of belonging.

Nearly half of WIC State agencies (48.8 percent) reported training staff to tailor WIC counseling to the individual, including pregnant and breastfeeding/chestfeeding parents with gender-diverse identities (figure 7.7). About 35 percent of WIC State agencies reported training staff to use gender-inclusive language on forms and communications. Less frequently, WIC State agencies reported training staff to refer pregnant and breastfeeding/chestfeeding parents with gender-diverse identities to resources outside WIC, if needed, and use updated bathroom signage that promotes inclusivity. The relatively low percentage of WIC State agencies providing referrals may suggest a lack of services rather than a lack of desire on the part of staff to refer participants. Likewise, WIC State and local agencies may vary in their ability to implement practices to meet the needs of participants with gender-diverse identities because of State laws or other local regulations. Other training topics WIC State agencies mentioned include the use of inclusive language, people's preferred pronouns, and participant-centered and respectful counseling approaches. About two-thirds of WIC State agencies (67.7 percent) did not have any written

policies to explicitly support the needs of pregnant and breastfeeding/chestfeeding parents with gender-diverse identities.

Figure 7.7. Training and Policies WIC State Agencies Provide to Support Needs of Parents With Gender-Diverse Identities



Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. “Other” training responses included using gender-inclusive language in staff trainings, emailing information about gender-diverse identities to WIC staff, training on the use of pronouns, participant-centered approaches, and respectful counseling techniques for people with gender-diverse identities. “Other” policy responses included updates to nondiscrimination statements and adherence to State policies. See appendix tables D.49 and D.50 for more information.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 13 and question 14

Chapter 8. Conclusion

Over the past decade, WIC has undergone important changes that affect how State and local agencies promote and support breastfeeding. These changes include the rollout of new FNS breastfeeding resources, more widespread use of technology to communicate with and educate WIC participants remotely, and a 50 percent increase in funding from Congress for the WIC Breastfeeding Peer Counseling Program. Designed to minimize burden on WIC State and local agencies, WIC BPI II provides the first comprehensive update on WIC breastfeeding policies, procedures, and practices since these changes were implemented and the WIC BPI I report was published in 2015. Because of differences in methodology and focus, findings across the two studies are generally not comparable.

A. Key Findings

Because WIC BPI II is an inventory, study findings focus on the presence or absence of policies and planned practices rather than how WIC staff actually delivered services to WIC participants. Highlights of this report's findings on WIC State agency-level policies and practices follow.

Agency management and coordination

- Nearly all WIC State agencies (96.6 percent) coordinated with their local agencies to develop plans for procuring breastfeeding aids and identifying breastfeeding promotion and support materials.
- All WIC State agencies (100 percent) indicated they establish minimum protocols local agencies should follow to ensure women have access to breastfeeding promotion and support activities during the prenatal and postpartum period.
- Just over half of WIC State agencies (57.1 percent) provided local agencies or participants with an online platform or website to access breastfeeding education materials. Most WIC State agencies (90.7 percent) said they need additional resources, such as funding for video chat software (65.2 percent), and training to help bolster virtual breastfeeding counseling services in their State (81.3 percent).

Peer counseling

- Nearly all of the 77 WIC State agency survey respondents (95.6 percent) operated a peer counseling program in FY 2022. According to State Plans, about one-quarter of all WIC State agencies (23.0 percent) either did not request peer counseling grant funds or requested less than the full amount.
- WIC State agencies considered a variety of factors when allocating peer counseling funds to local agencies or sites. Most commonly, WIC State agencies considered local agency or site caseload (62.2 percent), capacity (49.3 percent), and requests for funding (39.6 percent).
- FNS's *WIC Breastfeeding Model Components for Peer Counseling* defines the peer counselor's role, outlines the essential elements for establishing and maintaining effective peer counseling programs within WIC, and includes a peer counselor definition with four parts. Based on the peer counselor definitions WIC State agencies cited in their manuals, less than half (42.5

percent) used a definition consistent with the WIC Breastfeeding Model. WIC State agencies were least likely to mention that peer counselors must be paraprofessionals (64.4 percent).

