

The Rationale and Potential Consequences of
The Revised WIC Food Packages

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The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, nutrition education, and social service and health care referrals to low-income pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who are at nutrition risk. The WIC program is based on the premise that many low-income individuals are at risk of poor nutrition and health outcomes because of insufficient nutrition during the critical growth and development periods of pregnancy, infancy, and early childhood. The WIC program is a supplemental food and nutrition program to help meet the special needs of low-income women, infants, and children during these periods.

WIC began as a pilot program in 1972 and was authorized permanently in 1974 (P.L. 94-105). In the intervening 35 years, WIC has become a key component of the nutrition safety net provided for low-income Americans. Today, WIC functions as a vital link in America's public health efforts to ensure that all of the nation's children have the resources they need to thrive. More than half of all U.S. infants and a quarter of all U.S. children ages one to five receive WIC benefits.

After 35 years, WIC is revising its food packages! The current WIC food packages have changed little since the early 1970s, yet significant changes have occurred in the demographic characteristics and public health concerns of the population served by WIC, in the food supply and dietary patterns, and in knowledge of nutrient requirements and dietary guidance. As a result, in 2004, the Food and Nutrition Service of the U.S. Department of Agriculture, which administers the WIC program, asked the Institute of Medicine (IOM) to undertake a comprehensive review of the WIC food packages and determine if revised food packages would improve the health and dietary adequacy of WIC participants.

The IOM's recommendations were summarized in an influential 2006 report, *WIC Food Packages: Time for a Change*. The full range of proposed changes to the WIC food packages

are substantial and reflect the changing demographic and health risks of the WIC target population over the past 30 years—most notably the increasing prevalence of overweight and obesity— as well as improved knowledge of nutrient requirements.

The goal of the revised food package is to improve the diets of WIC participants and lead to healthy growth and development. Yet, as acknowledged by the IOM Committee, it is impossible to predict a priori the impacts the proposed changes may have on the diets of WIC participants (Institute of Medicine 2006). Indeed, some of the changes could lead to unintended changes in WIC participation and food consumption. For example, some changes in the food package are designed to support breastfeeding, but could actually lead some mothers to choose formula feeding over breastfeeding.

This paper reviews the proposed changes to the WIC food package and summarizes the underlying rationale. It then discusses possible unintentional changes in participant behavior and program operations that could result from the food package changes. The paper concludes with a discussion of data sets and research designs that could potentially be used to examine effects of various food package changes.

PROPOSED CHANGES TO THE WIC FOOD PACKAGE

WIC is a highly targeted nutrition program and supplemental foods are the cornerstone of the program. Supplemental foods are provided to WIC participants through food instruments—in the form of a voucher, check, or electronic benefit—that list the quantities of specific foods, as well as brand names, that can be purchased. Initially, the WIC food package focused solely on concerns about the nutrient adequacy of participants' diets. Specifically, the original (and current) food packages target specific nutrients that, at the time that WIC was first authorized, were lacking in the diets of low-income women, infants, and children—namely, protein vitamin A, vitamin C, calcium, and iron. Foods in the WIC packages, including iron-fortified formula,

milk and cheese, eggs, iron-fortified infant cereals and ready-to-eat cereals, 100% juices rich in vitamin C, dried peas or beans, and peanut butter, were specifically selected for their contributions to these targeted nutrients .

In recent years, many policy makers, stakeholder groups, and researchers have highlighted the need to review the WIC food packages and consider whether revisions should be undertaken.

This call to action was motivated by several factors:

