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### 1. Authorized WIC Foods

*Effective: August 2009*

Food authorized for purchase with food instruments in the State of Illinois shall be limited to those allowed by Federal Regulations (7 CFR 246) and listed on the Illinois Authorized WIC Food List. These foods must meet the definition for supplemental foods set by the Child Nutrition Act P.L. 108-269.

- A. The Illinois Authorized WIC Food List identifies the only foods that may be purchased with food instruments.
- 1) Additions to this list may be made once each year. See IL WIC PPM SF-2.2 for more information.
  - 2) Foods that are determined unauthorized at any time throughout the year will remain on the list but will be removed from the Food List at the time of the next revision.
  - 3) The Food List will be mailed to authorized vendors and local agencies by the Vendor Management Unit.

The Illinois WIC foods have been selected based on nutrient content criteria established by Federal Regulation and Department specification. The following Table identifies the minimum standards that each food must meet in order to be approved for distribution to WIC clients.

Product	Minimum Standards
Breakfast Cereal (hot or cold)	<p>As defined by the FDA in 21 CFR 170.3(n)(4) for ready to eat and instant or regular hot cereals</p> <p>At least ½ of the cereals must: Meet labeling requirements for making a health claim as a “whole grain food with moderate fat content”:</p> <ul style="list-style-type: none"> <li>– contain ≥51% whole grains (using dietary fiber as the indicator)</li> <li>– low saturated fat (≤ 1 gram saturated fat per RACC*) &amp; “low cholesterol (≤20 mg cholesterol per RACC*)</li> <li>– bear quantitative trans fat labeling</li> </ul> <p>All cereals must:</p> <ul style="list-style-type: none"> <li>– contain a minimum of 28 mg Iron/100 gm dry cereal (45% of USRDA iron/1oz. serving)</li> <li>– contain ≤21.2 g sucrose and other sugars per 100 g dry cereal (≤6 gms /1 oz. dry oz)</li> </ul> <p>*RACC - reference amount customarily consumed</p>
Brown Rice	<p>Whole unprocessed grain Without added sugars, fats, oils or salt May be instant, quick or regular cooking</p>

Product	Minimum Standards
Cheese	Domestic cheese made from 100% pasteurized milk. Must conform to FDA standard of identity (21 CFR 133) Allows: low sodium, low fat, or low cholesterol
Cow's Milk Fluid Whole, low-fat or skim	Must conform to FDA standard of identity (21 CFR 131.110) Pasteurized 400 IU of Vitamin D/quart (100 IU/cup) 2000 IU of Vitamin A/quart (500 IU/cup)
Cow's Milk Nonfat Dry	400 IU of Vitamin D/quart (100 IU/cup) 2000 IU of Vitamin A/quart (500 IU/cup)
Cow's Milk Lactose Free Milk	400 IU of Vitamin D/quart (100 IU/cup) 2000 IU of Vitamin A/quart (500 IU/cup)
Eggs	Fresh shell domestic hens' eggs. Must conform to FDA standard of identity in 21 CFR 160.105. Grade A or AA Large eggs only.
Fruit and Vegetable - Canned	<p><b>Vegetables</b> Any variety of canned vegetables (must conform to FDA standard of identity (21 CFR Part 144) except white potatoes (orange yams and sweet potatoes are allowed) Without added sugars, fats or oils May be regular or lower in sodium. Tomato products without added sugar, fats, oils or meats.</p> <p><b>Fruits</b> Any variety of canned fruits – Must conform to FDA standard of identity (21 CFR Part 145); including applesauce. Juice pack or water pack Without added sugars, fats, oils, or salt (i.e., sodium).</p>
Fruit and Vegetable - Frozen	<p><u><b>Vegetables</b></u> Any variety of frozen vegetables except white potatoes – Must conform to FDA standard of identity (21 CFR Part 155). (Orange yams and sweet potatoes are allowed.) Without added sugars, fats, or oils May be regular or lower in sodium.</p> <p><u><b>Fruits</b></u> Any variety of frozen fruit without added sugars.</p> <p><b>Not Allowed</b> Creamed or sauced vegetables Vegetable-grain mixtures Fruit-nut mixtures Breaded vegetables Catsup or other condiments Pickled vegetables Olives Soups Juices Fruit leathers or fruit roll-ups</p>