- Most WIC State agencies indicated they allow peer counselors to provide services in hospitals (79.5 percent) or participants' homes (72.3 percent). Nearly all WIC State agencies (97.6 percent) required "adequate compensation and reimbursement of peer counselors."

Breastfeeding aids and accessories

- Most WIC State agencies (92.0 percent) discussed breast pump issuance in their manuals and mentioned at least two types of breast pumps—a manual pump and an electric pump. All WIC State agencies that provided guidance in their manual had issuance policies flexible enough to ensure participants who needed a breast pump could receive one.
- Most commonly, WIC State agencies indicated CPAs (43.7 percent) or any staff trained to issue breastfeeding aids (40.2 percent) were permitted to do so. WIC State agencies leaned more heavily on CPAs (19.5 percent) and breastfeeding experts (i.e., IBCLCs and DBEs; 19.5 percent) than other types of staff (about 17 percent or less each, respectively) to conduct follow-up. This is likely because issuance involves identifying a need and then following administrative procedures to loan or otherwise provide a participant with the equipment. Follow-up, on the other hand, often requires assessment and treatment protocols that may be outside the scope of practice for many WIC staff.

Other breastfeeding promotion and support

- Most WIC State agencies provided guidance in their manual on procedures related to early postpartum contacts, including which postpartum participants should receive a breastfeeding contact (82.8 percent), when the first postpartum contact should occur (78.2 percent), and how frequently these participants should be contacted (70.1 percent). Most WIC State agencies that provided guidance specified staff should contact either all postpartum or all breastfeeding participants (79.3 percent) within 1–3 days of delivery or certification (54.0 percent) and should make contact 1–2 times per week (55.2 percent).

Breastfeeding measures

- Most WIC State agencies (98.2 percent) said they document at least one measure of breastfeeding duration, such as breastfeeding start and end dates (94.8 percent), in their MIS or another statewide WIC data system.
- Most WIC State agencies (82.2 percent) said they use the term "breastfeeding exclusivity" and track at least one measure related to exclusivity, such as the date the infant was first fed solids, water, or other liquids besides human milk; 79.2 percent of WIC State agencies reported tracking this specific measure. Notably, some WIC State agencies cited definitions of breastfeeding exclusivity that were based on the food package the infant receives from WIC. Using the food package as a proxy for breastfeeding exclusivity does not align with FNS guidance or the internationally accepted definition for exclusive breastfeeding because it does not capture whether the infant receives formula or other foods, only that the infant does not receive formula from WIC (USDA, 2016).

- While few WIC State agencies (3.7 percent) used the term “breastfeeding intensity,” most tracked at least one measure related to intensity, such as the degree to which an infant is breastfed (e.g., fully, minimally; 89.2 percent) or number of human milk feedings and the number of feedings without human milk in a given period (46.3 percent).

Equity and inclusion

- Most WIC State agencies (55.1 percent) indicated they use multilingual staff who speak Spanish to serve WIC participants with limited English proficiency and offer WIC materials in Spanish, including breastfeeding promotion and support materials.
- Most WIC State agencies authorized some or all local agencies to offer clinic hours outside the normal business day to accommodate the longer travel times of WIC participants in rural areas (70.7 percent) and early morning or evening hours by appointment to meet the needs of WIC participants who are employed (79.8 percent). WIC participants in more urban areas and who are not employed may also benefit from these accommodations.
- Most WIC State agencies (81.1 percent) also authorized some or all local agencies to implement policies designed to ensure transitional housing facilities meet the criteria that enable their residents to participate in WIC. For individuals living in transitional housing facilities to participate in WIC, the facilities cannot financially benefit from a person’s WIC participation, incorporate WIC-provided foods in communal food services, or constrain a participant’s ability to access or use WIC benefits.
- Nearly half of WIC State agencies (48.8 percent) reported training staff to tailor WIC counseling to the individual, including pregnant and breastfeeding/chestfeeding parents with gender-diverse identities. Some WIC State agencies used other types of staff training and written policies to support the needs of pregnant and breastfeeding/chestfeeding parents with gender-diverse identities.