- ***The characteristics of WIC participants have changed considerably since WIC's inception.*** The number of WIC participants increased from 88,000 women, infants, and children in fiscal year 1974 to 8.1 million in 2006. Also during this time period, the racial and ethnic distribution of WIC participants shifted considerably, with Hispanics and Asian and Pacific Islanders accounting for a significantly larger share of the total WIC population. Today, more low-income women are working than when WIC first started.
- ***The health risks of the WIC population have shifted dramatically over time.*** Over the 35 years of WIC's existence, concerns about diet and health have shifted from concerns about dietary adequacy to concerns about excessive intakes of energy and saturated fat, inadequate consumption of fruits, vegetables, and whole grains, and the problems of obesity and chronic disease that are associated with these dietary patterns.
- ***The food supply and dietary practices of the WIC population have changed.*** Over the past three decades, the food supply has increased dramatically, and a greater variety of foods and food establishments are available. More Americans of all income levels eat outside the home.
- ***Knowledge of nutrient requirements and dietary guidance has improved.*** Improved knowledge of nutrient requirements has resulted in a new set of nutrient reference standards called the Dietary Reference Intakes (DRIs). Moreover, regular updates of the *Dietary Guidelines for Americans* have led to improved tools and guidance on how to eat a healthy diet.

In response to these substantial changes in the context in which the WIC program operates, the Food and Nutrition Service asked the IOM to convene a panel to review the WIC food packages and make recommendations for improvement. The Committee to Review the WIC Food Packages (the IOM Committee) completed its work in two phases. Phase I involved (1) reviewing the nutritional needs of WIC participants using scientific methods recommended in

DRI reports; (2) assessing supplemental nutrition needs of WIC participant subgroups (infants, children, pregnant women, breastfeeding women, postpartum (but not breastfeeding) women); and (3) proposing priority nutrients and food groups for the WIC program. Based on the Phase I review, the IOM Committee proposed the following criteria to be used in developing recommendations for specific changes to the WIC food packages.

Criteria for a Revised WIC Food Package

1. The package reduces the prevalence of inadequate and excessive nutrient intakes of program participants.
2. The package is consistent with the *Dietary Guidelines for Americans* for individuals 2 years of age and older.
3. The package is consistent with established dietary recommendations for infants and children under two years of age, including encouragement and support of breastfeeding.
4. Foods in the package are available in forms suitable for low-income persons.
5. Foods in the package are readily acceptable, widely available, and commonly consumed; take into account cultural food preferences; and provide incentives for WIC participation.
6. Consideration needs to be given to the effects of changes in the food packages on WIC vendors and agencies.

Adapted from Box 1-1, *WIC Food Packages: Time for a Change* (Institute of Medicine 2006)

Phase II of the IOM Committee's work involved formulating specific recommendations for changes to the WIC food packages. In addition to satisfying the criteria set forth above, the recommended changes were required to be cost neutral and efficient for nationwide implementation. The final proposed revisions are described in detail in Tables 1 and 2, which compare the current and proposed WIC food packages. As shown in the tables and discussed in detail below, the proposed revisions to the food packages are substantial and are designed to be consistent with dietary guidance for infants and young children, especially to promote and support breastfeeding; to encourage the consumption of fruit, vegetables, and whole grains; to

discourage the consumption of saturated fat; and to appeal to a diverse population (Institute of Medicine 2005).

Promoting and Supporting Breastfeeding

Throughout its history, WIC has struggled with the competing priorities of promoting breastfeeding and providing iron-fortified formula to infants whose mothers cannot breastfeed or choose not to do so. Some question whether WIC's current practice of making adequate amounts of formula available to women who choose not to breastfeed may discourage breastfeeding. However, *not* to make formula available in WIC would discourage program participation, thereby denying important nutritional benefits to vulnerable infants, and might lead to even less desirable alternatives, such as feeding infants cow's milk.

The IOM report made a number of recommendations designed to encourage more breastfeeding and increase the duration of breastfeeding among WIC mothers. The first, and most controversial, recommendation was that during the first month after birth (called the "birth month"), mothers participating in WIC be required to choose (at least for purposes of providing program foods) between full formula feeding and full breastfeeding. That is, women would not be able to certify as a partially breastfeeding mother during the birth month. In addition, while recommending that iron-fortified formula continue to be available for *partially* breastfed infants after the first month, the IOM recommended a substantial reduction in the amount of formula provided to those infants, from the current maximum of 806 fluid ounces for partially breastfed infants ages 1 to 3 months to a maximum of 364 fluid ounces.