Product	Minimum Standards
Fruit and Vegetables - Fresh	<p>Any variety of fresh whole or cut fruit without added sugars. Any variety of fresh whole or cut vegetable, <b>except white potatoes</b>, without added sugars, fats or oils Orange yams and sweet potatoes are allowed.</p> <p><b>Not allowed:</b> Herbs or spices Edible blossoms and flowers Fruits/Vegetables for purchase on salad bars Ornamental and decorative items such as gourds, items on a string, fruit baskets and party trays Peanuts &amp; other mature legumes Juices</p>
Infant Cereal	<p>Dry, plain cereal 45 mg Iron/100 gms dry cereal (45% US RDA for iron/half ounce serving) Infant cereals containing infant formula, milk, fruit or other non-cereal ingredients are not allowed.</p>
Infant Formula	<p>10 mg Iron/liter (at least 1.8 mg iron/100kilocalories) 67 Kcal/100 ml (20 Kcals/fluid oz) at standard dilution Must meet the definition for an infant formula definition in section 201(z) of the Federal Food, Drug and Cosmetic Act (21U.S.C. 321(z)) and meets the requirements under section 412 of the Federal Food, Drug Act (21 U.S.C. 350a) and regulations at 21 CFR parts 106 and 107</p>
Infant Fruits & Vegetables	<p>Single ingredient commercial infant food fruit or vegetable without added sugars, starches or salt (i.e. sodium). Combinations of single ingredients (e.g., peas and carrots or apple-banana) are allowed. Mixtures with cereal or infant food desserts (e.g. peach cobbler) are not allowed. Texture may range from strained through diced.</p>
Infant Meat	<p>Single ingredient commercial infant food meat without added sugars, starches, vegetables or salt (i.e. sodium). Broth and gravy (unsalted, i.e., without added sodium) are allowable ingredients. Texture may range from pureed through diced.</p>
Juice	<p>Must be pasteurized 100% unsweetened fruit/vegetable juice or blends of these juices. Fruit juice must conform to FDA standard of identity (21 CFR part 146). Vegetable juice must conform to FDA standard of identity (21 CFR part 156) and may be regular or lower in sodium. Must contain at least 30 mg of vitamin C per 100 mL of juice Allowed juice forms include: frozen and shelf-stable concentrates, and shelf-stable ready to drink</p>

Product	Minimum Standards
Mature Legumes (Dry Beans and Peas)	<p>Mature dry beans, peas or lentils in dry-packaged or canned forms Includes: lentils, black beans, navy, kidney, garbanzo, soy, pinto and mung beans; crowder, cow, great northern, lima, split, and blackeye peas; No added sugars, fats, oils or meat as purchased. Canned may be regular or lower in sodium content.</p> <p>Not allowed: Soups Immature varieties of legumes including canned green peas, green beans etc.</p>
Oatmeal	<p>Old fashioned Traditional or Quick cooking No added sugars, fats, oils, or salt</p>
Peanut Butter	<p>Peanut butter and reduced fat peanut butter Must conform to FDA Standard of Identity (21 CFR 164.150) Cream or chunky</p> <p>Not allowed: Peanut butter spread, products with added ingredients (i.e. jam, honey etc.)</p>
Soft Corn Tortillas	<p>Whole grain must be the primary ingredient by weight according to the food label.</p>
Soy-Based Beverage	<p>Must be fortified in accordance with fortification guidelines issued by the FDA to meet the following nutrient levels per 8-ounce serving:</p> <p>276 mg <i>calcium</i> 8 g <i>protein</i> 500 IU <i>vitamin A</i> 100 IU <i>vitamin D</i> 24 mg <i>magnesium</i> 222 mg <i>phosphorus</i> 349 mg <i>potassium</i> 0.44 mg <i>riboflavin</i> 1.1 mcg <i>vitamin B12</i></p>
Tuna	<p>Canned chunk light tuna Must conform to FDA standard of identity 21 CFR 161.190 Packed in water or oil</p>
Whole Wheat Bread	<p><i>Whole wheat bread</i> must conform to the Food and Drug Administration (FDA) standard of identity <b>AND</b> whole wheat must be the primary ingredient by weight.</p>

\*1 ounce = 28.35 grams

### **2. Procedure for Evaluation of Authorized Food Products**

*Effective: May 2006*

The following process is used for evaluation of products for possible inclusion on the Illinois Authorized WIC Food List.

The Department's Nutrition and WIC Program staff consider products for inclusion on the Illinois Authorized WIC Food List on an annual basis beginning in June. The following general criteria will also be considered:

- A. Products should be available for sale by all WIC vendors in the State of Illinois.
- B. Products should be perceived as desirable to Illinois WIC participants.
- C. Product cost should be comparable to other products in the same category.
- D. Nutrition and or program staff may consider other nutrition and or programmatic concerns.
- E. Product information should be sent to the state office:

Illinois Department of Human Services  
Division of Community Health and Prevention  
Special Supplemental Nutrition Program  
535 West Jefferson Street  
Springfield, IL 62702-5058

### **3. Procedure for Evaluation of Authorized Formulas**

*Effective: January 2007*

Illinois WIC infant formulas and exempt infant formulas must comply with Food and Drug Administration (FDA) Standards of Identity per FNS requirements for WIC-eligible foods (7 CFR part 246.10.). The following process is used for evaluation of formulas to be made available through the Illinois WIC Program.

- A. All products must meet FNS and FDA standards.
- B. The Formulary will be evaluated annually to determine any needed changes.
  - 1) Formulas will be retained or deleted from the list based on the frequency of usage.
  - 2) Formulas will be added to the available list based on the frequency of requests received for the product. In addition, statewide availability and current inclusion of products of similar composition will be considered in the decision.
- C. When changes are made to the formulary revised formula tables will be provided to local agencies. Please refer to SF-5.4, Staff Competencies for Issuing Formula Products.