B. Limitations and Considerations

WIC BPI II is as comprehensive as possible given the study constraints, which included sourcing data primarily from extant sources, including State Plans and State Policy and Procedure Manuals. FNS required a census of WIC State agencies and local agencies but specified the surveys should only be used to fill gaps in information not otherwise available from extant data sources and could not exceed 20 minutes each to minimize respondent burden. For this reason, some findings in this report are based on information contained in these existing data sources, while others are based on the WIC BPI II State Agency Survey. Neither the survey nor the existing data sources provide a comprehensive analysis of how WIC State agencies ensure their local agencies and staff provide breastfeeding support and assistance throughout the prenatal and postpartum period when a mother is most likely to need assistance.

The findings presented in this report are descriptive, and, because of the nature of survey research, cannot provide further insights into why WIC State agencies have or have not implemented particular policies or practices. Most findings are based on information contained in State Plans and State Policy and Procedure Manuals. WIC State agencies use these documents to provide guidance to local agencies in operating WIC. Both types of documents reflect how WIC State agencies expect local agencies to deliver WIC services, not how they are delivered or what services WIC participants received. For

example, the study findings indicate all WIC State agencies had breast pump issuance policies flexible enough to ensure that all WIC participants who needed a breast pump could receive one. However, we cannot know from the study data whether local agencies followed WIC State agencies' guidance or had sufficient breast pump resources to meet their participants' needs. We also cannot know or confirm that all participants who needed a breast pump actually received one.

Many data points discussed in this report are based on the presence or absence of information in the State Policy and Procedure Manuals. The study findings may underrepresent the percentage of WIC State agencies with a particular policy or practice if the manuals obtained for study purposes were incomplete or missing components. Also, WIC State agencies that do not have a written policy on a particular topic may still provide guidance to local agencies via training, memos, or other means.

C. Future Research

The breastfeeding promotion and supports provided through WIC help to address common barriers to breastfeeding or the continuation of breastfeeding among WIC mothers. WIC State agencies have flexibility to establish breastfeeding policies and practices as long as they align with Federal guidance. This flexibility enables WIC State agencies to operate WIC locally in a way that works given their staff resources and the populations they serve. WIC BPI II provides updated descriptive statistics and a rich source of data on breastfeeding-related policies and practices for a census of WIC State and local agencies. Opportunities to further analyze and supplement the WIC State agency-level data follow.

- The data collected for WIC BPI II could be further analyzed to examine regional variation in policies and practices or variation by WIC State agency characteristics, such as whether the WIC State agency serves participants directly (e.g., through local offices) or through contracted local agencies. The WIC BPI II data could also be combined with other data sources such as data from the WIC Participant and Program Characteristics, a biennial census of WIC participants with active certifications in April of the study year, to examine associations between WIC policies and breastfeeding outcomes.
- It was beyond the scope of the study to understand why WIC State agencies make the breastfeeding policy choices they do and offer certain supports but not others. Further qualitative research in these areas could help FNS, policymakers, and practitioners better understand WIC State agency motivations, barriers, and resource gaps. For example, about 60 percent of WIC State agencies provide local agencies or participants with an online platform or website to access breastfeeding education. Further research could explore why some WIC State agencies offer this resource while others do not. Doing so may help to illuminate promising practices or to identify potential barriers.
- It was also beyond the study scope to examine how WIC State agencies support the local implementation of breastfeeding policy. Further research in this area could help FNS, WIC State agencies, and practitioners share promising practices and identify related technical assistance and resource needs. For example, all WIC State agencies indicated they establish minimum protocols to ensure women have access to breastfeeding promotion and support activities during the prenatal and postpartum period, but based on information collected for this study, little is known about the actual protocols, how WIC State agencies communicate the protocols to local agencies, or the training or resources WIC State agencies provide to support local implementation of the minimum protocols.