Proposed changes also include substantially enhanced food packages for breastfeeding women, particularly for women who breastfeed exclusively, and for infants 6 to 11 months who are being exclusively breastfed. Fully breastfeeding mothers would receive more milk, more eggs, and canned fish than formula feeding or partially breastfeeding mothers and more whole

grain bread than formula feeding mothers. Fully breastfed infants 6 to 11 months would receive substantially more baby fruits and vegetables than either formula fed or partially breastfed infants 6 to 11 months (256 ounces compared with 128 ounces), and they would also receive 77.5 ounces of baby food meats in their food package.

The proposed changes in *birth month* food packages are intended to enhance the initiation and continuation of breastfeeding during the first year of life by (a) decreasing the potential for formula supplementation to interfere with the successful establishment of breastfeeding or contribute to early termination and (b) making the food package for breastfeeding mothers more attractive, from both economic and nutrition perspectives, than the package for formula-feeding mothers. Changes proposed in food packages available *after the birth month* are designed to promote breastfeeding intensity and duration by making the food packages offered to women who elect to continue breastfeeding, especially those who elect to breastfeed exclusively, more attractive than the package offered to women who elect to formula feed. The recommended changes also promote increased reliance on breastmilk as the main source of nutrition for the infant by reducing the amount of supplemental formula provided in food packages for partially breastfed infants, eliminating the provision of juice during the first year of life, and delaying the provision of complementary foods until 6 months of age (rather than 4 months).

Encouraging Fruit and Vegetable Consumption

The most fundamental proposed change to the WIC food packages is the increase in the amount and variety of fruits and vegetables in the food packages for all WIC participants 6 months of age and older. Currently, the WIC food packages provide two pounds of fresh carrots to fully breastfeeding mothers and significant quantities of vitamin C rich juice for infants, children, and women. The revised food packages change this dramatically. Vitamin C rich juice would not be provided at all for infants and would be provided at substantially reduced quantities

for children and all categories of women. The revised packages include baby food fruits and vegetables for infants 6 to 11 months of age, \$6 cash voucher for children 1 to 5 years of age, and \$8 cash voucher for prenatal, breastfeeding, and postpartum women. The cash vouchers could be used to purchase a wide variety of fresh fruits and vegetables. If fresh fruits and vegetables are of limited availability, State WIC agencies could allow canned, dried, or frozen fruits and vegetables instead. The one exception to the recommendation of allowing a wide variety of fruits and vegetables to be obtained through WIC is that white potatoes not be allowed, since white potatoes are already prevalent in the diets of WIC participants and are often consumed in forms that are high in calories and saturated fat (e.g., French fries).

The emphasis of the revised food packages on the addition of fruits and vegetables is consistent with the overarching WIC goal of encouraging the consumption of healthy foods to improve the health status of program participants. One of the key recommendations of the *Dietary Guidelines for Americans* is to increase the daily consumption of fruits and vegetables (DHHS/USDA 2005). The rationale for that recommendation is the extensive and growing body of literature suggesting that increased fruit and vegetable consumption is associated with reduced risk of chronic disease, including stroke, cardiovascular disease, some cancers, and type 2 diabetes (Institute of Medicine 2006). Increased fruit and vegetable consumption also has been linked with better management of body weight. Finally, fruits and vegetables are good sources of the priority nutrients identified in Phase I of the IOM Committee's review of the food packages—potassium, fiber, vitamin A, vitamin C, and folate—and they are low in saturated fat, total fat, and sodium.

Delay in Offering Complementary Foods

The proposed changes to the WIC food packages would not provide any complementary foods to infants until 6 months of age. Currently, WIC provides iron-fortified infant cereal and vitamin C rich juice to infants 4 months of age and older. The revised food packages delay the provision of infant cereals until 6 months of age and do not include vitamin C rich juice for infants of any age.

Several factors underlie this recommendation. First, the American Academy of Pediatrics recommends that infants should be exclusively breastfed, with no complementary foods, until 6 months of age (American Academy of Pediatrics, 2005). Second, recent studies of the infant and toddler nutrition suggest that infants consume more energy than needed, partly due to the early introduction of complementary foods (Devaney et al. 2004). Finally, the supplemental nature of the WIC Program suggests that introduction of complementary foods before 6 months of age is not consistent with the program's underlying goals.