### 1. General Information

*Effective: August 2009*

Infant formulas must be issued in compliance with Federal Regulations. The following general policies and procedures are provided to ensure observance of 7 CFR part 246.10.

- A. Breastfeeding is the normal and expected method of infant feeding and staff should assume all pregnant women will breastfeed and postpartum women are breastfeeding unless notified otherwise. Mothers should be educated and counseled according to the Nutrition Practice Guidelines for Breastfeeding before formula is considered.
  - 1) Local agencies are encouraged to have a procedure or method for communicating follow-up with breastfeeding moms/babies to the infant's Case Manager. The Case Manager can assist in monitoring the infant's status as well as communicating any special needs, concerns or questions to WIC staff.
- B. Formula-fed infants will be issued food instruments for the contract brand of formula unless a documented medical need for a medically prescribed formula exists.

Ready-to-feed (RTF) formula must only be given to participants in the following situations:

- 1) household has unsanitary or restricted water supply and/or poor refrigeration
  - 2) person caring for infant has difficulty with preparation
  - 3) formula only comes in RTF form.
  - 4) Only in cases where no refrigeration is available and water supply is unsanitary or restricted can 8 oz containers of RTF formula be issued. When given, documentation must be kept on file as to reason of issuance.
- C. Items Requiring a Prescription.

Prescriptions concerning formulas and specific food items shall only be accepted when written by a physician (or other licensed health care professional authorized to write medical prescriptions under state law) and are valid for a maximum of 3 months. The WIC Formula and Medical Nutritional Prescriptions form is equivalent to a prescription when all areas on the form are completed in full. All prescriptions must be written on physician's letterhead, prescription blank or the WIC Formula and Medical Nutritional Prescriptions form and must include the following components:

- 1) Prescription Formulas
  - a) brand name of the formula
  - b) diagnosis warranting the issuance, including ICD-9 code
  - c) length of time that it is medically required
  - d) signature or name of the requesting health care professional
  - e) Contact information for the requesting health care professional
  - f) Date of medical determination



- g) Amount of formula needed per day If the prescription does not include the necessary information, the physician or appropriate office staff should be contacted.
  - 2) Prescription Foods
    - a) Issuance of soymilk for children requires a prescription and is the only time the diagnosis of lactose intolerance or milk protein allergy may be used.
  - 3) Documentation concerning prescribed foods must be retained in the client's record (original is preferred but a faxed copy is acceptable). A copy of the physician documentation may be kept in the client's chart if the original is needed to obtain payment for additional formula through the Illinois Department of Healthcare and Family Services (IDHFS).
  - 4) If medical documentation is provided by the telephone:
    - a) It must be accepted by a CHP
    - b) Promptly documented and kept in client's file
    - c) Done only when necessary to prevent undue hardship to participant and/or delay in receiving needed infant formula, placing participant at increased nutritional risk
    - d) Written documentation must be received within a reasonable amount of time (i.e., 1-2 weeks)
    - e) Received written documentation is then kept in client's file with initial telephone documentation.
- D. Local agencies are encouraged to have a procedure or method for communicating issuance of medically prescribed formula to the infant's Case Manager. The Case Manager can assist in monitoring the infant's status as well as readiness to tolerate contract brand formula.
- E. A case note should be completed whenever there is contact with a participant about the changes to medically prescribed formula.
- F. The Local Agency must have a procedure for formula issuance and for internal quality assurance monitoring. Please refer to IL WIC PPM SF-5.9.
- G. In certain circumstances the IDHFS may also provide formulas, via a medical durable goods provider, for those receiving public assistance. For more information on this process see the Illinois WIC Nutrition Practice Guideline on Additional Formula Assistance and Resources.

### **2. *Emergency Formula***

*Effective: February 2008*

- A. Local agencies must not issue formula donated by an individual or group nor shall it be returned to a store due to safety concerns.
- B. If an agency has formula on-site from a distributor, a procedure must be in place for:
  - 1) fair, safe and equal distribution
  - 2) safe disposition of expired or tampered product

### 3. *Contract Formula*

*Effective: February 2008*

Contract formula is an infant formula (standard milk-based, lactose free and soy-based) that complies with the definition in section 201(z) of the Federal Food, Drug and Cosmetic Act (21U.S.C. 321(z)) and meets the requirements under section 412 of the Federal Food, Drug Act (21 U.S.C. 350a) and regulations at 21 CFR parts 106 and 107.

A. Contract formula is:

- 1) Nutritionally complete infant formula not requiring the addition of any ingredients other than water prior to being served in a liquid state
- 2) Iron-fortified, containing at least 10 milligrams of Iron per liter of formula at standard dilution
- 3) Supplies 67 calories per 100 milliliters of formula at standard dilution (i.e., 20 calories per fluid ounce of prepared formula)

B. The State of Illinois contracts via a competitive bid to receive a cash rebate for iron-fortified formula (milk-based and soy-based) in concentrate, powder, and ready-to-feed forms. The rebate is determined on the basis of redeemed WIC coupons that specify formula manufactured by the contractor.

