Nutrition and Food Package Counseling Procedures

I. Breastfed Infants.

a. The use of supplemental formula should be minimized for breastfeeding infants by providing only the amount of formula that the infant is consuming at the time of check issuance. Formula should not be given to exclusively breastfed infants.

b. Formula may be provided to a breastfed infant only after a thorough assessment of the mother and infant dyad. All formula issued to a breastfed infant must be authorized by a CPA. For partially breastfed infants, up to one can of formula may be issued in the first month, after a thorough assessment is completed. The preferred form of formula in the first month is powder unless sterile liquid has been prescribed.

c. To issue 1 can of formula to a partially breastfeeding infant in the first month of life, a partially breastfeeding formula package must be selected and tailored down to 1 can. There are no model food packages with a single can of formula. If the package is not tailored down to 1 can of formula for that first month, the mom will be recognized as breastfeeding out of range and she will receive a Postpartum package. When tailored down to 1 can, the mom will be recognized as breastfeeding in range and she will receive a Partially Breastfeeding package.

d. Mothers who are requesting formula for the first time or who are requesting an increase in formula ~~should be informed of the negative impact of formula supplementation on breastfeeding~~ should be provided education and support on establishing milk supply for continued breastfeeding, if appropriate for their situation.

e. Powder, rather than concentrate or RTF formula, should be recommended to mothers of breastfed infants who request formula with the exception of premature and/or immunocompromised infants who may require sterile liquid.

f. Infant formula should be evaluated on a case-by-case basis. Many low income or single mothers must return to work early or have other situations which may necessitate the use of formula. WIC staff working with WIC participants should be sensitive to a mother's need and should

work with her to optimize the health of both the mother and the infant and support breastfeeding for as long as possible.

g. Infant Formula.
    i. During the first 6 months of life, adequate intake of all nutrients can be supplied by human milk, or by WIC-approved iron-fortified infant formula alone, without the introduction of solid food.
    ii. Complementary foods introduced too early are of little benefit to the infant and may result in choking, food allergies or malnutrition. Introducing complementary foods too late may also result in malnutrition and poor acceptance of complementary foods. Complementary foods should be introduced to infants when they are developmentally ready. This readiness occurs in most infants around 6 months of age.

h. Infant cereal.
    i. The introduction of complementary foods is recommended ~~by~~ around 6 months of age, depending on developmental readiness. WIC provides infant cereal beginning the month when the infant is 6 months of age on the first day of that month. The computer system will not allow a 6 month infant food package to be issued for the month the infant was still 5 months of age on the first day of the month.
    ii. Infant rice cereal is an ideal first food. Mix with breast milk or iron-fortified formula to encourage acceptance. Oat and barley cereals can be introduced after rice cereal, at one week intervals. Wheat cereal should not be introduced until 8 months of age. Infant cereal should not be fed in a bottle or infant feeder.
    iii. The maximum amount of cereal need not be issued. Use the following guidelines when prescribing cereal for infants:
        1. 6 - 12 months, 4-6 Tbsp/day with the addition of other age appropriate grains
    iv. The packages of dry infant cereal will provide the following quantities of cereal:
        1. 8 oz cereal/month will provide about 2 Tbsp/day
        2. 16 oz cereal/month will provide about 4 Tbsp/day
        3. 24 oz cereal/month will provide about 6 Tbsp/day.

i. Infant foods.

i. The introduction of complementary foods is recommended ~~by~~ around 6 months of age, depending on developmental readiness. WIC provides infant food fruits and vegetables beginning the month that the infant was 6 months of age on the first day of that month. Fully breastfed infants also receive infant food meats.
ii. WIC staff should continue to educate and encourage participants to make home-prepared infant foods.
iii. The recommended amounts of infant fruits and vegetables are:
    1. 4 - 6 months, 2-4 Tbsp/day, cooked, strained or pureed.
    2. 6 - 8 months, 6-8 Tbsp/day, cooked, strained or pureed.
    3. 8 -12 months, 6-8 Tbsp/day, cooked, pureed, chopped or mashed
iv. The packages of infant fruit and vegetables will provide the following quantities:
    1. 128 oz of infant fruits and vegetables will provide about 8 Tbsp/day (fully formula fed).
    2. 256 oz of infant fruits and vegetables will provide about 17 Tbsp/day (fully breastfed).
v. The recommended amounts of infant meats are:
    1. 6-8 months, 1-2 Tbsp/day, strained or pureed.
    2. 8-12 months, 1-3 Tbsp/day, pureed or chopped.
vi. The packages of infant meats will provide the following quantities:
    1. 77.5 oz of infant meats will provide about 5 Tbsp/day.

