



## CALL TO ACTION FOR BREASTFEEDING

The Special Supplemental Nutrition Program for Women, Infants, and Children – WIC – has improved at-risk children’s health, growth and development, and prevented health problems for 35 years. WIC children enter school Ready to Learn, showing better cognitive performance.

WIC serves over 9 million mothers and young children - over half of all America’s infants and one-quarter of its children 1–5 years of age. Families turning to WIC for nutrition assistance are vulnerable and at-risk. Economic crises compound their vulnerability. WIC food packages and the nutrition services that accompany them ensure that WIC mothers and young children stay healthy.

Quality nutrition services are the centerpiece of WIC: nutrition and breastfeeding education, nutritious foods, and improved healthcare access for low and moderate income women and children with, or at risk of developing nutrition related health problems. WIC’s committed and results oriented entrepreneurial staff stretch resources to serve the maximum number of women, infants, and children and ensure program effectiveness and integrity.

As the nation’s premier preventative public health nutrition program, *WIC is a cost-effective, sound investment – insuring the health of our children.*

The **National WIC Association** fully supports, promotes, and encourages breastfeeding as the first and most important form of infant feeding. We do so positively and energetically. Key to our mission is the importance of promoting breastfeeding to help improve the overall health and nutritional well-being of WIC moms and infants. Assisting our WIC mothers to achieve their breastfeeding goals is a top priority for our community.

In 2010, WIC is poised to reach nearly 10 million mothers and young children and is perfectly positioned to bring breastfeeding support to even more babies born in the US.

We are excited to share that our new WIC food package encourages exclusive breastfeeding beyond 6 months by providing more and varied foods for breastfeeding mothers. As we transition to the new food packages, staff is being trained to highlight the new food package for exclusively breastfeeding moms or use the enhanced package to incentivize moms to breastfeed exclusively.

In the WIC clinic setting, WIC programs are providing training in breastfeeding competencies for ALL staff in an effort to promote and provide positive breastfeeding friendly messages. We urge our health care partners to include this commitment to breastfeeding education for all of their staff as well.

As the nation engages in health care reform discussions and legislative actions, breastfeeding must be seen as an essential element of preventative public health nutrition. In that regard, we believe that it is critical that breastfeeding expertise and policies be included in any discussion involving health care reform, disaster

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preparedness, health care curriculum, public health forums, employer services, day care programs, or school curriculums, and state health policies. In other words, breastfeeding must always be “at the table”.

On the legislative front, WIC is scheduled to be reauthorized as a part of WIC & Child Nutrition Reauthorization in this session of the 111<sup>th</sup> Congress or the second session, depending in part, on the progress of health care reform and other legislative priorities.

As a part of WIC reauthorization, **NWA**'s 2009 Reauthorization Legislative Agenda has included some bold initiatives to support and promote breastfeeding. To emphasize breastfeeding support and promotion as an integral part of nutrition education, **NWA** is recommending to Congress and the Obama Administration that the Child Nutrition Act be amended by adding “breastfeeding support and promotion” to each citation related to WIC nutrition education in the Act. This seemingly simple, yet profound change will significantly redefine nutrition education to include breastfeeding support and promotion – a sea change in thinking and implementation for policy makers, administrators, health professionals and WIC staff at all levels.

At the same time, **NWA** is advocating for a doubling of the available funding for our Peer Counselor mother to mother support program to \$40 million. Indeed, the value and importance of this mother to mother support initiative and **NWA**'s success in promoting this message has seen the current legislative language adopted in the Senate's Agriculture Appropriations bill, S-1406, set at an amazing \$80 million for our Peer Counselor Program.

We are also working to eliminate restrictions on the purchase of breast pumps with contingency food dollars so that mothers receive pumps when necessary. The use of food dollars for the purchase of breast pumps was a key legislative success of **NWA**'s during the 1998 reauthorization of WIC.

The workplace environment is often a major barrier to improving duration rates for WIC moms. **NWA** has partnered with Rep. Carolyn Maloney (NY) and Sen. Jeff Merkley (OR) in crafting elements of the Breastfeeding Promotion Act, (HR-2819 and S-1244) which, among other things, will protect a mother's right to breastfeed and assist in removing workplace barriers, allowing mothers to continue breastfeeding in the workplace. We urge our community partners to join **NWA** in supporting this important legislation.

**NWA** is currently engaged in conversations with Congress to develop incentive programs to increase breastfeeding initiation and duration rates in states, particularly in those areas of the country where breastfeeding might not be encouraged.

I am pleased to share that many of our collaborating partners in Washington have also embraced and included these proposals in their legislative initiatives and are working closely with **NWA** to achieve success.

We recognize that we cannot achieve widespread breastfeeding support successes alone. We need all of our public health partners to collaborate with us in this

important task. This requires that ALL of our nation's delivery hospitals are nothing less than Baby Friendly Hospitals. **NWA** urges this community to join with us in a collective effort to press for Baby Friendly Hospitals NOW. Our efforts to promote and support breastfeeding are undermined daily with negative and misleading information given to our mothers about breastfeeding. Our mothers are failing before we can even reach them. It is essential that health care facilities cease presenting artificial baby milk as the equivalent of human milk. They are not equal and never will be. It is critical that we not delay in pressing for and implementing these important changes.

By way of example, I would like to share the following brief story that occurred just three weeks ago.

A mother delivered a healthy baby boy and was told in the hospital that her nursing was going well and that there was no evidence of any breastfeeding problems. She was sent home 48 hours after delivery. As instructed, the mother put the baby to breast when he was hungry. When the baby was six days old, the mother took him to a health clinic and was told to just keep breastfeeding. On his eighth day of life, the mother returned to the clinic again only to be told that the baby was dehydrated. The result – her baby was hospitalized for two days.

When the baby was discharged from the hospital, mom was told to go to WIC for formula since the baby was not receiving enough milk from mom. When she arrived at the WIC clinic, she was, instead, referred for lactation support. Because the mother's milk supply was severely compromised, she was given a small amount of formula, a breast pump and pumping information to help re-establish her milk supply

Meanwhile, the WIC Lactation Consultant noticed the baby was tongue tied. So, the mother was referred back to her health clinic for a frenotomy. When the mother arrived at the clinic, she was told that her baby was gaining weight on formula, so there was no reason to have the frenotomy. In this case, one can see that no thought, whatsoever, was given to what the mother wanted for her baby or that human milk would be the better feeding option for her baby.

My colleagues, this scenario should never have happened. As a community, we need to recognize a mother's desire to breastfeed as the superior method of infant feeding. The apparent complacency exhibited by this story towards breastfeeding cannot and should not continue.

**NWA** calls on all of our community partners to join with us in acknowledging breastfeeding as an essential part of preventative public health nutrition. Encouragement of breastfeeding with supportive actions by ALL health care providers is an absolute necessity. **NWA** is proud to support exclusive breastfeeding for all mothers. We invite you to join us in this mission.