### **4. Non-Contract Formula**

*Effective: February 2008*

- A. Non-contract formula refers to standard milk-based, lactose free and soy-based formulas (both base and DHA/ARA enhanced) for which no rebate is received by the State of Illinois. Non-contract formulas may not be issued as all formulas marketed in the United States must meet federal nutrient requirements and are essentially the same in make-up.
- B. Clients requesting non-contract formula should be screened as follows:
  - 1) Most infants who demonstrate intolerance of contract infant formulas will tolerate breast milk. Therefore, for infants up to one month of age, assessment of readiness to breastfeed, counseling and education on re-lactation/breastfeeding techniques should be discussed.
  - 2) If there are no feeding problems or illnesses, and mother chooses not to re-lactate, determine if another contract brand formula may be appropriate and issue contract brand Food Instruments.
  - 3) If a medical problem is indicated through the screening process, refer client to the medical provider for evaluation and if needed, a prescription or the WIC Formula and Medical Nutritional Prescriptions form for medically prescribed formula.

### **5. Low-Iron Formula**

*Effective: February 2008*

According to the American Medical Association there is no common medical indication for the use of low-iron infant formula. Therefore low-iron infant formula is not available through the Illinois WIC Program.

Clients requesting low-iron formula should be screened as follows:

Most infants who demonstrate intolerance of contract infant formulas will tolerate breast milk. Therefore, for infants up to one month of age, assessment of readiness to breastfeed, counseling and education on re-lactation/breastfeeding techniques should be discussed.

If there are no feeding problems or illnesses, determine if a contract brand formula may be appropriate and issue contract brand Food Instruments.

If a medical problem is indicated through the screening process, refer client to the medical provider for evaluation and if needed, a prescription or the WIC Formula and Medical Nutritional Prescriptions form for medically prescribed formula.

### 1. General Information

*Effective: August 2009*

This policy provides an overview of the process local agencies should follow when prescribing supplemental foods to WIC participants. "Food package" refers to the particular combination and quantities of supplemental foods, which are provided to a WIC participant. Packages have been created to address special situations including lack of refrigeration/homelessness, presence of food allergies or lactose intolerance.

The Breastfeeding food packages are created and designed to better promote and support breastfeeding. These packages promote and support the breastfeeding dyad by focusing on market value of the package for the mother/infant pair. They are provided for the first year after birth, minimize early supplementation, and address differences in supplementary nutrition needs of breastfed and formula fed infants.

- A. Each client found to be eligible for WIC is assigned a supplemental food package at each certification. The food package should be specifically tailored for each client considering food preferences, breastfeeding status and health or living conditions.
- B. Food packages are prescribed only after a complete nutritional and breastfeeding (when applicable) assessment (i.e., health history, anthropometric, hematologic, and diet and/or breastfeeding assessment) is completed.
- C. The supplemental food package is selected by the Certifying Health Professional (CHP). The CHP should take into account the client's breastfeeding status, age, dietary needs, risk condition, cultural preference, and circumstances when selecting the package (IL WIC PPM A-8)
- D. Food Package Tables are provided for each participant category. The CHP should refer to the appropriate table for the participant's category, age and breastfeeding status.
- E. Food package numbers are entered in the Cornerstone system during certifications. The food prescription may be changed during the client's certification period by the Certifying Health Professional.
- F. Clients who are late (21 or fewer days remain until the next pickup) picking-up food instruments will receive a prorated food package. The computer automatically generates the prorated package based on the date the client is at the clinic for food instrument pick-up.
- G. At the time of the certification the client must be provided the following information (pertaining to food prescription): an explanation of the WIC Authorized Food List, Authorized WIC Vendors, and how to use the food instruments. See IL WIC PPM NE-4.3 (Certification Visit Education) for detailed information.

### 2. Food Package Categories

*Effective: August 2009*

Food packages prescriptions must be based on category and age. For the mother-infant dyad, packages must be determined by the amount of breastfeeding the infant does.

