



EXTENDING WIC'S POSTPARTUM CARE: SETTING THE STAGE FOR HEALTHIER OUTCOMES

NWA'S MISSION

The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.

For nearly 50 years, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has contributed to healthier pregnancies and improved birth outcomes. WIC's successful nutrition intervention results in healthcare costs savings, most notably by reducing the likelihood of costly and long-term conditions resulting from negative birth outcomes like preterm birth or low birthweight.

NWA RECOMMENDS EXTENDING WIC'S POSTPARTUM ELIGIBILITY TO TWO YEARS.

Extended postpartum eligibility would enhance WIC's public health imprint during the interpregnancy period, improving subsequent birth outcomes and growing a healthier generation of Americans.



IMPROVING HEALTH OUTCOMES

WIC currently provides tailored counseling and support to postpartum women for a limited period – six months for non-breastfeeding women and up to a year for breastfeeding women. This contrast reflects WIC's mission to improve breastfeeding outcomes, but postpartum counseling also addresses a woman's nutrition needs. In addition to counseling participants toward healthy diets, WIC's nutrition education can assist women with managing medical conditions such as diabetes and obesity, avoiding substance use, and making other healthy choices that will impact a future pregnancy.

WIC is uniquely positioned to improve women's diets during the interpregnancy period, a crucial step toward reducing negative future birth outcomes. WIC's nutrition intervention is associated with reduced likelihood of preterm birth and low birthweight – two of the largest drivers of infant mortality.¹ WIC's impact on birth outcomes has been found to be more

effective with longer participation on the program during pregnancy – with early prenatal participation associated with reducing the risk of preterm birth by 48%.²

WIC's impact is even more pronounced where there are gaps in healthcare coverage, such as instances where the mother lacks access to adequate prenatal care or during high-risk pregnancies.³ Additional postpartum eligibility will ensure that WIC can better counsel new mothers on adequate birth spacing, as nearly one-third of pregnancies occur within 18 months of a previous birth. Short interval between pregnancies is associated with complications, including preterm birth, low birthweight, and preeclampsia.⁴

With more time on the program, healthy WIC foods and nutrition counseling can better assist mothers in returning to their pre-pregnancy weights and correcting nutrient deficiencies (such as folic acid) that are vital to ensuring a healthy subsequent pregnancy.

REDUCING HEALTHCARE COSTS

WIC is a proven investment, shown to save \$2.48 in healthcare costs for every dollar spent on services.⁵ Extended postpartum eligibility will only enhance long-term costs savings by bending the curve on birth complications. Preterm birth – which accounts for one out of every eight births in the United States – costs at least \$26.2 billion in healthcare costs each year.

Healthcare costs for preterm births and low birthweight are significantly higher than uncomplicated births. In first-year medical costs, the average preterm or low birthweight infant's care will cost \$49,033, compared to only \$4,551 for an uncomplicated birth.⁶ In preventing negative birth outcomes, WIC's nutrition support can alleviate a significant cost burden on the healthcare system.

PREVENTING MATERNAL MORTALITY

Extended postpartum eligibility can also address the persistently high rates of maternal mortality and morbidity in the United States. The United States has the highest maternal mortality rates in the developed world, with 26.4 deaths per 100,000 live births.⁷ WIC clinics serve as a gateway to healthcare, connecting both mothers and children with healthcare providers and ensuring continuity of care.⁸

WIC's nutrition support also can address the underlying causes of maternal mortality, improving maternal health during the interpregnancy period. While many maternal deaths are caused by infections or hemorrhaging at or immediately after birth, maternal deaths can also be caused by conditions that predate the pregnancy – such as diabetes, heart disease,

and obesity. Extended eligibility for postpartum women can ensure that WIC maximizes opportunities in the interpregnancy period to ensure healthy pregnancies and positive birth outcomes.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

Please direct all questions to Brian Dittmeier, Senior Public Policy Council, at bdittmeier@nwica.org or 202-232-5492.

¹Fingar KR, Lob S, Dove M, Gradziel P, Curtis M (2017) Reassessing the Association between WIC and Birth Outcomes Using a Fetuses-at-Risk Approach. *Journal of Maternal and Child Health*. Volume 21, Issue 4, pp. 825-835

²Id.; Gueorguieva R, Morse SB, Roth J. Length of Prenatal Participation in WIC and Risk of Delivering a Small for Gestational Age Infant: Florida, 1996–2004. *Matern Child Health J*. 2009 Jul; 13(4):479-88.

³Gai Y, Feng L. Effects of Federal Nutrition Program on Birth Outcomes. *Atlantic Economic Journal*. 2012; 40(1): 61-83; EL-Bastawissi AY, et al. Effect of the Washington Special Supplemental Nutrition Program for Women, Infants and Children (WIC) on Pregnancy Outcomes. *Matern Child Health J*. 2007 Nov; 11(6): 611-21.

⁴Gemmill A, Lindberg LD. Short interpregnancy intervals in the United States. *Obstet Gynecol* 2013;122:64–71.

⁵Nianogo R, Wang M, Basturo-Davila R, Nobari T, Prelep M, Arah O, Whaley S (2019) Economic evaluation of California prenatal participation in the special supplemental nutrition program for Women, Infants, and Children (WIC) to prevent preterm birth. *Journal of Preventative Medicine*. In- Press. Available online: <https://doi.org/10.1016/j.ypmed.2019.04.011>.

⁶March of Dimes (2008) The Cost of Prematurity to U.S. Employers. Available online: https://www.marchofdimes.org/Peristats/pdfdocs/cts/ThomsonAnalysis2008_SummaryDocument_final121208.pdf.

⁷GBD 2015 Maternal Mortality Collaboration. (2016) "Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global

Burden of Disease Study 2015," *The Lancet*. Volume 388, pp.1775-812. Accessed online: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31470-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31470-2.pdf).

⁸See Buescher A, Horton J, Devaney B, Roholt S, Lenihan A, Whitmore T, and Kotch J. (2003) Child Participation in WIC: Medicaid Costs and Use of Health Care Services, *American Journal of Public Health*: Vol. 93 No.1, pp.145–150.