References

American Academy of Pediatrics. (2022). *Newborn and infant breastfeeding.* https://www.aap.org/en/patient-care/newborn-and-infant-nutrition/newborn-and-infant-breastfeeding

Beauregard, J. L., Hamner, H. C., Chen, J., Avila-Rodriguez, W., Elam-Evans, L. D., & Perrine, C. G. (2019). Racial disparities in breastfeeding initiation and duration among U.S. infants born in 2015. *Morbidity and Mortality Weekly Report*, *68*(34), 745–748. http://dx.doi.org/10.15585/mmwr.mm6834a3

Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2018). What is health equity? *Behavioral Science & Policy, 4*(1), 1–14.

Chiang, K. V., Li, R., Anstey, E. H., & Perrine, C. G. (2021). Racial and ethnic disparities in breastfeeding initiation – United States, 2019. *Morbidity and Mortality Weekly Report*, *70*(21), 769–774. http://dx.doi.org/10.15585/mmwr.mm7021a1

Chow, S., Chow, R., Popovic, M., Lam, H., Merrick, J., Ventegodt, S., Milakovic, M., Lam, M., Popovic, M., Chow, E., & Popovic, J. (2015). The use of nipple shields: A review. *Front Public Health, 3*(236). https://doi.org/10.3389/fpubh.2015.00236

Dahl, B., Fylkesnes, A. M., Sørlie, V., & Malterud, K. (2013). Lesbian women's experiences with healthcare providers in the birthing context: A meta-ethnography. *Midwifery*, *29*(6), 674–681. https://doi.org/10.1016/j.midw.2012.06.008

de Sousa, T., Andrichik, A., Cuellar, M., Marson, J., Prestera, E., & Rush, K. (2022). *The 2022 annual homelessness assessment report to Congress Part 1: Point-in-time estimates of homelessness.* Prepared by Abt Associates. U.S. Department of Housing and Urban Development, Office of Community Planning and Development. https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf

Feltner, C., Weber, R. P., Stuebe, A., Grodensky, C. A., Orr, C., & Viswanathan, M. (2018). *Breastfeeding programs and policies, breastfeeding uptake, and maternal health outcomes in developed countries.* Agency for Healthcare Research and Quality (U.S.).

Forrestal, S., Briefel, R., & Mabli, J. (2015). *WIC breastfeeding policy inventory*. U.S. Department of Agriculture, Food and Nutrition Service. https://fns-prod.azureedge.us/sites/default/files/ops/WICBPI.pdf

Gleason, S., Wilkin, M. K., Sallack, L., Whaley, S. E., Martinez, C., & Paolicelli, C. (2020). Breastfeeding duration is associated with WIC site-level breastfeeding support practices. *Journal of nutrition education and behavior*, *52*(7), 680–687. https://doi.org/10.1016/j.jneb.2020.01.014

Hoffkling, A., Obedin-Maliver, J., & Sevelius, J. (2017). From erasure to opportunity: A qualitative study of the experiences of transgender men around pregnancy and recommendations for providers. *BMC Pregnancy and Childbirth*, *17*(S2). https://doi.org/10.1186/s12884-017-1491-5

Jones, K. M., Power, M. L., Queenan, J. T., & Schulkin, J. (2015). Racial and ethnic disparities in breastfeeding. *Breastfeeding Medicine*, *10*(4), 186–196. https://doi.org/10.1089/bfm.2014.0152

Li, R., Ware, J., Chen, A., Nelson, J. M., Kmet, J. M., Parks, S. E., Morrow, A. L., Chen, J., & Perrine, C. G. (2022). Breastfeeding and post-perinatal infant deaths in the United States, A national prospective cohort analysis. *Lancet Regional Health – Americas*, *5*, 100094. https://doi.org/10.1016/j.lana.2021.100094

Magness, A., Williams, K. Gordon, E., Morrissey, N., Papa, F., Garza, A., Okyere, D., Nisar, H., Bajowski, F., & Singer, B. (2021). *Third national survey of WIC participants: WIC participant satisfaction and shopping experience: Brief report #6*. Prepared by Capital Consulting Corporation and 2M Research Services. Contract No. AG-3198-K-15-0077. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Project Officer: Karen Castellanos-Brown. Available online at: https://www.fns.usda.gov/research-and-analysis