II. Infants, Women and Children with Medical Needs (Food Package III).

a. This food package is reserved for those individuals who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or WIC-eligible nutritionals) because the use of conventional foods is restricted or inadequate to address their special nutritional needs.

b. Participants must have one or more qualifying conditions, as determined by a licensed prescriptive authority, to receive this food package. Qualifying conditions include (but are not limited to):
    i. Premature birth.
    ii. Low birth weight.
    iii. Failure to thrive.
    iv. Inborn errors of metabolism/metabolic disorders.
    v. Gastrointestinal disorders.

vi. Malabsorption syndromes.
vii. Severe food allergies that require an elemental formula

c. This package is not authorized for:
   i. Infants whose only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula.
   ii. Women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages.

d. The supplemental food prescribed cannot be authorized solely for the purposes of enhancing nutrient intake or managing body weight without an underlying qualifying condition.

e. Documentation of the prescriptive authority's determination of the need for formula, the specific formula prescribed and the amount needed must be included in the participant's record.

f. Formula amounts can be authorized on an individual basis for up to the maximum package.

g. Individuals should only be given the amounts they can consume or are prescribed to consume.

h. Infant cereal, infant food fruits and vegetables, milk and milk alternatives, cheese, eggs, canned fish, fruits and vegetables, breakfast cereal, whole wheat bread and other whole grains, juice, legumes and peanut butter may also be authorized as appropriate for category, with the Formula and Food Authorization Form.

III. Children 1 through 4 years (Food Package IV).

a. Milk.
   i. The general guidelines for milk intake for preschool age children are 2 cups of dairy per day for a monthly total of 15-16 quarts.
   ii. Food Package IV provides a maximum of 16 quarts of milk.
   iii. The amount of milk prescribed, however, will depend on child's age, appetite and nutritional need.

iv. In order to meet their energy needs, children should receive whole milk during the second year (12-23 months). Fat reduced milk (2%) should only be issued to children 12-23 months for whom overweight or obesity is a concern. The medical and/or nutritional reason should be documented by the CPA. Beginning at 2 years of age, issue non-fat or lowfat (1%) milk.

v. Cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. One pound of cheese substitution does not require medical documentation. Cheese may be substituted at a maximum of 1 pound of cheese for 3 quarts of milk for children and women. For fully breastfeeding women, no more than 2 pounds of cheese may be substituted for 6 quarts of milk. Cheese can no longer be substituted beyond these amounts, even with medical documentation.

b. Soy-based beverage.

i. The CPA will determine and document the need for soy-based beverage. See “Foods that are Authorized” for criteria.

ii. Parents and caregivers should be made aware that children’s diets may be nutritionally inadequate when milk is replaced by other foods, and provided appropriate nutrition education.

iii. Education on the development of bone mass for children.

iv. Lactose-free or lactose-reduced fortified dairy products should be offered before non-dairy milk alternatives to those participants with lactose intolerance that cannot drink milk.

v. If milk is replaced by milk alternatives that are not vitamin D fortified, vitamin D intakes may be inadequate. Thus, replacements for milk are to be approached with caution even if they are rich in calcium.

c. Cereal.

i. The maximum amount of cereal prescribed is 36 ounces per month.

ii. For children at risk of iron-deficiency, the WIC cereals provide excellent snacks. Some are particularly appropriate for finger-feeding of toddlers who have difficulty meeting their dietary iron needs and are at risk for iron deficiency.

