

# New WIC Food Packages

## Rationale

March 2009

The new **Federal** regulations that will begin to be implemented in 2009 are based on the Institute of Medicine's (IOM) evaluation of the current WIC food packages. This document provides a summary of the new packages and accompanying rationale for each revision. This information is intended to assist local agency staff in understanding why the packages were revised. More detailed information can be found in the IOM report: [WIC Food Packages: Time for a Change](#) and the federal regulation "Revisions in the WIC Food Packages; Interim Rule" dated 12/06/07.

### Why Make a Change?

- Nutrient recommendations and dietary guidelines have changed. Knowledge of nutrient requirements has increased and RDAs have been substantially revised. WIC food packages were originally designed using the Basic Four Food Groups and should now be based on the Dietary Guidelines for Americans.
- The food supply and dietary patterns have changed. The number of available foods has dramatically increased; a wider variety of fresh produce is available at reasonable prices and in more locations. The way Americans choose to eat and spend their food dollars has also changed. . The revised food packages provide something from each food group for a more balanced diet.
- The major health risks faced by the WIC population have changed. There is an increased prevalence of overweight and obesity in adults and children. Excess body fat and physical inactivity are now associated with health related problems such as diabetes and heart disease. The revised food packages for women and children provide 1) less saturated fat and cholesterol, 2) more whole grain fiber, and 3) fruits and vegetables. The food packages for breastfeeding infant-mother pairs provide stronger incentives for continued breastfeeding by providing less formula for partially breastfed infants, and additional quantities and types of food for breastfeeding mothers.
- The demographics of the WIC population have changed significantly. The total number of WIC participants has dramatically increased and the diversity of the WIC population has greatly expanded. The new food packages provide more participant choice and a wider variety of foods than the previous food packages including tortillas, brown rice, soy-based beverages, canned salmon, and a wide choice of fruits and vegetables.

Food	Child 12-59 months
<b>Cow's Milk And Alternatives</b>	<p>All children: 4 gallons (2.1 cups/day) (No cheese)</p> <p>Types of milk:</p> <ul style="list-style-type: none"> <li>- Whole milk only for 1 year olds</li> <li>- Low Fat (1%) or Fat Free (Skim) milk for 2-4 year olds</li> </ul> <p>Allowed milk substitutions (no medical documentation required):</p> <ul style="list-style-type: none"> <li>- Reduced Fat (2%) may be added to the Low Fat (1%) or Fat Free (Skim) Milk for 2-4 year olds</li> <li>- Lactose Free milk is allowed if lactose-intolerant</li> <li>- 2 8 qt boxes powdered milk for 4 gallon fluid milk for 2-4 years only</li> <li>- 8 cans evaporated milk for 6 quarts fluid milk</li> <li>- The whole/low fat requirements must still be applied for the milk alternatives</li> </ul> <p>Allowed milk substitutions, with medical documentation (see Prescription-Required Packages table):</p> <ul style="list-style-type: none"> <li>- Whole milk allowed for 2-4 year olds</li> <li>- 16 qts soy beverage (1 qt soy beverage = 1 qt milk)</li> </ul>
<b>Eggs</b>	1 dozen
<b>Beans/Peas Peanut Butter</b>	1 lb dried beans/peas <b>or</b> 18 oz or less peanut butter <b>or</b> 4 cans (14-16 oz size) beans/peas
<b>Juice</b>	<p>2 64 oz containers single strength juice (4.2 oz/day) for all children [128 ounces maximum]</p> <p>Allowed substitution: Calcium-fortified orange juice in 2 64 ounce refrigerated cartons</p>
<b>Fruits &amp; Vegetables</b>	\$6 worth fruits and vegetables
<b>Cereal</b>	36 or less ounces
<b>Whole Wheat/ Whole Grain</b>	2 lbs of whole wheat/whole grain food (100% whole wheat bread, rolls or buns <b>or</b> brown rice <b>or</b> soft corn tortillas <b>or</b> whole wheat tortillas)

**Milk:** The IOM indicates that WIC food packages do not need to exceed the recommendation of the Dietary Guidelines for Americans 2005 (DGA 2005). The reduction in the amount of milk and the change in type of milk (fat reduced) is consistent with those recommendations. Model packages will include low fat (1%) and fat free (skim) milk; 2% may be added.

