PRETERM BIRTH IS THE LEADING OVERALL CAUSE OF U.S. INFANT MORTALITY

Preterm birth – babies born too soon and too small -- is the leading overall cause of U.S. infant mortality. The high U.S. infant mortality rate is an international embarrassment and costs taxpayers billions of dollars.\(^1\)\(^2\)\(^3\) A growing evidence-based movement to expand preconception or interconception care has shown that premature births can be prevented by improving ongoing healthcare and related social supports to women and families before or between their pregnancies.\(^4\)

Preconception care is a proven-effective prevention strategy that aims to improve pregnancy outcomes by identifying and modifying a woman’s biomedical, behavioral, and social risks for poor birth outcomes before she becomes pregnant.\(^5\)

This includes:
- helping her better manage medical conditions such as diabetes, obesity and other conditions;
- counseling to avoid certain risks (such as alcohol, smoking, drug use, and exposure to other toxins); and
- supporting reproductive life planning, stress reduction, and healthy eating.\(^6\)

PRECONCEPTION CARE AND WIC

Since WIC – the Special Supplemental Nutrition Program for Women, Infants, and Children – sees mothers after they give birth as well as prenatally, the program is well placed to play an integral role in building a system of preconception and interconception care in the US. There is strong evidence that this care can reduce the risks of preterm birth and infant mortality.\(^7\)

WIC has a strong track record for reducing pre-term and low birth weight births. It is now well-documented that WIC is effective in improving birth outcomes and the health of infants, including reducing low birth weight births below 2500g.\(^8\)\(^9\)\(^10\)\(^11\)\(^12\)\(^13\)\(^14\)\(^15\)\(^16\) WIC is particularly effective at improving birth outcomes for mothers with inadequate prenatal care and who are particularly high risk cases.\(^17\)\(^18\) One study found that WIC helps eliminate socioeconomic disparities in birth outcomes.\(^19\) In addition, longer duration of participation in WIC yields better birth outcomes.\(^20\)\(^21\) WIC-eligible families not receiving WIC benefits due to access problems are more likely to be food insecure and have underweight infants. WIC participation’s better birth outcomes result in lower Medicaid costs.\(^22\)

BY EXTENDING ELIGIBILITY, WIC COULD IMPROVE HEALTH OUTCOMES AND SAVE MONEY DOWN THE ROAD

WIC is uniquely positioned to continue vital prevention services for women during the later postpartum period. WIC could really deliver on the promise of preconception care if certification for an extended post-pregnancy period of up to two years were possible. Women who attend WIC are attending visits with WIC counselors for their children. With additional time and resources devoted to counseling mothers until two years post-partum, WIC staff could begin to address crucial needs for parents and infants that will better prepare them for subsequent life stages, including possible next pregnancies.

With more time on the program, healthy WIC foods and nutrition counseling can better assist mothers in returning to their pre-pregnancy weights. This, in turn, can prevent myriad poor health outcomes in
NWA RECOMMENDS GIVING STATES THE OPTION TO INCREASE THE CERTIFICATION TIME FRAME FOR ALL POST-PARTUM WOMEN TO TWO YEARS POST-PARTUM.

Suggested Language:
To Sec 1786(d)(3) (A) (i) breastfeeding women, Revise to read: “A State may elect to certify a breastfeeding woman for a period of 2 years postpartum.”

To Sec 1786(d)(3)(A), add: (v) postpartum women. “A state may elect to certify postpartum women for a period of 2 years.”

later pregnancies, protect mothers from chronic disease, and reduce deficiencies (such as folic acid) that can prevent birth defects. Parents will also have more time with trusted WIC staff to get help and referrals to deal with issues such as stress or depression, family planning, smoking and substance abuse, and domestic violence – all of which can help mothers reduce risks for premature births, or worse - infant mortality – in subsequent pregnancies.