#### A. Mother-Infant Dyad

- 1) If Baby **exclusively** breastfeeds (mother's milk from the breast or pumped milk, no formula)
  - a) Issue to Baby: "Grand Deluxe Baby" exclusively breastfed package
    - (1) 0-3 months of age
    - (2) 4-5 months of age
    - (3) 6-11 months of age
  - b) Issue to Mom: "Grand Deluxe Mom" exclusively breastfeeding woman up to 1 year postpartum
    - (1) \*\*If breastfeeding more than two infants exclusively, issue "Grand Deluxe Multiples"
- 2) If Baby partially breastfeeds with **supplemental formula**
  - a) Give powder only.
  - b) Limit number of cans to what mom states she needs
  - c) Issue to baby: "Deluxe Baby"
    - (1) 0-1 month of age, 1 can/month powder
    - (2) 1-3 months of age, on average up to 4 cans/month
    - (3) 4-5 months of age, on average up to 5 cans/month
    - (4) 6-11 months of age, on average up to 4 cans/month
  - d) Issue to Mom: "Deluxe Mom" package up to one year postpartum.
    - (1) \*\*If partially breastfeeding more than one infant, issue "Grand Deluxe"
- 3) If Baby breastfeeds and uses **supplemental formula in amounts greater than the maximum allowed**
  - a) Issue to Baby: "Breastfeeding Basic Baby"
    - (1)
  - b) Issue to Mom:
    - (1) if baby is under 6 months old "Breastfeeding Basic/Postpartum"
    - (2) if baby is over 6 months old mom remains active on the program for continued breastfeeding support and should be issued the "Postpartum 240" package up to one year postpartum.
- 4) If Baby gets **Formula only**
  - a) Issue Baby: "Basic" packages
    - (1) 0-3 months, on average 9 cans/month
    - (2) 4-5 months, on average 10 cans/month
    - (3) 6-11 months, on average 7 cans/month
  - b) Issue Mom:

- (1) if baby is under 6 months old --“Breastfeeding Basic/Postpartum” package
- (2) when baby is over 6 months old-- Mom terminates from the program.

### B. Pregnant Women

- 1) Determine if this is a singleton pregnancy or a multiple gestation.
  - a) Issue “Pregnant/Deluxe Breastfeeding” package for singleton pregnancies
  - b) Issue “Multiples” package for multiple gestation
- (1) \*\*package may be changed at any time in the pregnancy should the participant self-report as diagnosed with multiples.

### C. Children

- 1) Issue appropriate package for age
  - a) Toddler 12-23 months
  - b) Child ages 2-5 years old

### D. Medically Fragile

- 1) Food package allows Medically Prescribed Formula and Supplemental Foods to be issued to participants (children – postpartum women) with qualifying medical conditions. (see SF- Sect 4)



### 3. *Special Considerations*

*Effective: August 2009*

A. Specialized packages are available for a variety of situations. When the following packages are issued the CHP should/must document the rationale for the package in case notes.

- 1) Lactose, the natural sugar in milk, is broken down by lactase, an enzyme in the gut. Some people suffer from GI discomfort after consuming dairy foods because they have an insufficient amount of lactase to digest the lactose they consume. Symptoms may include: flatulence, abdominal bloating, pain/cramps, or diarrhea. While some people are able to tolerate small quantities of regular milk a lactose-free milk package is available for those who cannot. Some individuals who require lactose free milk can tolerate cheese and may prefer a package with cheese and less fluid milk.
- 2) Some participants may not tolerate cow's milk of any type. For those who tried low lactose milk without success a soy milk package is available. Children requesting soy milk must have a prescription from their Medical Doctor. (See SF—Sect 2.1)
- 3) When a participant has food allergies the "Food Allergy" package may be the most appropriate package. This package provides no eggs, alternate whole grain options to whole wheat bread and beans in place of peanut butter.
- 4) A package is available which requires no refrigeration. This may be issued for participants who are homeless or without adequate refrigeration. Special education will be required to ensure participants understand how to purchase dry milk, individual juice containers, and canned beans.

B. Calcium Fortified Juice

Calcium fortified juice may be purchased in place of regular and should be encouraged for women whose dietary intake of calcium rich foods is low due to: cultural food preferences, dislike of milk, or lactose intolerance. Calcium fortified juice should be encouraged based on individual need. CHPs should consider counseling women on use of calcium fortified juice when it is unlikely that they will consume adequate amounts of other dairy or non dairy sources of calcium to meet her calcium needs on a regular basis.

C. Peanut Butter

- 1) When peanut butter is issued to children under age two, education should be provided on the risks of choking and how it can be prevented.
- 2) Children with a peanut allergy should not be given a package with peanut butter.
- 3) There is controversy in the medical community about the risks of peanut allergy for children. Families with a history of food allergy should be instructed to discuss the use of peanut butter with their medical care provider.

D. Multiples

- 1) Multiple Gestation
  - a) Women who report being diagnosed as pregnant with multiples are eligible for an enhanced food package to provide the additional calories and nutrients needed to

support multiple gestations. The total number of fetuses should be documented on the Adult Health Visit screen and the new food package entered and explained.

### 2) Breastfeeding Multiples

- a) Women who exclusively breastfeed two or more infants are eligible for an enhanced food package. The package provides 1 ½ times the food of the Grand Deluxe package for singletons to help provide additional nutrients and increase support for the exclusively breastfeeding mother.
- b) Women who partially breastfeed two or more infants are eligible for the “Grand Deluxe Mom” food package. This package provides the same food items offered to women who exclusively breastfeed one infant.

### 1. *Medically Prescribed Formulas*

*Effective: May 2009*

The Illinois WIC Program makes available certain exempt infant formulas and WIC eligible medical foods. These items comply with the definition in section 412(h) of the Federal Food, Drug and Cosmetic Act (21U.S.C. 350a(h)) and meet the requirements under section 412 of the Federal Food, Drug Act (21 U.S.C. 350a) and regulations at 21 CFR parts 106 and 107. These items are referred to as “Medically Prescribed Formulas.”