Only whole milk is provided for 1 year olds to be consistent with the recommendation of the AAP which is that fat and cholesterol restrictions are not recommended for infants less than 2 years old due to the high energy requirements of rapid growth and development at this age. For this reason, non-fat and low-fat milks are not recommended (AAP Pediatric Nutrition Handbook *Fifth Edition* pg.126)

**Milk Alternatives:** Soy beverages (including flavored) will be added once available in the market. Added due to the benefits of soy, the prevalence of lactose maldigestion and the low cultural acceptability of dairy products.

Cheese eliminated to meet the recommendations of the DGA 2005 and the IOM to decrease saturated fat and cholesterol, and reduce costs associated with the additional “dangling” quart.

**Eggs:** The amount of eggs provided has been decreased because protein is no longer a priority nutrient, and it aligns packages with current recommendations from the DGA 2005 and the IOM to reduce saturated fat and cholesterol. The quantities of eggs provided in the new packages, although reduced, are comparable to the average amount of eggs consumed by children who are participating in WIC.

**Beans/Peas:** Allowing canned beans substitution accommodates participants’ preference for easier to prepare item and may encourage the consumption of beans.

**Juice:** Corresponds with AAP and DGA recommendations for juice and allows for the inclusion of fruits and vegetables while containing food costs.

**Whole Wheat/Whole Grain Foods:** Adding whole grains is consistent with DGA 2005 recommendation of 3 servings of whole grains per day to reduce the risk of chronic diseases such as coronary heart disease and Type 2 diabetes. Whole grains also help with weight control and increasing dietary fiber.

**Breakfast Cereals:** Adding whole grain requirement for cereal is consistent with the DGA 2005 recommendation of 3 servings of whole grains per day to reduce the risk of chronic diseases such as coronary heart disease and Type 2 diabetes. Whole grains also help with weight control and increasing dietary fiber.

**Fruits and Vegetables:** Increased fruit and vegetable intake is a major recommendation of the DGA 2005 and is connected with reduced risk of chronic diseases. Increased fruit and vegetable intake 1) Promotes and sustains weight loss for individuals, 2) Promotes increased nutritional adequacy of the diets of WIC participants, 3) Replaces less nutritious items in the overall diets of participants, 4) Provides 5 of the identified priority nutrients (potassium, fiber, Vitamin A, Vitamin C and folate), and 5) Provides an incentive for participation in the WIC Program

Food	Pregnant Woman / Mostly Breastfeeding Woman (whose Infant receives < 1/2 package formula from WIC)
<b>Cow's Milk And Alternatives</b>	5½ gallons (2.9 cups/day) (No cheese)  Types of milk: - Low Fat (1%) or Fat Free (Skim) milk  Allowed milk substitutions (no medical documentation required): - Reduced Fat (2%) may be added to the Low Fat (1%) or Fat Free (Skim) Milk - 22 qts soy beverage (1 qt soy beverage = 1 qt milk) - Lactose Free milk is allowed if lactose-intolerant - 2 8 qt boxes powdered milk for 4 gallons fluid milk - 16 cans evaporated milk for 3 gallons fluid milk - The whole/low fat requirements must still be applied for the milk alternatives  Allowed milk substitutions, with medical documentation (see Prescription-Required Packages table): - Whole milk
<b>Eggs</b>	1 dozen
<b>Beans/Peas Peanut Butter</b>	1 lb dried beans/peas <b>or</b> 4 (16 oz cans) beans/peas <b>and</b> 18 oz or less peanut butter
<b>Juice</b>	3 11.5-12 oz frozen juice or 48 oz containers (4.8 oz/day) [144 ounces maximum]
<b>Fruits &amp; Vegetables</b>	\$8 worth fruits and vegetables
<b>Cereal</b>	36 or less ounces
<b>Whole Wheat/ Whole Grain</b>	1 lb of whole wheat/whole grain food (100% whole wheat bread, rolls or buns <b>or</b> brown rice <b>or</b> soft corn tortillas <b>or</b> whole wheat tortillas)

**Milk:** The IOM indicates that WIC food packages do not need to exceed the recommendation of the Dietary Guidelines for Americans 2005 (DGA 2005). The reduction in the amount of milk and the change in type of milk (fat reduced) is consistent with those recommendations. Model packages will include low fat (1%) and fat free (skim) milk; 2% may be added.

