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**Subject: Food Packages for Breastfeeding Women**

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Effective Date: October 1, 2015

Revised from: March 27, 2015

**Policy:** Food packages for breastfeeding women shall be customized to meet the client's nutritional needs, food preferences, food intolerances and/or household conditions. The reason for tailoring the food package must be documented in the client's KWIC record.

The food package should be issued on the standard number of checks available unless the rationale for spreading the food package out over a larger number of checks is documented in the client's KWIC record. Reasons to increase the number of checks issued per month may include inadequate storage/refrigeration or inability to transport the larger quantity of food (shopping convenience).

The food package shall be customized to prescribe WIC-eligible nutritionals (medical foods) if medically indicated. (See Policy: [FCI: 02.03.04-Woman Food Packages - Special Formula](#))

**Reference: CFR §246.10****Procedure:**

1. The base food packages for breastfeeding women are determined by the Breastfed status on the infant's Health Interview window in KWIC.
2. The breastfeeding statuses are:
  - a. **Exclusively** – infant receiving no formula from WIC
  - b. **Mostly**-infant is receiving a small amount of formula from WIC
  - c. **Limited**
    - i. Infant is receiving more than a specified amount of formula from WIC. See policy FCI: 02.01.01-Infant Food Packages – Breastfeeding Infants.
    - ii. Before selecting the **Limited** breastfed status on the infant's Health Interview window in KWIC, inform the breastfeeding woman that receiving that much formula from WIC will reduce her own WIC food package.
  - d. **Stopped** – infant is no longer breastfed.
  - e. **Never**-infant was never breastfed.
3. The base food packages are:
  - a. Food Package 7a-Excl BF or Mostly BF/PG
    - i. A woman with an **Exclusively** breastfed infant.
    - ii. A woman with an **Exclusively** breastfed infant and at least one other infant with a status of **Mostly, Limited, Stopped** or **Never** breastfed.

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- iii. A woman with multiple **Mostly** breastfed infants from the same pregnancy.
- iv. A pregnant woman with a linked exclusive or mostly breastfeeding infant.
- b. Food Package 7b-Excl BF Multiples – A woman with multiple **Exclusively** breastfeeding infants.
- c. Food Package 5-Pregnant or Mostly BF
  - i. A woman with a **Mostly** breastfed infant.
  - ii. A woman with a **Mostly** breastfed infant and at least one other infant with a status of **Limited, Stopped** or **Never** breastfed.
- d. Food Package 6-Limited BF or PP
  - i. A woman up to 6 months postpartum with a **Limited** breastfed infant.
  - ii. A woman up to 6 months postpartum with a **Limited** breastfed infant and at least one infant with a status of **Stopped** or **Never** breastfed.
  - iii. A woman up to 6 months postpartum with multiple **Limited** breastfed infants.
- e. No food package; benefits limited to other WIC services, including nutrition education and health referrals. The woman is counted as participating in the clinic's caseload.
  - i. A woman more than 6 months postpartum with a **Limited** breastfed infant.
  - ii. A woman more than 6 months postpartum with a **Limited** breastfed infant and at least one infant with a status of **Stopped** or **Never** breastfed.
  - iii. A woman more than 6 months postpartum with multiple **Limited** breastfed infants.

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4. The base food packages for breastfeeding women are:

Basket	Food Item	Food Package 7a Excl BF or Mostly BF/PG >1	Food Package 5 PG or Mostly BF	Food Package 7b Excl BF Multiples	Food Package 6 Limited BF or PP
Cereal	Breakfast Cereal	36 oz	36 oz	54 oz	36 oz
Dairy	Skim, 0%, ½% or 1% Milk	6 gallons	5 ½ gallons	9 gallons	4 gallons
Eggs	Eggs	2 dozen	1 dozen	3 dozen	1 dozen
Fish	Tuna or Salmon	30 oz	N/A	45 oz	N/A
FP 7 Cheese	Cheese	1 pound	N/A	1 pound (even months)	N/A
				2 pounds (odd months)	
FVC	Fresh Fruit & Vegetables Check	\$11.00	\$11.00	\$16.00 (even months)	\$11.00
				\$17.00 (odd months)	
Juice	Concentrated Juice	3 - 11 ½ to 12 oz containers	3 - 11 ½ to 12 oz containers	5 - 11 ½ to 12 oz containers (even months)	2 - 11 ½ to 12 oz containers
				4 - 11 ½ to 12 oz containers (odd months)	
Legumes	Canned Beans	4 - 15 to 16 oz cans	4 - 15 to 16 oz cans	8 - 15 to 16 oz cans (even months)	4 - 15 to 16 oz cans (even months)
				4 - 15 to 16 oz cans (odd months)	
	Peanut Butter	18 oz jar	18 oz jar	18 oz jar (even months)	18 oz jar (odd months)
2 – 18 oz jars (odd months)					
Whole Grains	Whole Grains	16 ounces	16 ounces	32 ounces (even months)	N/A
				16 ounces (odd months)	