Encouraging the Consumption of Whole Grains

Current WIC food packages include grain products for most categories of WIC participants. The revised food packages stipulate that the grain products for children and women be whole grain cereals and bread. The emphasis on whole grains is consistent the *Dietary Guidelines for Americans* recommendation of three servings of whole grain products per day (DHHS/USDA 2005). Whole grain foods are good sources of fiber, one of the priority dietary components identified during Phase I of the IOM Committee's review.

Reducing the Intakes of Saturated Fat

To be consistent with current dietary guidance and to reduce the consumption of nutrients that are excessive in diets, the Committee recommended that the saturated fat content of the WIC

food packages be reduced. Specifically, the revised food packages include reduced-fat milk and yogurt (2% milk fat or less) for children two years of age and older and for prenatal, breastfeeding, and postpartum WIC participants.

POTENTIAL UNINTENDED CONSEQUENCES OF THE CHANGES TO THE WIC FOOD PACKAGES

Most WIC stakeholders believe it is time to change the WIC food packages. Evidence of this comes from research on the dietary and health status of WIC participants, the views and comments of WIC policy makers and program staff, and the suggestions and feedback from WIC participants themselves. The IOM Committee considered all these sources, and the scientific basis of dietary guidance and recommendations. In the end, the Committee designed new food packages that, if consumed as intended, should improve the diets and health of program participants.

Nonetheless, the IOM Committee recognized that much can happen when design is put into practice. The WIC program can control only the foods offered through the WIC food packages, not what participants actually consume. With the revised food packages, food consumption patterns may change in unintended ways, leading to changes in food choices and nutrient intake. Additionally, the revised food packages could increase or decrease the incentive of different groups to participate in the WIC program, and they could increase or decrease breastfeeding rates.

Will More Mothers Breastfeed Their Infants?

A number of the recommended changes to the WIC food packages are designed to promote and support breastfeeding. Based on the volume of public comments on the proposed new food packages, the most controversial change is the recommendation that infant formula not be provided routinely during the birth month for mothers who intend to partially breastfeed their

infants. The rationale for that recommendation is the research evidence that early supplementation with formula is associated with shorter duration of breastfeeding (Institute of Medicine 2006). In addition, the reduced amount of formula provided to partially breastfed infants older than 1 month is also designed to decrease the potential of infant formula to substitute for breast milk in the diets of WIC infants being partially breastfed. Other enhancements to the food packages for breastfeeding mothers and infants—namely increased amounts of baby foods (including baby food meats) for fully breastfed older infants and the more generous food package for fully breastfeeding women—are also expected to make breastfeeding a more attractive option.

Characteristics of the WIC food packages may influence women’s decisions and behavior in a positive way as intended; they may be attracted by the food package for fully breastfeeding mothers and fully breastfed older infants, which provides larger quantities of milk, juice, eggs, baby foods, and legumes/peanut butter, as well as foods that are not available in the food package provided to formula-feeding mothers and infants (cheese, whole grain breads or other grain products, and fish). Or the WIC food packages—especially the birth month food package—could affect women’s decisions in a negative way. They may be reluctant to give up access to any formula, even if they intend to initiate breastfeeding, and, as a result, may decide to certify as fully formula feeding and even choose to formula feed rather than try to partially breastfeed. Many of the organizations and individuals that submitted comments on the proposed food package changes submitted comments on the proposed birth month change and advocated for the ability of local WIC agencies to provide new breastfeeding mothers with a limited amount of formula on a case-by-case basis. For example, the California WIC Association (2006) made the following observations:

“Many new mothers who are committed to breastfeeding have nagging doubts about “running low” on breastmilk and having their babies go hungry. They often

ask for a little bit of formula—“just in case.” ...That is why we recommend that...during the infant’s first month, women who are breastfeeding should be eligible for food package VII [food package for fully breastfeeding mothers] and States should be permitted to allow their breastfed infants to receive one can of powdered supplemental formula. ... Failure to provide this kind of support may lead to mothers choosing to enroll their infants as formula fed in the first month—an unintended consequence of a well-intentioned policy change.”