**Milk Alternatives:** Soy beverages (including flavored) will be added once available in the market. Added due to the benefits of soy, the prevalence of lactose maldigestion and the low cultural acceptability of dairy products.

Cheese eliminated to meet the recommendations of the DGA 2005 and the IOM to decrease saturated fat and cholesterol, and reduce costs associated with the additional “dangling” quart.

**Eggs:** The amount of eggs provided has been decreased because protein is no longer a priority nutrient, and it aligns packages with current recommendations from the DGA 2005 and the IOM to reduce saturated fat and cholesterol.

**Beans/Peas:** The addition of dry beans/peas and peanut butter, in combination or individually, to existing packages increases food energy and also provides 4 of the priority nutrients (iron, folate, vitamin E and fiber) identified for all women. Allowing canned beans substitution accommodates participants’ preference for easier to prepare item and may encourage the consumption of beans.

**Juice:** Corresponds with DGA recommendations for juice and allows for the inclusion of fruits and vegetables while containing food costs.

**Whole Wheat/Whole Grain Foods:** Adding whole grains is consistent with DGA 2005 recommendation of 3 servings of whole grains per day to reduce the risk of chronic diseases such as coronary heart disease and Type 2 diabetes. Whole grains also help with weight control and increasing dietary fiber.

**Breakfast Cereals:** Adding whole grain requirement for cereal is consistent with the DGA 2005 recommendation of 3 servings of whole grains per day to reduce the risk of chronic diseases such as coronary heart disease and Type 2 diabetes. Whole grains also help with weight control and increasing dietary fiber.

**Fruits and Vegetables:** Increased fruit and vegetable intake is a major recommendation of the DGA 2005 and is connected with reduced risk of chronic diseases. Increased fruit and vegetable intake 1) Promotes and sustains weight loss for individuals, 2) Promotes increased nutritional adequacy of the diets of WIC participants, 3) Replaces less nutritious items in the overall diets of participants, 4) Provides 5 of the identified priority nutrients (potassium, fiber, Vitamin A, Vitamin C and folate), and 5) Provides an incentive for participation in the WIC Program

Food	Postpartum Non-Breastfeeding Woman / Postpartum Some Breastfeeding Woman (whose Infant receives > ½ package formula from WIC)
<b>Cow's Milk And Alternatives</b>	4 gallons (2.1 cups/day) (No cheese)  Types of milk: - Low Fat (1%) or Fat Free (Skim) milk  Allowed milk substitutions, no medical documentation required: - Reduced Fat (2%) may be added to the Low Fat (1%) or Fat Free (Skim) Milk - Lactose Free milk is allowed if lactose-intolerant - 16 quarts soy beverage (1 qt soy beverage = 1 qt of milk) - 2 8 qt boxes powdered milk for 4 gallon fluid milk - 8 cans evaporated milk for 6 quarts fluid milk - The whole/low fat requirements must still be applied for the milk alternatives  Allowed milk substitution, with medical documentation (see Prescription-Required Packages section): - Whole milk
<b>Eggs</b>	1 dozen
<b>Beans/Peas Peanut Butter</b>	1 lb dried beans/peas <b>or</b> 4 (16 oz cans) beans/peas <b>or</b> 18 oz or less peanut butter
<b>Juice</b>	2 11.5-12 oz frozen juice or 48 ounce containers (3.2 oz/day) [96 ounces maximum]
<b>Fruits &amp; Vegetables</b>	\$8 worth fruits and vegetables
<b>Cereal</b>	36 or less ounces
<b>Whole wheat/ whole grain</b>	<b>None</b>

**Milk:** The IOM indicates that WIC food packages do not need to exceed the recommendation of the Dietary Guidelines for Americans 2005 (DGA 2005). The reduction in the amount of milk and the change in type of milk (fat reduced) is consistent with those recommendations. Model packages will include low fat (1%) and fat free (skim) milk; 2% may be added.

**Milk Alternatives:** Soy beverages (including flavored) will be added once available in the market. Added due to the benefits of soy, the prevalence of lactose maldigestion and the low cultural acceptability of dairy products.

Cheese eliminated to meet the recommendations of the DGA 2005 and the IOM to decrease saturated fat and cholesterol, and reduce costs associated with the additional “dangling” quart.