- A. Those requiring specialized formulas require close medical supervision, therefore a physician's documentation is required every three months (unless physician specifically requests the formula for a shorter time period).
- B. Medically Prescribed Formulas may be prescribed for the following conditions: premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participants nutritional status.
- C. Medically Prescribed Formulas can **not** be authorized for
  - 1) Infants' whose only medical condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of a exempt formula or a non-specific formula or food intolerance.
  - 2) Women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages.
  - 3) Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.
- D. The food packages used for issuing medically prescribed formula are identified in Table X of the Recommended Food Packages.
- E. Local Agency staff is encouraged to contact the Regional Nutritionist Consultant with any questions or concerns that may arise regarding specific formulas and their issuance.

### **2. Low Phenylalanine Formula (PKU)**

*Effective: May 2006*

Phenylketonuria (PKU) is an inherited metabolic disorder in which the amino acid phenylalanine is not broken down. Accumulation of phenylalanine results in damage to the developing central nervous system and mental retardation.

- A. No WIC program in Illinois is authorized to provide low phenylalanine formula to infants or children or pregnant women for the management of PKU.
- B. Special formula for PKU is provided by the Illinois Department of Public Health (IDPH) Genetic Screening Program at no cost to all PKU patients upon the prescription of a designated consultant.
- C. A suspected or confirmed diagnosis of PKU is required by State Law and Regulations and must be reported to the IDPH Genetic Screening Program.
- D. To obtain low phenylalanine formula for clients with PKU, contact the IDPH Genetics Screening Program.

### **1. Staff Competencies for Promoting the WIC Philosophy for Achieving Breastfeeding Success**

*Effective: August 2009*

Each local agency is required to incorporate task-appropriate breastfeeding promotion and support training into orientation programs for all staff involved with WIC clients to achieve staff competencies:

- A. Staff understands their role in promoting and supporting the WIC and agency philosophy for achieving breastfeeding success.
- B. Staff recognizes their own beliefs and attitudes regarding breastfeeding and the impact of those beliefs and attitudes on WIC participant decisions.
- C. Staff self-identity as part of the WIC “Team” that promotes, protects, and supports the breastfeeding relationship.
- D. Staff understands how the WIC food packages for the breastfeeding dyad support breastfeeding
- E. Staff develops rapport and foster open dialogue to successfully communicate with pregnant women and mothers.
- F. Staff considers that all pregnant women will breastfeed and all new mothers are breastfeeding, thereby assuming breastfeeding as the “normal” and expected method of infant feeding.
- G. Staff encourages all women to exclusively initiate breastfeeding and to continue breastfeeding for at least one year and as long thereafter as both mom and baby desire.
- H. In all initial contacts, staff use breastfeeding-friendly questions, e.g. How is breastfeeding going? How can I help you with breastfeeding?
- I. Staff encourages and emphasizes the value of exclusive breastfeeding and the value of continuing to breastfeed after returning to work or school and/or to a minimum of 1 year
  - 1) Staff correctly assesses a client’s breastfeeding status prior to entering a category in the *Cornerstone* system.
  - 2) Staff correctly categorizes all women exclusively or partially breastfeeding to any degree, up to one year postpartum, as a breastfeeding woman.
  - 3) Staff documents breastfeeding accurately:
    - a) For initiation, (determined through the answer to “any breastfeeding” on the PA09 screen) staff should probe to determine if client breastfed even once in the hospital or if the client is pumping
    - b) Exclusive breastfeeding – babies with no food/fluids/water other than breastmilk.
    - c) Partial breastfeeding - entering the “age first formula” **only** when it was provided to the infant on a regular (every day or every week), planned, anticipated basis.

- d) Staff uses culturally appropriate breastfeeding promotion, education and support strategies
- e) Staff uses evidence based and up-to-date information about breastfeeding technique and management to encourage and support the breastfeeding mother and infant
- f) Staff identifies and addresses individual needs and concerns about breastfeeding

### 2. Staff Competencies for Issuing Breastfeeding Packages

*Effective: August 2009*

Knowledge of normal lactation is required for staff to issue the appropriate breastfeeding food packages. Local Agency staff eligible to issue breastfeeding food packages is Registered Dietitians (R.D.), Nutritionists (Baccalaureate Degree), and Registered Nurses (R.N., B.S.N., or M.S.N.).