In addition, WIC mothers may be concerned about the reduced quantity of formula provided for their older infants if they choose to partially breastfeed. Again, this characteristic of the revised food packages could have the potential unintended consequence of causing more WIC mothers to certify as fully formula feeding or even to switch to fully formula feeding to ensure they have adequate formula to feed their infants.

Will the Delay in Complementary Foods Lead to Improved Diets?

Currently WIC infants start receiving iron-fortified infant cereal and vitamin C rich juice at 4 months of age. To be consistent with current recommendations of the American Academy of Pediatrics and other expert groups, the IOM Committee recommended that infant cereal not be provided until 6 months of age, and that no vitamin C rich juice be provided to infants at all. These recommendations are designed to increase the reliance on breastmilk or formula as the main source of energy in the diets of infants up to 6 months of age.

Recent research shows that 70 percent of infants consume complementary foods before 6 months of age (Briefel et al. 2004), suggesting that, despite the advice of most professionals, parents introduce complementary foods earlier than 6 months. Moreover, some experts argue that complementary foods should be introduced when professionals and parents feel the child is developmentally ready, which is usually between 4 and 6 months of age. So, if WIC withholds nutritious complementary foods until 6 months of age, the empirical question is whether parents

also will withhold other foods. If not, will the delay in providing appropriate complementary foods through WIC from 4 to 6 months lead some parents to introduce inappropriate foods?

What Will Be the Effects of the Changes to Whole Grains and Reduced-Fat Milk?

To increase the nutrient content of WIC participants' diets, as well as to address the increasing prevalence of overweight and obesity, the revised food packages emphasize the consumption of whole grain cereals and breads and limit milk to reduced-fat forms for children older than two years of age and for prenatal, breastfeeding, and postpartum women. If these foods are less appealing to WIC participants, the proposed changes could lead to reduced participation among eligible women and children or reduced consumption of grain products and milk.

NEXT STEPS

The proposed changes to the WIC food packages are substantial and should be studied systematically to ensure that WIC continues to be effective in meeting the changing needs of its participants. Because of the magnitude of the changes proposed, it is important to examine how WIC state and local agencies implement the revised food packages, the effects of the revised food packages on participation rates, and the extent to which the food and nutrient goals of the proposed revisions are achieved. The Food and Nutrition Service of USDA recently funded a study to examine the impacts of the changes in the birth month food packages for infants and mothers, but additional work is needed to study the effects of others changes to the WIC food packages.

The first step in preparing to assess the effects of the food package changes is to document all the changes to the WIC food packages, provide the rationale for the change, and the possible changes in behavior that could result from the key changes. For example, limiting milk to

reduced-fat forms could have four different effects: (1) reduced fat and saturated fat intakes (if WIC participants simply substitute reduced-fat for whole milk); (2) reduced calcium (and saturated fat) intakes (if WIC participants consume less milk); (3) increased consumption of non-milk beverages and, potentially increased sugar intakes (if participants substitute other beverages for milk); and/or (4) reduced WIC participation (if WIC participants find the revised food packages to be less desirable).

After the possible changes in behavior are identified, the next step is to consider data sets and research designs that could be used to determine what actually happened after the changes to the WIC food packages were implemented. The IOM Committee recommended pilot testing and randomized controlled trials of the revised food packages before full-scale implementation (Institute of Medicine 2006). With the current timing of the implementation of the revised food packages, however, randomized controlled trials are not feasible and other designs need to be considered.

To examine changes in food consumption and nutrient intake, the most likely data set is the National Health and Nutrition Examination Survey (NHANES). The current NHANES began in 1999 and is an ongoing annual survey conducted by the National Center for Health Statistics and includes 24-hour dietary recalls administered to a nationally representative sample of individuals of all ages. Each year approximately 7,000 randomly-selected residents across the United States are asked to participate in the survey. Although in a given year the number of WIC participants (by WIC category of pregnant and postpartum women, infants, and children) is likely to be small, pooling data across years could provide sufficient sample sizes for analytic research needs.

