

Section 7.4: Supporting Breastfeeding with the WIC Food Package

05/2026

References: 7CFR Part 246.10, [USDA WIC Nutrition Services Standards](#), [USDA Breastfeeding Policy and Guidance](#)

Policy: Breastfeeding participants whose infants receive formula from WIC are to be supported to breastfeed to the maximum extent possible with minimal infant formula supplementation.

Formula amounts issued to breastfed infants are to be tailored to meet but not exceed the infant's nutritional needs.

Purpose: To ensure that WIC food packages support and do not adversely impact breastfeeding and the participant's infant feeding goals.

Procedures

- When exclusive breastfeeding isn't utilized, by circumstance or choice, the appropriate formula food package must be tailored to support the infant's nutritional needs. Individual tailoring of food packages shall be completed after a comprehensive assessment.
- The agency must not develop a standard food package for breastfed infants that receive formula. **Any formula issued must be based on an assessment of the individual situation.**

Assessment

- Individual tailoring of food packages shall be completed after a **comprehensive assessment** of the participant's supplemental nutrition needs and to accommodate participant preferences.

Assessment components:

- Find out why formula is being used or requested. Inquire what the family's breastfeeding plan or goal is.
- Focus on the participant's goals and work with the participant to create a plan to meet those goals.
- Refer to the Designated Breastfeeding Expert (DBE), health care provider, and/or community resources for lactation support if there are barriers to exclusively breastfeeding. See [Section 4.7: Designated Breastfeeding Expert](#) for additional information.

- Review with participants that exclusive breastfeeding in the infant's first month is ideal for the infant and critical for establishing milk supply. Supplementation with formula or other foods during that period may reduce milk supply and undermine continued breastfeeding.
- Discuss replacing some or all supplemental formula with expressed breastmilk, such as by hand expression, or pumping with a manual or electric breast pump to meet the infant's needs and maintain milk supply.

Tailoring

- Food package tailoring is a collaborative process. For breastfed infants, staff will estimate the amount of formula needed, based on the assessment information, and issue the amount of formula tailored to what the infant will likely consume during the benefit issuance period. See Table 1 below for assistance in estimating formula amounts.
- Only CPAs may assign food packages. Other WIC and non-WIC staff may not assign food packages or change the infant food package. Staff who are not CPAs must be trained on procedures for referring a participant to a CPA if the participant requests formula.

Education

Educate breastfeeding parents using formula on the following topics:

- Support lactation and provide counseling if there is a barrier to breastfeeding.
- Consider the age of the infant and the amount of formula being routinely offered. Inform parents of young infants who are using formula that they may be able to resume exclusive breastfeeding, if this is their goal.
- Explain that feeding formula can reduce the supply of breastmilk and interfere with a goal of exclusively breastfeeding.
- Educate on safe mixing and handling of infant formula. Refer to the [USDA Infant Nutrition and Feeding Guide](#) Chapter 4.
- Educate the family that the formula is only for their infant and can't be given to others or sold if not used.

Documentation

To promote continuity of care, the following should be apparent in the record when providing formula for a breastfed infant:

- Assessment of current breastfeeding and formula supplementation
- Education and counseling provided
- Referrals for breastfeeding support, as needed
- Plan for follow-up assessment, if needed

If there are concerns about milk supply, the infant should be monitored for adequate intake while the mother's milk supply is increasing and should be reassessed as necessary.

Guidance

Best practices to support breastfeeding participants and infants

- **Certify the breastfeeding dyad as soon as possible.** This provides an early opportunity to answer questions and offer support and encouragement.
- **Schedule infants certified in their first month of life to be seen again one month later.** Let the family know at certification that you want to check back with them and answer any questions during this important time in her child's life. This is a good time to:
 - Check baby's weight and give families an opportunity to ask questions.
 - Check how breastfeeding is going. It is important to discover what the underlying reason for formula supplementation is and determine if the parent may want to continue to breastfeed without a supplement.
 - Support participants returning to work who want to continue breastfeeding. Offer suggestions for how to maintain breastfeeding after returning to work, based on the participant's situation.

Breastfeeding amount categorization

For a participant to be certified as breastfeeding they must first meet the definition of breastfeeding (feeding mother's breastmilk on the average of at least once a day). Then, determine the amount of breastfeeding, based on the number of cans of WIC formula used in a month. If a participant is breastfeeding at least once a day and not receiving WIC formula, then they will be certified as fully breastfeeding.

Assessment and counseling tips

- Teach new parents how to recognize that breastfeeding is going well, and provide resources for breastfeeding support if they have questions.
- If infant formula is requested by a breastfeeding woman or participant who intended to breastfeed:
 - Assess the reason for the request. For example, "Tell me about why you're requesting formula today," or begin by asking about her goals: "What are your goals for breastfeeding?"
 - Let her know you understand her concern and counsel her to address those concerns and help her meet her goal.
- To help maintain milk supply, discuss options for additional times she might breastfeed (e.g., before bed; when baby wakes; when she picks baby up from childcare; etc.)