Meek, J. Y., Feldman-Winter, L., & Noble, L. (2020). Optimal duration of breastfeeding. *Pediatrics*, *146*(5), e2020021063. https://doi.org/10.1542/peds.2020-021063

Patnode, C. D., Henninger, M. L., Senger, C. A., Perdue, L. A., & Whitlock, E. P. (2016, October). *Primary care interventions to support breastfeeding: Updated systematic review for the U.S. Preventive Services Task Force* [Internet]. Report No.: 15-05218-EF-1. PMID: 27854403. Agency for Healthcare Research and Quality (U.S.). https://pubmed.ncbi.nlm.nih.gov/27854403/

Ross, L. E., Siegel, A. K., Dobinson, C., Epstein, R., & Steele, L. S. (2012). "I don't want to turn totally invisible": Mental health, stressors, and supports among bisexual women during the perinatal period. *Journal of GLBT Family Studies*, *8*(2), 137–154. https://doi.org/10.1080/1550428x.2012.660791

Shealy K. R., Li, R., Benton-Davis, S., & Grummer-Strawn, L. M. (2005). *The CDC Guide to Breastfeeding Interventions.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. https://stacks.cdc.gov/pdfjs/web/viewer.html?file=https://stacks.cdc.gov/view/cdc/6648/cdc_6648_DS1.pdf

Special Supplemental Nutrition Program for Women, Infants, and Children, 7 C.F.R. 246. (1985).

Title 42—The Public Health and Welfare, Chapter 21—Civil Rights, Subchapter V—Federally Assisted Programs, 42 U.S.C. 2000d-2000d-7.

Thompson, J. M. D., Tanabe, K., Moon, R. Y., Mitchell, E. A., McGarvey, C., Tappin, D., Blair, P. S., & Hauck, F. R. (2017). Duration of breastfeeding and risk of SIDS: An individual participant data meta-analysis. *Pediatrics*, *140*(5), e20171324. https://doi.org/10.1542/peds.2017-1324

USDA (U.S. Department of Agriculture). (n.d.). *WIC Breastfeeding Model Components for Peer Counseling.* https://wicworks.fns.usda.gov/topic/breastfeeding/wic-breastfeeding-model-components-peer-counseling

USDA. (2014). *Guidance to Federal financial assistance recipients regarding the Title VI prohibition against national origin discrimination affecting persons with limited English proficiency*, 79 F.R. 70771.

USDA. (2016). *WIC breastfeeding policy and guidance*. https://wicworks.fns.usda.gov/resources/wic-breastfeeding-policy-and-guidance

USDA. (2021). *Breastfeeding is a priority in the WIC program*. https://www.fns.usda.gov/wic/breastfeeding-priority-wic-program

Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., Murch, S., Sankar, M. J., Walker, N., Rollins, N. C., & Lancet Breastfeeding Series Group (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *Lancet*, *387*(10017), 475–490. https://doi.org/10.1016/S0140-6736(15)01024-7

WHO (World Health Organization). (2021). *Infant and young child feeding*. https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding

WHO. (2023). *Exclusive breastfeeding for optimal growth, development, and health of infants*. https://www.who.int/tools/elena/interventions/exclusive-breastfeeding

Wroblewska, K., Steigelman, C., & Hansen, D. (2023). *The use and impact of Federal waivers during the COVID-19 pandemic: Summary findings from surveys of WIC State and local agencies*. Prepared by Insight Policy Research, Inc. U.S. Department of Agriculture, Food and Nutrition Service.

Zvavitch, P., Beckerman-Hsu, J., Huret, N., Perez-Zetune, V., Reischmann, P., Calvin, K., & Thorn, B. (2024). *WIC Participant and Program Characteristics 2022 final report*. U.S. Department of Agriculture, Food and Nutrition Service. https://www.fns.usda.gov/research/wic/participant-program-characteristics-2022