One feasible research design using NHANES data might be to estimate two models of food consumption and nutrient intake, one using the pre-implementation years of NHANES data and

the other using post-implementation years. These models would estimate relationships between WIC participation and the consumption of the foods in the old and new food packages.¹ If the goals of the revised food packages are achieved, we would expect to see a stronger relationship between WIC participation and consumption of foods in the new WIC food package in the post-implementation model than in the pre-implementation model.

In addition to NHANES data on food consumption and nutrient intake, WIC administrative data might also be a feasible data source for research on the effects of the changes in the WIC food packages on participation and on instrument redemption. In particular, obtaining and analyzing data on food instrument issuance and redemption could support an analysis of WIC food instrument redemption, including item-specific analyses (for example, the amounts of milk and breakfast cereals “purchased” with WIC vouchers).

After considering potential data sets and research designs, feasible approaches for conducting research on the changes to the WIC food packages need to be identified. It may not be feasible to study some aspects of the food package changes using extant data sources. For example, limited sample sizes of adult WIC participants in NHANES make it unsuitable for examining effects of changes in the WIC food package for fully breastfeeding women. Sample sizes in the full NHANES 1999-2004 may be adequate however, to support analyses that used all women—pregnant, breastfeeding, and non-breastfeeding, postpartum women—in an NHANES analysis.

In summary, WIC is a successful and popular program, largely because of its comprehensive, creative, and solid research record over the past 30 years. At this critical time of change, with the scope and magnitude of the changes to the WIC food packages, the future

¹ The proposed analysis is similar to that conducted by Oliveira and Chandran for their report *Children's Consumption of WIC-Approved Foods* (February 2005).

research agenda of the effectiveness of the WIC program needs to change with the WIC food packages.

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Table 1. Current and Revised Food Packages for Infants and Women: Maximum Monthly Allowances

	Fully Formula Feeding		Partially Breastfeeding		Fully Breastfeeding	
	Current Food Package	Revised Food Package	Current Food Package	Revised Food Package	Current Food Package	Revised Food Package
INFANT FOOD PACKAGES						
Birth Month						
Infant formula	806 fl oz	806 fl oz	806 fl oz	NONE	--	--
Months 1 to 3						
Infant formula	806 fl oz	806 fl oz	806 fl oz	364 fl oz	--	--
Months 4 to 5						
Infant formula	806 fl oz	884 fl oz	806 fl oz	442 fl oz	--	--
Vitamin C juice			96 fl oz	NONE	96 fl oz	NONE
Infant cereal			24 oz iron-fortified	NONE	24 oz iron-fortified	NONE
Months 6 to 11						
Infant formula	806 fl oz	624 fl oz	806 fl oz	312 fl oz	--	--
Vitamin C juice	96 fl oz		96 fl oz		96 fl oz	
Infant cereal	24 oz iron-fortified	24 oz iron-fortified	24 oz iron-fortified	24 oz iron-fortified	24 oz iron-fortified	24 oz iron-fortified
Fruits and vegetables		128 oz baby fruits and vegetables		128 oz baby fruits and vegetables		256 oz baby fruits and vegetables
Meat	--	--	--	--	--	77.5 oz baby meats
FOOD PACKAGES FOR WOMEN DURING BIRTH MONTH						
Vitamin C juice	192 fl oz	96 fl oz	288 fl oz	NONE	336 fl oz	144 fl oz
Milk	24 qts	16 qts, ≤ 2% milk fat	28 qts	NONE	28 qts	24 qts, ≤ 2% milk fat
Breakfast cereal	36 oz iron-fortified cereal	36 oz. iron-fortified whole grain cereal	36 oz iron-fortified cereal	NONE	36 oz iron-fortified cereal	36 oz iron-fortified, whole grain cereal
Cheese				NONE	1 pound cheese	1 pound cheese
Eggs	2-2.5 dozen	1 dozen	2-2.5 dozen	NONE	2-2.5 dozen	2 dozen
Fruits and vegetables		\$8 cash voucher or 280 oz canned		NONE	2 pounds fresh carrots	\$8 cash voucher or 280 oz canned
Grains				NONE		1 pound whole grain bread
Fish (canned)				NONE	26 oz canned tuna	30 oz canned light tuna or salmon
Legumes		1 pound dried or 64 oz cans	1 pound dried	NONE	1 pound dried	1 pound dried or 64 oz cans
And/or peanut butter		Or 18 oz	Or 18 oz	NONE	And 18 oz	And 18 oz