d. Eggs.

i. Recommend the maximum quantity of eggs unless allergy or other contraindication exists.

ii. Eggs provide an excellent source of protein along with a diversity of other nutrients.
iii. Eggs are a high quality protein food, which are especially valuable for feeding preschoolers who are often finicky about eating meats and other high quality protein foods.
iv. If a child is not eating the full amount of eggs, educate the parents as to the nutritional value of eggs.
v. If a child does not like eggs, encourage their use in cooking and other ways, e.g. - french toast, custard, egg salad, casseroles
vi. Some participants may avoid eggs, due to a fear of dietary cholesterol. In general, most young children and pregnant women do not need to follow low cholesterol diets.
vii. Participants at risk for hypercholesterolemia (family history of CVD) should be referred to a dietitian for counseling and food package tailoring.

e. Juice.
i. Two 64-oz bottles of juice will provide the RDA for vitamin C for this age group.
ii. By encouraging participants to increase their consumption of WIC juices, it is hoped that their intake of soda pop and other sugar based drinks which contain little or no nutritional value will be reduced.
iii. When prescribing up to the maximum amount of juice, take into account age and nutritional need.
iv. Anemic children will benefit from receiving the maximum quantity of juice, due to the enhancement of iron absorption when vitamin C is consumed at the same meal.

f. Fruits and Vegetables.
i. The maximum amount of fresh fruits and vegetables prescribed is $8.00 in cash value vouchers.

g. Whole Wheat Bread or other Whole Grains.
i. The maximum amount of whole grains prescribed is 2 lbs.

h. Peanut Butter or Legumes.
i. Peanut butter or legumes should be encouraged in the food prescription for the protein contribution they make in the diets of often-finicky young children.

IV. Child with a Low Hematocrit/Hemoglobin.

a. Prescribe a food package which will increase his/her intake of iron (legumes, cereal), vitamin C (fruit juice and fruits and vegetables), and protein-rich foods (eggs, legumes, peanut butter)

b. Feeding too much milk or cheese (which have low iron content) may prevent the child from eating adequate amounts of meat, dried beans and cereal which are good sources of iron.

c. Bottle feeding should be discontinued after a child turns one, with small portions of milk (1/2 cup) fed by cup with meals and snacks.

d. As often as possible, vitamin C enriched juice should be consumed with eggs, iron fortified cereal, or legumes. This will increase the amount of iron absorbed from the meal.

e. In order to increase the iron content of the food package of the child with a low hematocrit/hemoglobin, legumes, rather than peanut butter, should be encouraged in the food prescription.

V. Child with an Inadequate Growth Pattern.

a. Evaluate the diet to see if milk is deficient in the diet or if it is over-consumed at the expense of other food.

b. The diet should also be assessed to see if the amount of protein and calories in the diet is deficient.

c. Peanut butter or legumes should be encouraged in the food prescription for their protein contribution to the diet.

d. The child should be encouraged to eat a variety of foods in order to meet his/her dietary needs adequately.

e. The WIC foods serve as excellent staples in the diet.

f. The whole milk food package may be issued as a Food Package III in combination with an exempt formula or WIC-eligible nutritional to a child at

2 years of age and older with the required Utah Formula and Food Authorization Form. Cheese may be substituted up to 1 pound without a FAFAF. The use of whole milk, cheese, and peanut butter will increase calorie density of the diet and support faster growth.

g. More frequent follow-up visits with the nutritionist are necessary for children who continue to grow poorly.

VI. Child with G.I. Disease

a. Issue peanut butter every month when G.I. diseases which would prevent the participant from eating dried beans (e.g. - irritable bowel syndrome, gastroesophageal fistulas, recent surgery, dumping syndrome, GI ulcers, Crohn's disease) are present.

VII. Child over the age of two who is at greater than the 90th percentile BMI.

a. The parent should be educated as to the use of 1% or skim milk rather than 2% or whole milk.

b. The use of peanut butter may be limited with legumes offered in their place.

c. The parent should also be educated as to the benefits and methods of appropriate activity and energy balance for the prevention of obesity.

