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October 31, 2006

Patricia N. Daniels

Director

Supplemental Food Programs Division

Food and Nutrition Service

U.S. Department of Agriculture

3101 Park Center Drive

Room 528

Alexandria, VA 22302

Dear Ms. Daniels:

The American Academy of Pediatrics (AAP), a non-profit professional organization of over 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, would like to express its strong support for the proposed revisions to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food packages, as published in the *Federal Register* on August 7, 2006.

Since its inception in 1972, the WIC program has provided nutrition education, supplemental foods, and medical referrals to millions of low-income pregnant women, mothers and children. In 2000 alone, the WIC program served 54 percent of all U.S. infants and 25 percent of all U.S. children age 1 to 4 years. Unlike food stamps or other human services programs, WIC provides specific nutrients to these populations based on their needs at various stages of development.

The last major revisions to the WIC food packages were made in 1980, with lesser changes made in 1992 to encourage breastfeeding. In the intervening years, significant advances in nutritional science and knowledge have occurred, as well as major changes in the demographics of the population served by the program, the expansion of the U.S. food supply, changes in dietary patterns, and the emergence of obesity as a serious public health issue. As a result, the WIC packages no longer reflect the best nutritional practices to meet the needs of beneficiaries.

The AAP commends the U.S. Department of Agriculture (USDA) for undertaking a methodical, deliberative review of the WIC packages based on the best science available. Perhaps most significantly, the USDA commissioned a landmark report from the Institutes of Medicine (IOM) to review the state of nutritional science and make recommendations for changes to the WIC food packages. *WIC Food Packages: Time for a Change* was issued by the Institute of Medicine in 2005 and represented a major contribution to this endeavor. The AAP was pleased to note that the IOM made numerous suggestions for changes based on AAP recommendations and policies.

The AAP applauds the USDA for proposing a set of revised WIC food packages based substantially on the IOM's recommendations. Changes such as the addition of fresh fruits and vegetables, emphasis on low-fat options, and reduction of high-fat items align the WIC program firmly with the Dietary Guidelines for Americans and the best nutritional science. The AAP would like to comment in turn on various aspects of the proposed food packages.

Establishment of new “partially breastfed” packages. Since its creation, the WIC program has distinguished only between infants and mothers receiving formula and those breastfeeding. The breastfeeding designation was based on at least one feeding of breast milk per day. The creation of new packages for partially breastfed infants and partially breastfeeding mothers seeks to establish a powerful new incentive for WIC mothers to initiate and continue breastfeeding, even if they are unable to breastfeed exclusively.

Because the AAP supports these new packages so strongly, we urge the USDA to forego the proposed pilot study of their implementation, with the notable exception of the provision of formula in the first month of life (see below). The proposed pilot study of the food packages would unnecessarily delay access to these important options and deny WIC programs a vital tool to encourage women to breastfeed. As an alternative, the AAP recommends that the USDA implement these packages immediately nationwide and select sites in which to monitor implementation and gather data on the effectiveness of the new packages. In addition, the AAP recognizes that some states may face challenges in implementing these new packages quickly, and urges the USDA to provide technical assistance and other support to enable these states to accelerate this process.

Support for breastfeeding in the first month of life. The AAP supports the USDA's goals of encouraging breastfeeding as illustrated by the proposed requirement that mothers choose between either fully breastfeeding or fully formula-feeding in the first month of the newborn's life. A great deal of debate has been generated by the agency's proposal not to provide any formula during the infant's first month in order to encourage breastfeeding, especially for those mothers who have no previous breastfeeding experience. The AAP encourages WIC clinics to establish a “safety net” to monitor these infants closely for failure to thrive since such infants may need “back-up” formula. In addition, any final policy should include an exception to allow medically necessary partial breastfeeding with physician orders during the infant's first month of life. Numerous medical indications for partial breastfeeding can exist, such as for women with abnormal breast anatomy and insufficient milk supply or infants with metabolic disorders. These mothers should be encouraged to partially breastfeed by providing them with the WIC package for fully breastfeeding mothers and an appropriate allowance of formula.

Due to the importance of this issue and the paucity of scientific evidence about the potential effectiveness of this intervention, the AAP urges the USDA to establish modified pilot projects to examine the effectiveness of providing no formula (as proposed in the rule), up to one can of powdered formula (as recommended by the IOM), additional enhancements to the food package for fully breastfeeding mothers, and perhaps

other innovative approaches to encouraging breastfeeding during the infant's first month of life. With rigorous evaluation, such pilot studies could provide valuable data upon which to base this crucial policy decision.

Enhanced packages for breastfeeding mothers. The AAP enthusiastically supports the enhancement of the food packages for breastfeeding mothers to encourage breastfeeding. Human milk is the ideal food for infants, and has been shown to be critically important in improving health, decreasing morbidities, and preventing obesity. Measures to encourage and support breastfeeding will result in tremendous savings to individuals, communities, and the nation as a whole in both improved health and reduced medical and related costs.

The AAP applauds the enhancements to Food Package VII for fully breastfeeding mothers and Food Package V for partially breastfeeding mothers. The AAP remains concerned, however, that some mothers may forego breastfeeding in order to obtain the higher-value packages that provide formula. Further enhancements should be made to Food Packages V and VII to increase the real and perceived value of these packages over those that provide formula. The AAP urges the USDA to consider additional measures, such as an increased cash voucher for fresh fruits and vegetables for fully breastfeeding mothers, the cost of which could theoretically be offset by reduced WIC spending on formula.