- A. The following competencies are expected for issuance of breastfeeding food packages in the Illinois WIC Program: staff at all levels are competent in basic breastfeeding knowledge, that they understand their role in supporting breastfeeding with families and understand how to implement the WIC philosophy for achieving breastfeeding success. In addition,
- 1) Staff identifies factors that can impact breastfeeding during the prenatal assessment process.
  - 2) Staff identifies physiological factors that impact breastfeeding.
  - 3) Staff understands optimal breastfeeding practices that help mothers initiate and maintain breastfeeding.
  - 4) Staff recognizes common breastfeeding concerns and protocols for obtaining additional assistance for mothers.
  - 5) Staff assists employed women with tailored strategies for continuing to breastfeed after returning to work.
  - 6) Staff applies knowledge of lactation to supporting breastfeeding in varied situations.
  - 7) Staff understand the role of clinic and community support for breastfeeding.
  - 8) Staff have a thorough knowledge of the current Illinois WIC Breastfeeding food packages, including policies on issuance and documentation
  - 9) Staff have a thorough knowledge of the benefits of breastfeeding and the mechanisms underlying these benefits, barriers breastfeeding women face, and the advantages for infants, mothers, families, and society from breastfeeding, i.e. health, nutritional, immunologic, developmental, psychological, social, economic, and environmental advantages and benefits.
  - 10) Staff have a thorough knowledge of routine breastfeeding questions and problems, what to expect in the first 2 weeks after delivery, signs that breastfeeding is not going well, strategies for development of good milk supply and ability to provide positive support to breastfeeding mothers.
  - 11) Staff have a thorough knowledge of hand expression techniques, how to educate clients on its benefits and use, when to recommend to clients and the ability to provide ongoing support and counseling to clients using hand expression.
  - 12) Staff have a thorough knowledge of agency breast pumps, including operation of pump and ability to assess mother's need and appropriate type of pump to issue.
  - 13) Staff have the ability to educate and counsel clients on the importance of exclusive breastfeeding, consequences of giving artificial nipples or pacifiers and supplemental formula on milk supply and long-term outcomes and the detrimental effects of early

formula supplementation e.g., potential for future chronic disease and potential consequences of

- 14) Staff has the capability to assist clients in accessing ongoing breastfeeding support.
- 15) Staff issuing the breastfeeding food packages should have attended specialized training in lactation or breastfeeding management offered by the Department or other approved program. A record of those trained for each agency should be on file at the local agency. This will be reviewed during the WIC Management Evaluation.
- 16) The CHP issuing the breastfeeding food package is responsible for:
  - a) Assessment of mother's intent to exclusively, partially or minimally breastfeed and understanding of the mother's plan/goal for breastfeeding.
    - (1) Appropriate assignment of mom/baby breastfeeding packages and correctly categorizing mom
  - b) Correctly updating breastfeeding information on the Infant/Child Health Visit screen (PA09), using the **service code** "WUII" WIC UPDATE INFANT INFO, when changing a breastfed infant's food package.
  - c) Assessing how the breastfeeding experience is going before deciding on the appropriate food package or supplemental formula; explaining the risks of routine supplementation, providing appropriate counseling, including the differences in the maternal food packages and the use of powdered infant formula.
- 17) All eligible staff should receive training in breastfeeding and lactation management and be prepared to appropriately assess the breastfeeding dyad, for example observing a nursing session, and have the ability to assist the breastfeeding woman in problem solving and overcoming barriers.



### 3. Staff Competencies for Issuing Breast pumps

*Effective: August 2009*

The Illinois Department of Human Services provides funding to all Local Agencies to provide breast pumps to eligible clients with determined need. Pumps should be placed on the Agency inventory. Breast pumps may not be provided to pregnant or breastfeeding women solely as an inducement to consider or to continue breastfeeding.

- A. Local Agencies should develop Breast Pump Program procedures per USDA-FNS regulations and policies as follows:
- 1) All Local Agency staff should be educated about the availability of and general eligibility requirements for distributing breast pumps, including pumps available through Medicaid reimbursement for eligible clients.
  - 2) All Local Agency staff should be educated about and understand that breastpumps are needed in certain circumstances, but all women do not require a breast pump to successfully breastfeed.
  - 3) All Local agency staff involved in distributing and providing breast pump services (CHPs, FCM, etc.) should have breastfeeding training and be trained in Local Agency procedures for distributing breastpumps, including
    - a) Eligibility criteria, including waiting period for successful establishment of breastfeeding
    - b) Proper assessment before issuing a breastpump
    - c) Operation, cleaning and assembly of all types of agency breastpumps.
    - d) Assessing participant need for a Breast pump, based on:
      - (1) Mother/baby separation
      - (2) Temporary breastfeeding problems
      - (3) Difficulty establishing or maintaining an adequate milk supply due to maternal/infant illness
      - (4) Mothers of multiples
      - (5) Mothers of premature infants or those with severe feeding problems

Staff issuing a breast pump is responsible for:

- (6) Providing client education on the assembly, use and cleaning of the breast pump and storage of human milk. Assuring the participant can demonstrate correct assembly of the pump to the staff person. Providing written instructions on assembly of the pump to the client.
- (7) Documenting in case notes the reason for issuing the pump, type of pump, pump education, summary of counseling and plans for follow-up.
- (8) Maintaining a secure inventory of breast pumps and kits.
- (9) Cleaning and maintaining re-usable breast pumps.

- (10) Providing the correct type of pump to a client, either a loaned pump (Only multiple-user pumps (electric) should be loaned to clients), or a given pump (all other types of pumps)
- (11) Ensuring the participant signs a release form and loan agreement for multi-user electric pumps. Guiding the participant through the lease agreement and release form and their responsibilities.
- (12) Providing the participant with a copy of the agreement.