**Eggs:** The amount of eggs provided has been decreased because protein is no longer a priority nutrient, and it aligns packages with current recommendations from the DGA 2005 and the IOM to reduce saturated fat and cholesterol.

**Beans/Peas:** The addition of dry beans/peas and peanut butter, in combination or individually, to existing packages increases food energy and also provides 4 of the priority nutrients (iron, folate, vitamin E and fiber) identified for all women. Allowing canned beans substitution accommodates participants’ preference for easier to prepare item and may encourage the consumption of beans.

**Juice:** Corresponds with DGA recommendations for juice and allows for the inclusion of fruits and vegetables while containing food costs.

**Breakfast Cereals:** Adding whole grain requirement for cereal is consistent with the DGA 2005 recommendation of 3 servings of whole grains per day to reduce the risk of chronic diseases such as coronary heart disease and Type 2 diabetes. Whole grains also help with weight control and increasing dietary fiber.

**Fruits and Vegetables:** Increased fruit and vegetable intake is a major recommendation of the DGA 2005 and is connected with reduced risk of chronic diseases. Increased fruit and vegetable intake 1) Promotes and sustains weight loss for individuals, 2) Promotes increased nutritional adequacy of the diets of WIC participants, 3) Replaces less nutritious items in the overall diets of participants, 4) Provides 5 of the identified priority nutrients (potassium, fiber, Vitamin A, Vitamin C and folate), and 5) Provides an incentive for participation in the WIC Program

Food	Fully Breastfeeding Woman / Woman Pregnant with Multiples / Mostly Breastfeeding Multiples (who each receive < ½ package formula from WIC)
<b>Cow's Milk/Cheese And Alternatives</b>	6 gallons (3.2 cups/day) and 1 lb cheese  Types of milk: - Low Fat (1%) or Fat Free (Skim) milk  Allowed milk substitutions (no medical documentation required) - Reduced Fat (2%) may be added to the Low Fat (1%) or Fat Free (Skim) Milk - Lactose Free milk is allowed if lactose-intolerant - 24 qt soy beverage (1 qt soy beverage = 1 qt milk) - 3 8 qt boxes powdered milk for 6 gallon fluid milk - 16 cans evaporated milk for 3 gallons fluid milk - The whole/low fat requirements must still be applied for the milk alternatives  Allowed milk substitutions, with medical documentation (see Prescription-Required Packages section): - Whole milk
<b>Eggs</b>	2 dozen
<b>Beans/Peas Peanut Butter</b>	1 lb dried beans/peas <b>or</b> 4 (16 oz cans) beans/peas <b>and</b> 18 oz or less peanut butter
<b>Fish</b>	6 5 oz cans chunk light tuna or 2 14.75 oz cans pink salmon
<b>Juice</b>	3 11.5-12 oz frozen juice or 48 oz containers (4.8 oz/day) [144 ounces maximum]
<b>Fruits &amp; Vegetables</b>	\$10 worth fruits and vegetables
<b>Cereal</b>	36 or less ounces
<b>Whole Wheat/ Whole Grain</b>	1 lb of whole wheat/whole grain food (100% whole wheat bread, rolls or buns <b>or</b> brown rice <b>or</b> soft corn tortillas <b>or</b> whole wheat tortillas)

The **Fully Breastfeeding Woman – BF Enhanced FI** includes 16 ounces (1 pound) or less cheese, 1 dozen eggs, and 30 ounces canned fish

**Milk:** The IOM indicates that WIC food packages do not need to exceed the recommendation of the Dietary Guidelines for Americans 2005 (DGA 2005). The reduction in the amount of milk and the change in type of milk (fat reduced) is consistent with those recommendations. Model packages will include low fat (1%) and fat free (skim) milk; 2% may be added.

**Milk Alternatives:** Milk substitutions are added due to the benefits of soy, the prevalence of lactose maldigestion and the low cultural acceptability of dairy products.

Limiting cheese meets the recommendations of the DGA 2005 and the IOM to decrease saturated fat and cholesterol, and to reduce costs to permit the addition of other foods and substitutions.

**Beans/Peas:** The addition of dry beans/peas and peanut butter, in combination or individually, to existing packages increases food energy and also provides 4 of the priority nutrients (iron, folate, vitamin E and fiber) identified for all women. Allowing canned beans substitution accommodates participants' preference for easier to prepare item and may encourage the consumption of beans.