Addition of fresh fruits and vegetables. The addition of baby food fruits and vegetables for infants served by Food Package II and the cash voucher for fresh fruits and vegetables for older children and mothers is a major improvement to the WIC program. The new Dietary Guidelines for Americans issued in 2005 established fresh fruits and vegetables as the largest component of a healthy diet. Providing fresh fruits and vegetables through WIC will help families improve their health and establish sound dietary habits early in life.

The AAP was disappointed, however, that the proposed rule reduced the value of the cash voucher proposed by the IOM from \$10 to \$8 per month for mothers, and from \$8 to \$6 per month for children. Even at the higher levels, these vouchers will provide only a very small fraction of the fruits and vegetables recommended for consumption by these groups. Furthermore, the lack of an annual cost-of-living increase to the voucher will quickly erode its value. We urge you strongly to restore the full value of the voucher, include an annual cost-of-living adjustment, and seek funding accordingly from Congress.

Reduction of juice allocations. The AAP recommends that juice not be consumed by infants under the age of six months, and that small children be limited to no more than 4 to 6 ounces of juice per day.¹ The AAP therefore commends the USDA for proposing to eliminate juice from WIC Food Package II for infants and to sharply reduce allocations for children and mothers. Juice provides only modest nutritional value and its over-consumption should be discouraged vigorously.

Adjustment of formula and introduction of complementary foods. The AAP supports provisions of the new packages that reduce formula allocations after the introduction of complementary foods to decrease the likelihood of excess calorie intake. While solid food may be introduced from 4 to 6 months, it should be done slowly and in small amounts not necessary for WIC, as a supplemental feeding program, to provide. The AAP appreciates the inclusion of specific language stating that complementary foods should be introduced individually to allow for the identification of food allergies or sensitivities.

Emphasis on low-fat options. The AAP applauds the USDA for its new emphasis on low-fat choices, especially the shift away from whole milk for children over the age of 2. This change conforms to the AAP's recommendation that children receive whole milk until age 2 and then have fat intake gradually reduced through the toddler years.ⁱⁱ Low-fat cheese is a useful alternative. In addition, the AAP encourages the USDA to include yogurt as an acceptable substitute for milk for children. The addition of yogurt, as recommended in the IOM report, would provide an easily digested alternative, especially for young children with lactose intolerance, and would encourage the consumption of dairy to enhance calcium intake.

Addition of whole grains. Whole grain fiber is an essential aspect of a healthy diet, and one which many Americans fail to consume at adequate levels. The AAP fully supports the addition of whole grains to Food Packages IV, V, and VII. The AAP recognizes, however, that the requirement that acceptable products contain at least 51% whole grains will eliminate virtually all corn and rice cereals from the WIC program, which could pose difficulties for participants with allergies or sensitivities to wheat and related products. For that reason, the AAP encourages that individuals with medical documentation of relevant allergies or intolerances be allowed to substitute other suitable products.

Adjustment of allocations for milk and eggs. The AAP commends the adjusted allocations of milk and eggs to conform with current dietary recommendations. In the case of children age 1 to 4 years, the AAP urges the USDA to remove the requirement for medical documentation to allow the substitution of soy milk or tofu for milk products. The medical literature does not support any contention that soy milk or tofu are inappropriate substitutes for cow's milk for children in this age group. Families should be permitted to choose these alternatives freely, not only on the basis of medical concerns.

Availability of baby food meats for fully breastfed infants. The AAP supports the addition of baby food meat products to Food Package II for fully breastfed infants to address their heightened need for iron above that required by partially or fully formula-fed infants.

Exclusion of Vitamin D drops. The AAP urges the USDA to reconsider its decision not to provide Vitamin D drops to breastfeeding infants. While Vitamin D is not a "food," it is a critical nutrient for developing infants and children. Breastfed infants are particularly vulnerable to Vitamin D deficiency because the Vitamin D content of human milk is

low.ⁱⁱⁱ The AAP urges the USDA to provide Vitamin D drops to breastfeeding infants in the WIC program, as well as to older children not receiving one liter of vitamin D fortified milk or formula per day.

Shifting between food packages. The proposed rule states clearly that mothers may shift from the food packages for fully or partially breastfeeding mothers to the one for formula-feeding mothers at any time. The AAP encourages the USDA to consider allowing mothers to move similarly from the formula-feeding to breastfeeding food packages. Mothers who begin formula-feeding but wish to transition to partially or fully breastfeeding their infants should be supported in that effort.

Evaluation of food package changes. The AAP exhorts the USDA to ensure that studies are established to measure and evaluate the impact of the many proposed changes to the WIC food packages. Reliable scientific data will be vitally important in assuring that the changes are having the intended effect and improving health outcomes for both children and mothers.

In closing, the American Academy of Pediatrics again commends the U.S. Department of Agriculture's Food and Nutrition Service for proposing thoughtful, science-based changes to the WIC food packages. If the AAP may provide further assistance or information, please contact Cindy Pellegrini in the Academy's Washington Office at 202/347-8600. We look forward to continuing the long, fruitful partnership between pediatricians and the WIC program to improve the health of our nation's children and families.

Sincerely,



Jay E. Berkelhamer, MD, FAAP
President

JB:cp

ⁱ Committee on Nutrition. The Use and Misuse of Fruit Juice in Pediatrics. *Pediatrics*, Vol. 107 No. 5 May 2001, pp. 1210-1213.

ⁱⁱ Kleinman, R., ed. *Pediatric Nutrition Handbook*, 5th Ed. American Academy of Pediatrics, 2004, p. 126.

ⁱⁱⁱ *Ibid*, p. 349.