Table 1. Current and Revised Food Packages for Infants and Women: Maximum Monthly Allowances

	Fully Formula Feeding		Partially Breastfeeding		Fully Breastfeeding	
	Current Food Package	Revised Food Package	Current Food Package	Revised Food Package	Current Food Package	Revised Food Package
FOOD PACKAGES FOR WOMEN: MONTHS 1 TO 5 POSTPARTUM						
Vitamin C juice	192 fl oz	96 fl oz	288 fl oz	144 fl oz	336 fl oz	144 fl oz
Milk	24 qts	16 qts, ≤ 2% milk fat	28 qts	22 qts, ≤ 2% milk fat	28 qts	24 qts, ≤ 2% milk fat
Breakfast cereal	36 oz iron-fortified cereal	36 oz. iron-fortified whole grain cereal	36 oz iron-fortified cereal	36 oz iron-fortified cereal	36 oz iron-fortified cereal	36 oz iron-fortified, whole grain cereal
Cheese					1 pound cheese	1 pound cheese
Eggs	2-2.5 dozen	1 dozen	2-2.5 dozen	1 dozen	2-2.5 dozen	2 dozen
Fruits and vegetables		\$8 cash voucher or 280 oz canned		\$8 cash voucher or 280 oz canned	2 pounds fresh carrots	\$8 cash voucher or 280 oz canned
Grains				1 pound whole grain bread		1 pound whole grain bread
Fish (canned)					26 oz canned tuna	30 oz canned light tuna or salmon
Legumes		1 pound dried or 4 15-oz cans	1 pound dried	1 pound dried or 4 15-oz cans	1 pound dried	1 pound dried or 4 15-oz cans
And/or peanut butter		Or 18 oz	Or 18 oz	And 18 oz	And 18 oz	And 18 oz
Peanut butter		Or 18 oz peanut	Or 18 oz	And 18 oz	And 18 oz	And 18 oz
FOOD PACKAGES FOR WOMEN: MONTHS 6 TO 11 POSTPARTUM						
Vitamin C juice	--	--	288 fl oz	144 fl oz	336 fl oz	144 fl oz
Milk	--	--	28 qts	22 qts, ≤ 2% milk fat	28 qts	24 qts, ≤ 2% milk fat
Breakfast cereal	--	--	36 oz iron-fortified cereal	36 oz iron-fortified cereal	36 oz iron-fortified cereal	36 oz iron-fortified, whole grain cereal
Cheese	--	--			1 pound cheese	1 pound cheese
Eggs	--	--	2-2.5 dozen	1 dozen	2-2.5 dozen	2 dozen
Fruits and vegetables	--	--		\$8 cash voucher or 280 oz canned	2 pounds fresh carrots	\$8 cash voucher or 280 oz canned
Grains	--	--		1 pound whole grain bread		1 pound whole grain bread
Fish (canned)	--	--			26 oz canned tuna	30 oz canned light tuna or salmon
Legumes	--	--	1 pound dried	1 pound dried or 4 15-oz cans	1 pound dried	1 pound dried or 4 15-oz cans
Peanut butter	--	--	Or 18 oz	And 18 oz	And 18 oz	And 18 oz

NOTE: Pregnant WIC participants have the same current and revised food packages as partially breastfeeding women.

Table 2. Current and Revised Food Packages for Young Children: Maximum Monthly Allowances

	Current Food Package	Revised Food Package
Vitamin C rich juice	288 fl oz	128 fl oz
Milk		
1-year-old	24 qts	16 qts whole milk
2 through 4 years	24 qts	16 qts \leq 2% milk fat
Breakfast cereal	36 oz iron-fortified	36 oz iron-fortified
Grains		2 pounds whole grain bread
Eggs	2-2.5 dozen	1 dozen
Fruits and vegetables		\$6 cash voucher or 222 oz canned
Legumes or peanut butter	1 pound dried or 18 oz peanut butter	1 pound dried or 4 15-oz cans or 18 oz peanut butter