**Juice:** Corresponds with DGA recommendations for juice and allows for the inclusion of fruits and vegetables while containing food costs.

**Whole Wheat/Whole Grain Foods:** Adding whole grains is consistent with DGA 2005 recommendation of 3 servings of whole grains per day to reduce the risk of chronic diseases such as coronary heart disease and Type 2 diabetes. Whole grains also help with weight control and increasing dietary fiber.

**Breakfast Cereals:** Adding whole grain requirement for cereal is consistent with the DGA 2005 recommendation of 3 servings of whole grains per day to reduce the risk of chronic diseases such as coronary heart disease and Type 2 diabetes. Whole grains also help with weight control and increasing dietary fiber.

**Fruits and Vegetables:** Increased fruit and vegetable intake is a major recommendation of the DGA 2005 and is connected with reduced risk of chronic diseases. Increased fruit and vegetable intake 1) Promotes and sustains weight loss for individuals, 2) Promotes increased nutritional adequacy of the diets of WIC participants, 3) Replaces less nutritious items in the overall diets of participants, 4) Provides 5 of the identified priority nutrients (potassium, fiber, Vitamin A, Vitamin C and folate), and 5) Provides an incentive for participation in the WIC Program

**Fish:** In addition to increasing value and variety of foods in the fully breastfeeding package, canned fish option provides protein and omega-3 fatty acids. Light tuna and pink salmon are low mercury content options.

Food	Woman Fully Breastfeeding Multiple Infants
<b>Cow's Milk/Cheese And Alternatives</b>	9 gallons (4.8 cups/day) 1.5 lb cheese (1 pound even months; 2 pounds odd months)  Types of milk: - Low Fat (1%) or Fat Free (Skim) milk  Allowed milk substitutions, (no medical documentation required): - Reduced Fat (2%) may be added to the Low Fat (1%) or Fat Free (Skim) Milk - Lactose Free milk is allowed if lactose-intolerant - 36 qt soy beverage (1 qt soy beverage = 1 qt milk) - 2 8 qt boxes powdered milk for 4 gallons fluid milk - 16 cans evaporated milk for 3 gallons fluid milk - The whole/low fat requirements must still be applied for the milk alternatives  Allowed milk substitutions, with medical documentation (see Prescription-Required Packages section) : - Whole milk
<b>Eggs</b>	3 dozen
<b>Beans/Peas Peanut Butter</b>	24 ounces dried beans/peas <b>or</b> 6 (16 oz cans) beans <b>and</b> 27 oz peanut butter (2 18 oz containers even months; 1 odd months)
<b>Fish</b>	9 5 oz cans chunk light tuna or 3 14.75 oz cans pink salmon
<b>Juice</b>	4.5 12 oz frozen or 48 oz cans or bottle juice (7.2 oz/day) (5 cans even months; 4 cans odd months)
<b>Fruits &amp; Vegetables</b>	\$15 worth fruits and vegetables
<b>Cereal</b>	54 or less ounces
<b>Whole wheat/ whole grains</b>	24 ounces of whole wheat/whole grain food (100% whole wheat bread, rolls or buns <b>or</b> brown rice <b>or</b> soft corn tortillas <b>or</b> whole wheat tortillas) (16 ounces even months; 32 ounces odd months)

**Milk:** The IOM indicates that WIC food packages do not need to exceed the recommendation of the Dietary Guidelines for Americans 2005 (DGA 2005). The reduction in the amount of milk and the change in type of milk (fat reduced) is consistent with those recommendations. Model packages will include low fat (1%) and fat free (skim) milk; 2% may be added.

**Milk Alternatives:** Milk substitutions are added due to the benefits of soy, the prevalence of lactose maldigestion and the low cultural acceptability of dairy products.

Limiting cheese meets the recommendations of the DGA 2005 and the IOM to decrease saturated fat and cholesterol, and will reduce costs to permit the addition of other foods and substitutions.

**Beans/Peas:** The addition of dry beans/peas and peanut butter, in combination or individually, to existing packages increases food energy and also provides 4 of the priority nutrients (iron, folate, vitamin E and fiber) identified for all women. Allowing canned beans substitution accommodates participants' preference for easier to prepare item and may encourage the consumption of beans.