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- If breastfeeding more often is not a viable option, discuss the possibilities of hand expressing milk, or pumping more often, to build or maintain milk supply.
 - A breastfeeding infant is better at maintaining milk supply than a pump.
 - In cases in which the infant cannot be at the breast for extended periods, ensure that the mother is manually expressing her milk, or is pumping with an appropriate breast pump as often as the infant would be nursing. See [Section 6.11: Supporting Breastfeeding Through Breast Pump Access and Education on Expressing Milk](#).

Tables on the following pages

Table 1: Estimating the amount of formula to assign

- Counsel to encourage as much breastfeeding as possible based on the parent's goals.
- If formula is used, assess if formula is used every day.
- If issuing formula, use the chart below to assess the number of cans of powdered formula to assign.
 - **Calculate:** (Multiply the number of days per week the infant receives formula x the amount per day) x 4 weeks; then divide by the amount of formula in 1 can of powder.
Note: One 12.5 oz can of contract powder formula reconstitutes to 90 oz.
 - It may also be helpful to ask how long 1 can of powder formula lasts.
- When in doubt issue a lower amount of formula and plan to follow-up sooner to see if more formula is needed. If so, it can be added to the food package later.

How many days per week is formula fed?

How much formula is fed per day?	Once or twice/week (1 - 2 days/week)	About half the time (3 - 5 days/week)	Almost every day (6 - 7 days/week)
≤ 3 oz	1 can per month	1 can per month	1 can per month
4 - 8 oz	1 can / month	1½ cans / month*	2½ cans / month*
9 -12 oz	1 can / month	3 cans / month	4 cans / month
13 -16 oz	1½ cans / month*	3½ cans / month*	5 cans / month
17 - 20 oz	2 cans/month	4½ cans / month*	6½ cans / month*

* Half cans need to be rounded up. Assess at the next contact if less formula is needed.

Table 2 on the following page.

Guidance on individualizing the food package: breastfeeding dyad

This table illustrates infant food packages and the corresponding mother's food package.

- If a mother chooses to add formula and this changes what food package she receives (e.g., going from a food package for a Fully Breastfeeding Women (Food Package 7) to a food package for Some-Breastfeeding and Non-Breastfeeding Postpartum Women (Food Package 6); a CPA does not need to adjust the current month's benefits if they have been already issued, only future months' benefits

Table 2: Mother and Infant Food Packages

Infant Age and Food Package	Breastfed Infant Food Package♥	Mom's Food Package	Comments
0 to 3 Months Infant Food Package 1	Priceless breast milk	7 (Full)	This should be the norm for infant feeding.
	1 to 4 cans	5 (Mostly)	Formula assigned only after assessment and counseling.
	> 5 can	6 (Some)	For breastfed infants in this category (Some breastfeeding), provide only the amount of formula to meet the assessed need. Providing the minimal amount of formula will best support milk supply.
4th and 5th Months Infant Food Package 1	Priceless breast milk	7 (Full)	This should be the norm for infant feeding.
	1 to 5 cans	5 (Mostly)	Formula assigned only after assessment and counseling.
	6 or more cans	6 (Some)	For breastfed infants in this category (Some breastfeeding), provide only the amount of formula to meet the assessed need. Providing the minimal amount of formula will best support milk supply.
6th month to 1 year Infant Food Package 2	Infant Foods	7 (Full)	This should be the norm for infant feeding.
	1 to 3 cans + Infant Foods	5 (Mostly)	Formula assigned only after assessment and counseling.
	4 or more cans + Infant Foods	6 (Some)	To best support milk supply, provide minimum amount of formula to meet assessed need. Mother receives nutrition education, breastfeeding support, midcert, and referrals. She does not receive WIC foods.

♥ Fully BF or # of cans powder formula (12.5 oz can that reconstitutes to 90 fl oz)

Reference – Complete Listing of Hyperlinks

USDA WIC Nutrition Services Standards

(https://wicworks.fns.usda.gov/sites/default/files/media/document/wic-nutrition-services-standards_0.pdf)

USDA Breastfeeding Policy and Guidance

(https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC-Breastfeeding-Policy-and-Guidance_1.pdf)

USDA Infant Nutrition and Feeding Guide

(https://wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf)

Section 4.7: Designated Breastfeeding Expert

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch4/sctn4_7.pdf)

Section 4.5: Staff Training

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch4/sctn4_5.pdf)

Exhibit 4-F: Topics for WIC Staff Breastfeeding Orientation

(<https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex4/4f.pdf>)

Section 6.11: Supporting Breastfeeding Through Breast Pump Access and Education on Expressing Milk

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_11.pdf)

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