VIII. Pregnant and breastfeeding women (Food Package V and VII).

a. Encourage the use of the full food package.

b. Issue reduced fat milk unless a woman has a FAFAF for whole milk and an exempt formula and WIC-eligible nutritional. If the woman does not like to drink milk, encourage the use of cheeses and the use of milk products in cooking.

c. Always ask if she is eating all the food prescribed to her. If not, she should be referred to the clinic nutritionist for dietary counseling.

d. If milk is left over, the food package may need to be tailored and calcium intake assessed.

e. To enhance iron absorption for the anemic pregnant or breastfeeding woman, suggest the use of cereals providing 100% USRDA of iron, legumes rather than peanut butter, and also the consumption of vitamin C enriched juices at the same meal as the iron-fortified cereal and eggs.

f. Weight reduction should never be recommended for the obese, pregnant woman.

g. To control the rate of weight gain of an obese woman during pregnancy, or to enable gradual weight loss for the obese, lactating woman, issue the reduced fat milk package and encourage the purchase of skim milk. It is not recommended to reduce her total milk allowance, as that could cause inadequate nutrient intake.

h. For women, cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. Without a FAFAF, pregnant and partially breastfeeding women may request up to 1 pound of cheese, fully breastfeeding women may request up to 2 pounds of cheese.

i. These recommendations allow individual tailoring without compromising the nutrients provided by the food package.

IX. Breastfeeding women.

a. State agencies are not allowed to define “breastfeeding women” in a manner that is more restrictive than regulatory and legislative definitions. All women who are fully or partially breastfeeding their infant to any degree and are less than one year postpartum, must be categorized as “breastfeeding women”. The effect of a more restrictive definition would be the denial of WIC benefits to women eligible under law and regulations.

b. The standard food packages for the breastfeeding woman should provide the maximum monthly allowances of the WIC foods.

c. The breastfeeding woman should not receive less than the regulatory maximum amounts of foods unless the CPA determines that this is appropriate and based on an assessment of her individual nutritional needs.

d. Generally, the nutritional needs of a breastfeeding woman, regardless of the extent to which she breastfeeds, exceed those of a non-breastfeeding, postpartum woman. Therefore, it is appropriate that the standard food packages for a breastfeeding woman provide a greater quantity and variety of foods than the standard food package offered to a non-breastfeeding, postpartum woman.

e. The breastfeeding mother's food package will decrease when the infant is receiving an out of range formula amount and after 6 months she will no longer receive food benefits, but will still be eligible for breastfeeding education and support.

X. Postpartum women (Food Package VI).

a. The postpartum woman who is recovering from an uncomplicated pregnancy and birth may not need to eat the maximum amounts of foods provided for her in Food Package VI.

b. The woman should be encouraged to consume milk products and counseled on the use of milk products in cooking.

c. Any postpartum, non-breastfeeding woman who is at greater than or equal to 120% of the standard in weight for height, or has gained greater than 40 pounds during her pregnancy, should be encouraged to use lowfat alternatives when possible.

d. Issue the reduced fat milk package and encourage the purchase of skim milk and discourage cheese as a substitute for milk in order to reduce the caloric level of the food package.

e. In order to replenish the iron stores possibly depleted by the pregnancy, the iron fortified cereal and vitamin C enriched juice should be eaten at the same meal.

XI. Use of legumes.

a. Participants who report gastrointestinal intolerance of legumes should be encouraged to use the legumes in ways which will result in less gastric problems. Some suggested methods are:

i. Use split peas, limas and lentils as these are less gas producing than other legumes.
ii. Cook the beans for a long time at a low heat to help reduce the legumes' flatulence-causing properties.
iii. Drain the soak water and use fresh water for cooking legumes.
iv. Incorporate small amounts of the beans into recipes, using them as meat extenders. For example, use beans in soups, stews, chili, tacos, burritos, tostadas.
v. Eat small servings at first, giving the digestive system a few weeks to adjust to the beans.

References

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