



ISSUE BRIEF | DECEMBER 2023

# WIC Matters During the First 1,000 Days

## About 1,000 Days

1,000 Days is the leading nonprofit organization working to ensure women and children in the U.S. and around the world have the healthiest first 1,000 days. As an initiative of FHI 360, our mission is to make the well-being of women and children in the first 1,000 days a policy and funding priority.

## The Issue

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

Unfortunately, many women and young children are not getting the nutrition they need to thrive. Women of childbearing age are consuming diets with too few nutrient-rich foods and too much saturated fat, added sugar and sodium. Only [one in three women](#) in the U.S. have pregnancy weight gain within the recommendations, putting their health and that of their babies at risk. In addition, [one in six babies](#) in the U.S. is never breastfed, despite the documented short- and long-term benefits of breastfeeding for both moms and babies. The poverty rate for children [more than doubled](#) from 5.2 percent in 2021 to 12.4 percent in 2022, erasing all of the record gains made against child poverty over the previous two years. [More than 13 million children](#) live in households that struggle to put enough food on the table, reversing a decade-long decline in hunger and food insecurity in the United States. Ultimately, poor nutrition, poverty and food insecurity have a detrimental impact on infant, child and maternal health and well-being.

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

## About WIC

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

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

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

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

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

## WIC's Impact

WIC is one of the most successful and effective federally funded nutrition programs in the United States. Numerous studies have demonstrated that the WIC programs reduces food insecurity, alleviate poverty, improve dietary intake, result in better birth outcomes and health outcomes, support learning and development, and lower health care costs.

WIC is also uniquely positioned to reduce racial disparities in maternal and child health outcomes. WIC participation rates are highest among WIC-eligible Hispanic and non-Hispanic Black individuals, and the previous updates to the WIC food packages were [shown to help increase access](#) to healthier foods for Hispanic and Latino WIC participants.

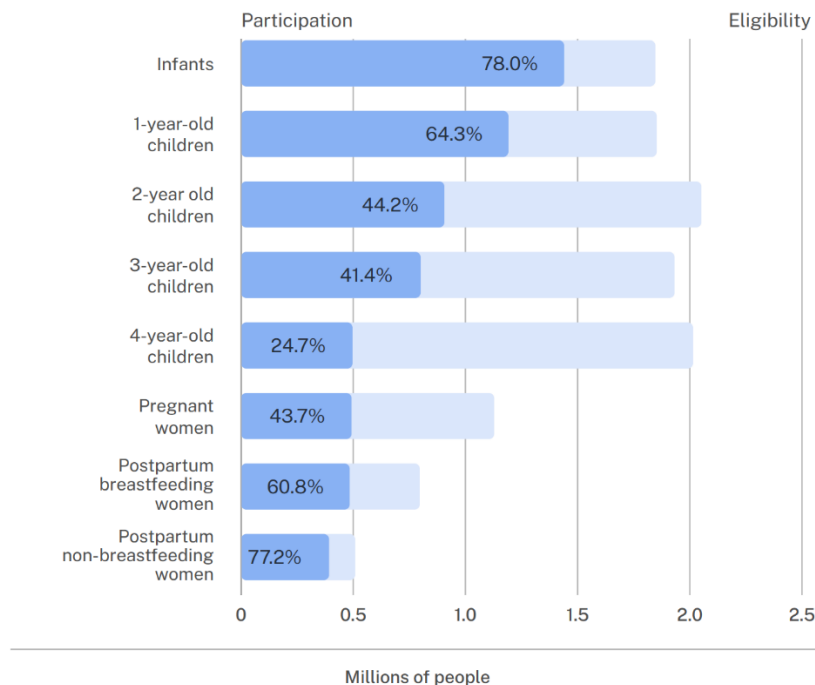
Evidence also shows that WIC breastfeeding promotion works. For example, [an evaluation](#) of the WIC breastfeeding peer counselor program found that mothers who receive peer counselor support are up to 2-3 times more likely to initiate and continue breastfeeding. Additionally, the rate of breastfeeding among WIC participants has been increasing, rising from [64.7% in 2010 to 71.9% in 2020](#). Breastfeeding rates are still lower among WIC participants compared to eligible non-participants, but research shows that women who enroll in WIC differ in important ways from eligible non-participants: eligible non-participants are older, attained a higher level of education, more likely to be married, and more likely to be white – all of which are associated with higher

rates of breastfeeding. When researchers compare WIC participants to *well-matched* eligible non-participants, they find no difference in breastfeeding rates.

## WIC's Challenges

WIC served more than [6.7 million individuals](#) in 2023, with participation rising in most states. WIC serves [53% of all babies](#) born in the U.S. however, the program is underutilized. In 2021, the most recent year for which there are eligibility estimates, [only 51%](#) of all eligible women, infants, and children were participating in the WIC program.

National WIC Eligibility and Coverage Rates by Year and Participant Category, 2021



In response to the COVID-19 pandemic, USDA granted waivers to state agencies that allowed program flexibility to provide continued access to WIC services. These waivers, and the change in operations due to the pandemic, resulted in a [modernization in WIC](#) services that were well received by participants. These learnings should be permanently adopted as part of WIC operations.

- Nearly all WIC local agencies (99 percent) conducted certification appointments remotely (up from 12 percent prior to the pandemic) using the flexibilities under the physical presence waiver.
- Nearly all local agencies (99 percent) offered certification appointments by telephone, 22 percent continued to offer in-person appointments, and 11 percent used video call platforms.
- All, or nearly all, state agencies reported that the physical presence and remote benefit issuance waivers made WIC safer, more accessible, and more convenient for participants' schedules during the pandemic.

Additional efforts to modernize WIC and better serve participants include:

- Expanding online shopping. Giving WIC families the ability to shop for food online will make participating in WIC easier, and advance nutrition security by ensuring that WIC participants have equitable access to nutritious foods.
- Expanding access to farmers' markets. Efforts to transition from paper benefits to mobile pay at farmers' markets expand opportunities for WIC participants to buy fresh, local fruits and vegetables at farmers' markets with their benefits.
- Making it easier to shop in stores. Efforts to implement self-checkout, working with stores to improve support for WIC families, providing multi-language resources for WIC families, and making it easier to find WIC-approved items in stores can all help improve WIC retention and redemption of benefits.

Any changes to WIC that reduce its budget, compromise its science-based nutrition standards, or restrict its ability to reach families will have significant, adverse impacts on the health of our nation's mothers and children.

## Solutions We Support

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

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

### In the Words of WIC Participants

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

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

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

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