### Addendum - Breast Pump Loan Release Form

- 4) WIC agencies may not terminate or suspend participants for un-reimbursed loss or damage to loaned pumps.

### 4. Staff Competencies for Issuing Formula Products

*Effective: May 2009*

Knowledge of normal infant nutrition and characteristics of commonly used infant formula are required for staff to issue the appropriate formula food packages. Local Agency staff eligible to issue formulas is Registered Dietitians (R.D.), Nutritionists (Baccalaureate Degree), and Registered Nurses (R.N., B.S.N., or M.S.N.).

- A. The following competencies are expected for issuance of formula in the Illinois WIC Program:
  - 1) Thorough knowledge of the current Illinois WIC Formulary, including policies on issuance and documentation
  - 2) Knowledge of other infant formulas, exempt infant formulas and medical foods and their relationship to medical conditions
  - 3) Awareness of the availability of products at the retail level
  - 4) Ability to educate clients on product preparation and feeding techniques
  - 5) Capability to assist clients in accessing ongoing medical care and supervision.
- B. Any staff issuing formulas should have attended specialized training in the use of infant and adult formulas offered by the Department or another approved program at least once every three (3) years. A record of those trained for each agency should be on file at the local agency. This will be reviewed during the WIC Management Evaluation.
- C. The CHP issuing medically prescribed formula is responsible for:
  - 1) Review of the WIC Formula and Medical Nutritional Prescriptions form or physician's prescription, including appropriate diagnosis and duration of need for medically prescribed formulas. As a result of the evaluation of need, in consultation with the medical home the CHP should:
    - a) Approve, or reject the request and make recommendations for alternative formulas and/or feeding practices. This information should be documented in the case note.
    - b) Refer the client for healthcare or reevaluation with the existing medical home for assessment of need for medically prescribed formula.
  - 2) It is recommended that one eligible staff be assigned per clinic as the point person for any problems or concerns regarding specific formula usage, issuance and documentation. This person should also periodically review staff authorization of medically prescribed formulas (please refer to IL WIC PPM SF-5.5 for details).

### 5. *Quality Assurance Procedures for Medically Prescribed Foods*

*Effective: May 2009*

This policy provides an overview of Quality Assurance procedures for medically prescribed foods. The following must be followed in order to ensure formulas are issued correctly and that required documentation (see IL WIC PPM SF-3) is on file.

- A. The most recent quarter's HSPR0116, "WIC SPECIAL FORMULA" reports should be kept on file and should be used for the following to achieve the minimum standard for quality assurance.
  - 1) Chart review for those receiving medically prescribed formulas/foods. This involves:
    - a) Frequency
      - a bi-annual review is required, agencies may choose to review more often
    - b) Quantity-
      - (1) For agencies with caseload 500 and up: A minimum of 1% of the participants listed on the HSPR0116 Report for the quarter.
      - (2) For agencies with caseload under 500: 100% of the participants listed on the HSRP0116 Report for the quarter.
    - c) Staff
      - (1) each site should be evaluated
      - (2) all staff who issue medically prescribed formulas/foods
    - d) Documentation of follow-up as necessary (follow up may include, retraining, random formula issuance audits and/or other possible corrective actions).
  - 2) Regional Nutrition Staff will review charts and reports at the time of the WIC Management Evaluation.
- B. A record of those trained for each agency should be on file at the local agency. This will be reviewed during the WIC Management Evaluation. Review of training needs should be assessed at least annually. Please refer to IL WIC PPM SF-5.4 for details.

### 6. *Quality Assurance Procedures for Breastfeeding Food Packages*

*Effective: August 2009*

This policy provides an overview of Quality Assurance procedures for breastfeeding food packages. The following must be followed in order to ensure appropriate breastfeeding counseling, education and follow-up and that food packages are issued correctly.

- A. To achieve the minimum standard for quality assurance the most recent quarter's breastfeeding follow-up report should be kept on file and should be used for the following:
  - 1) Chart review of mother/infant breastfeeding dyads. This involves:
    - a) Frequency
      - a bi-annual review is required, agencies may choose to review more often
    - b) Quantity-
      - (1) For agencies with caseload 500 and up: A minimum of 1% of the participants listed on the HSPR0119 Report for the quarter.
      - (2) For agencies with caseload under 500: 100% of the participants listed on the HSPR0119 Report for the quarter.
    - c) Staff
      - (1) each site should be evaluated
      - (2) all staff who issue food packages
    - d) Documentation of follow-up as necessary (follow up may include, retraining, random audits and/or other possible corrective actions).
  - 2) Regional Nutrition Staff will review charts and reports at the time of the WIC Management Evaluation.
- B. A record of those trained for each agency should be on file at the local agency. This will be reviewed during the WIC Management Evaluation. Review of training needs should be assessed at least annually. Please refer to IL WIC PPM SF 5.2 for details.