**Juice:** Corresponds with DGA recommendations for juice and allows for the inclusion of fruits and vegetables while containing food costs.

**Whole Wheat/Whole Grain Foods:** Adding whole grains is consistent with DGA 2005 recommendation of 3 servings of whole grains per day to reduce the risk of chronic diseases such as coronary heart disease and Type 2 diabetes. Whole grains also help with weight control and increasing dietary fiber.

**Breakfast Cereals:** Adding whole grain requirement for cereal is consistent with the DGA 2005 recommendation of 3 servings of whole grains per day to reduce the risk of chronic diseases such as coronary heart disease and Type 2 diabetes. Whole grains also help with weight control and increasing dietary fiber.

**Fruits and Vegetables:** Increased fruit and vegetable intake is a major recommendation of the DGA 2005 and is connected with reduced risk of chronic diseases. Increased fruit and vegetable intake 1) Promotes and sustains weight loss for individuals, 2) Promotes increased nutritional adequacy of the diets of WIC participants, 3) Replaces less nutritious items in the overall diets of participants, 4) Provides 5 of the identified priority nutrients (potassium, fiber, Vitamin A, Vitamin C and folate), and 5) Provides an incentive for participation in the WIC Program

**Fish:** In addition to increasing value and variety of foods in the fully breastfeeding package, canned fish option provides protein and omega-3 fatty acids. Light tuna and pink salmon are low mercury content options

Food	Infants That do not qualify for Prescription-Required Food packages
<b>Formula</b>	<p>The following <b>examples are for Good Start reconstituted formula.</b> For exempt formulas, see the Prescription-Required Packages table.</p> <p>Full formula infants:</p> <ul style="list-style-type: none"> <li>- Birth – 3.9 months of age: maximum 10 cans powder (~29 oz/day), 31 concentrate, or 26 RTF</li> <li>- 4 – 5.9 months: maximum 11 cans powder (~32 oz/day), 34 concentrate, or 28 RTF</li> <li>- 6 – 11.9 months: maximum 8 cans powder (~23 oz/day), 24 concentrate, or 20 RTF</li> </ul> <p>Mostly breastfeeding infants:</p> <ul style="list-style-type: none"> <li>- Birth – 1 month of age: no routine formula; maximum of 1 can powder (~3 oz/day)</li> <li>- 1 – 3.9 months: maximum 5 cans powder (~15 oz/day)</li> <li>- 4 – 5.9 months: maximum 6 cans powder (~17 oz/day)</li> <li>- 6 – 11.9 months: maximum 4 cans powder (~12 oz/day)</li> </ul> <p>“Some breastmilk” infants receive more than the “mostly breastmilk” infants, up to and including a full formula package. If the mother is more than 6 months postpartum and still giving “some breastmilk,” she will still be counted as participating but no longer receive a food package</p>
<b>Infant Cereal</b>	<p>No infant cereal from birth through 5 months of age</p> <p>24 oz for all infants 6 – 11.9 months of age</p>
<b>Baby Fruits and Vegetables</b>	<p>Fully formula-fed and partially breastfed 6 – 11.9 months of age: 18 2-packs 3.5 oz containers (i.e., Gerber 2<sup>nd</sup> Stage)</p> <p>Fully breastfed 6 – 11.9 months of age: 36 2-packs 3.5 oz containers (i.e., Gerber 2<sup>nd</sup> Stage)</p>
<b>Baby Meats</b>	<p>Fully breastfed 6 – 11.9 month olds 31 2.5 oz jars</p> <p>Not allowed for full formula infants or partially breastfed infants</p>

The AAP recommends no complementary foods until 6 months of age when MOST healthy infants are developmentally ready for them. The supplemental nature of the WIC Program suggests that it is not appropriate to provide complementary foods to infants before 6 months of age, especially if these foods exceed the energy needs of infants during this age period.