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5. Tailor the base food package, as necessary, to prescribe situation appropriate food package.
6. Base food packages are tailored by selecting the desired food item from each food category basket.
7. The baskets and contents for possible substitution are:

<b>Cereal Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 PG or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Breakfast Cereal	36 ounces	36 ounces	54 ounces	36 ounces

<b>Dairy Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 PG or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Skim, 0%, ½% or 1%	24 quarts	22 quarts	36 quarts	16 quarts
Fat Free or Lowfat Lactose Free Milk (half gallon)*	Substitute half gallon for 2 quarts			
Fat Free or Lowfat Lactose Free Milk (quart)*	Substitute quart for quart			

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<b>Dairy Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 PG or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Soy Beverage	Substitute half gallon for 2 quarts (substitute on a quart for quart basis up to the total maximum allowance of milk.)			
Nonfat or Low-Fat Evaporated	Substitute a 12 oz can for 0.75 quart			
Nonfat Dry	Substitute reconstituted quart for quart			
Cheese	Substitute 1 pound for 3 quarts up to 1 pound			
Low-Fat or Non-Fat Yogurt	Substitute 32 ounces (1 quart) for 1 quart milk. Only 1 quart yogurt per food package <b>is allowed.</b>			
Tofu	Substitute 1 - 16 ounce container for 1 quart of milk			

\* Lactose free milk is available in either ½ gallons or quarts, be sure to select the container size available where the client/caregiver shops.

**A combination of cheese, yogurt or tofu may be substituted for no more than 4 quarts of milk for women with Food Package V and no more than a total of 6 quarts of milk for women with Food Package VII a or b.**

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<b>Egg Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 PG or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Eggs	2 dozen	1 dozen	3 dozen	1 dozen
Canned Beans*	Substitute 4 - 15 to 16 oz cans for 1 dozen			
Peanut Butter*	Substitute an 18 oz jar for 1 dozen			

\*Only allowed if KWIC record documents cooking and storage limitations.

<b>Fish Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 PG or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Chunk, Light Tuna or Pink Salmon	30 ounces	N/A	45 ounces	N/A

<b>FP 7 Cheese Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 Pregnant or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Cheese	1 pound	N/A	1 pound (even months)	N/A
			2 pounds (odd months)	

<b>FVC Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 PG or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Fresh fruits or vegetables	\$11.00	\$11.00	\$16.00 (even months) \$17.00 (odd months)	\$11.00

<b>Juice Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 PG or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Concentrated Juice (11 ½ to 12 oz container)	144 fluid ounces reconstituted	144 fluid ounces reconstituted	240 fluid ounces reconstituted (even months) 192 fluid ounces reconstituted (odd months)	96 fluid ounces reconstituted
Ready to Drink Juice (8-pack of 6.75 ounce boxes)*	Substitute fluid ounce for fluid ounce reconstituted.			

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<b>Legume Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 PG or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Canned Beans	8 - 15-16 ounce cans	8 - 15-16 ounce cans	12 - 15-16 ounce cans	4 - 15-16 ounce cans
Dried beans, peas or lentils	Substitute 1 pound for 4 - 15-16 ounce cans			
Peanut Butter	Substitute 18 ounces for 4 - 15-16 ounce cans			

<b>Whole Grains Basket</b>				
<b>Food Item</b>	<b>Maximum Amount</b>			
	<b>Food Package 7a Excl BF or Mostly BF/PG &gt;1</b>	<b>Food Package 5 PG or Mostly BF</b>	<b>Food Package 7b Excl BF Multiples</b>	<b>Food Package 6 Limited BF or PP</b>
Whole Wheat Bread/Rolls/Buns, Whole Wheat Tortillas, Soft Corn Tortillas, Brown Rice, Oatmeal or Whole Wheat Pasta	16 ounces	16 ounces	32 ounces (even months)	N/A
			16 ounces (odd months)	