**Fully Formula-fed:** (information is for liquid concentrate – WI typically issues powder formula that provides more ounces per month)

- 806 fl oz /month provides 26 oz (530 kcals) /day which corresponds with mean Estimated Energy Requirement (EER) of 555 kcals for infants 0-4 months
- Increase to 884 fl oz/month at 4 months provides 28.5 oz (581 kcals) /day which is 88% of the mean EER of 623 kcals for infants of this age
- The increase is also a partial replacement of the loss of juice and cereal in the new food packages
- The new food package for 6-12 month olds provides greater amounts of nutrients through complementary foods therefore less formula is needed
- 624 fl oz provide essential nutrients without excess food energy and reinforces nutrition education to initiate routine feeding of complementary food around 6 months
- 624 fl oz/month provide 20.8 oz (416 kcals)/day; in combination with complementary foods provided this package provides 73% (547 kcals) of mean EER for age group (754 kcals)

#### Partially Breast-fed

- All women who breastfeed should be encouraged to fully breastfeed in the first month. Providing supplemental formula to new breastfeeding mothers may interfere with milk production and success at breastfeeding. After a CPA assessment, one can of powder formula may be issued to the partially breastfed infant during the first month of life. Partially breastfeeding mothers should not be automatically issued formula
- The CPA is expected to tailor the amount based on the carefully assessed needs of the individual infant
- Peer counseling, lactation consultants, breast pumps and other support should be readily available
- Formula amounts for partially breastfeeding infants are decreased to encourage mothers to breastfeed enough to provide at least half of the infant’s nutritional needs and to make possible other improvements in WIC food packages
- Powdered formula is recommended for 0-3 month old partially breastfeeding infants to keep the amount prepared closely tailored to the need, to reduce waste, to decrease food safety concerns, and to prevent overfeeding of formula to breastfed infants

Food	Prescription-Required Food Packages for Women, Infants and Children
<b>Infants: Exempt Formula</b>	<ul style="list-style-type: none"> <li>- Up to same maximum quantities as in new regular infant packages</li> <li>- With medical documentation, infants 6 – 11.9 months old who are not able to consume (and therefore do not receive) infant cereal and baby foods may receive up to the same maximum allowed quantity formula for 4 – 5.9 month olds.</li> <li>- Approved exempt formulas are Similac NeoSure DHA &amp; ARA, Enfamil EnfaCare LIPIL, Nutramigen LIPIL, Alimentum DHA &amp; ARA, Enfamil AR LIPIL, Pregestimil LIPIL, Neocate, and Elecare.</li> </ul> <p>Medical documentation requirements:</p> <ul style="list-style-type: none"> <li>- must include amount per day (in addition to current requirements)</li> <li>- allowable medical diagnoses limited – deleted those that aren't actually medical conditions</li> </ul> <p>RTF may be issued if RTF better accommodates the participant's condition, or if RTF improves the participant's compliance in consuming the prescribed product (in addition to current criteria)</p>
<b>Infant Cereal</b>	36 oz cereal starting at 6 months of age
<b>Baby Foods</b>	Same as in New WIC Way packages for Infants
<b>Children &amp; Women: Contract Formulas, Exempt Formulas, Medical Foods</b>	<p>Maximum quantities:</p> <ul style="list-style-type: none"> <li>- Up to 910 fl oz reconstituted concentrate; powder and RTF may be substituted at rates that provide comparable nutritional value (e.g., fl oz per day).</li> <li>- Quantity must be tailored per the prescription and need for other foods.</li> </ul> <p>In addition to contract formulas, approved exempt formulas and medical foods are: Similac NeoSure DHA &amp; ARA, Enfamil EnfaCare LIPIL, Nutramigen LIPIL, Alimentum DHA &amp; ARA, Enfamil AR LIPIL, Pregestimil LIPIL, Pediasure, Ensure, and Boost</p> <p>Medical documentation requirements: Same as for Infants above.</p> <p>RTF: same as for Infants above.</p>
<b>Regular Foods: Cereal Juice Milk, Legumes/ Peanut Butter, Tuna, Fruits and Vegetables</b>	<p>36 oz cereal</p> <p>Same maximum juice quantities as in new regular packages for children and women. Up to same quantities as in New WIC Way packages for children and women.</p> <p>Alternatives for milk (with medical documentation):</p> <ul style="list-style-type: none"> <li>- Whole milk for 2-4 year olds and women</li> <li>- Soy beverages for children (when available retail)</li> </ul> <p>Quantities of formula/medical foods and regular foods (including milk) must be tailored per medical documentation and additional nutrition assessment information (e.g., all formula/medical food – no milk; half formula/medical food – half milk; whole milk – no formula/medical food; etc.).</p>