



**Reviewing the Evidence for Maternal Health and WIC
U.S. Department of Agriculture
Food and Nutrition Service
A Report to Congress
July 2021**

Introduction

The following report addresses actions taken by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) to comply with the Consolidated Appropriations Act, 2021 (P.L. 116-260, H.Rept. 116-446), which directs USDA to conduct a review of existing evidence and develop a plan to explore how participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) is associated with maternal mortality, with emphasis on the needs of disadvantaged communities of color.

The Role of WIC in Maternal Health

According to estimates from the Centers for Disease Control and Prevention's (CDC) Pregnancy Mortality Surveillance System, around 700 women died of pregnancy-related causes in the United States in 2016.¹ Maternal mortality—or the death of a woman during pregnancy or up to one year after the end of her pregnancy—is a particular concern in the Nation not only because the overall rate has been increasing in recent years, but also because the ethnic and racial disparities in these rates are striking. Black and American Indian/Alaska Native women are two to three times as likely to die from pregnancy-associated causes as their White counterparts, and these findings persist across age groups and education levels.

FNS recognizes the significant range of healthcare and social factors that contribute to poor maternal health outcomes during or after pregnancy. The numerous social and health risks that contribute to maternal mortality and morbidity are endemic in communities with limited access to critical resources that ensure healthy obstetric outcomes. Chronic disease, healthcare disparities, and social inequities based on race, ethnicity, and gender begin early in women's lives and continue during preconception periods and between pregnancies.

WIC addresses the supplemental nutritional needs of at-risk, low-income pregnant, breastfeeding and postpartum women, infants, and children up to five years of age. It provides participants monthly supplemental food packages targeted to their dietary needs, breastfeeding support to

nursing mothers, nutrition education, and referrals to a range of health and social services – benefits that promote a healthy pregnancy for mothers and a healthy start for their children. In particular, the WIC Program offers nutrition risk assessments and appropriate counseling to support women’s nutrition goals during prenatal, breastfeeding, and postpartum periods.² In addition to professional nutrition counseling, WIC refers women to healthcare professionals trained to provide services that address the key clinical causes of maternal mortality and poor pregnancy outcomes.

States offer services and referrals to women at higher risk of maternal mortality and morbidity. FNS continues to encourage innovation to promote equitable service, enhance communications, and reduce burdens that participants have identified as barriers to participation. Studies conducted by WIC and other non-government entities prove that WIC is one of the Nation’s most successful and cost-effective nutrition intervention programs. WIC and Medicaid data on over 100,000 births found that every dollar spent on prenatal WIC participation for low-income Medicaid women in five States resulted in longer pregnancies, fewer infant deaths, and greater likelihood of receiving prenatal care. In addition, WIC has initiated new projects to enhance services for program participants. Examples include:

- As part of the American Rescue Plan Act of 2021 (P.L. 117-2, H.Rept. 117-7), WIC received \$390 million “to carry out outreach, innovation, and program modernization efforts, including appropriate waivers and flexibility, to increase participation in and redemption of benefits...” FNS is currently identifying overarching priorities and activities for use of these funds and developing multi-year plans to manage outreach, innovation, and modernization efforts. Through this significant influx of funds, USDA will work to improve health equity by positioning WIC as a critical component of maternal and child health care services.
- Through a cooperative agreement with Tufts University, FNS launched the WIC Telehealth Innovations Project. Tufts will test and evaluate the use of telehealth innovations in delivery of nutrition education, including breastfeeding support, to pregnant women and caregivers of children participating in WIC. In February 2021, Tufts selected seven WIC State agencies to pilot telehealth services.
- Last fall, FNS awarded the Gretchen Swanson Center for Nutrition (GSCN) \$2.5 million to develop and test a safe and secure model for online ordering in WIC. GSCN will use the three-year, competitive grant to plan and implement a safe and secure online ordering for all transactions in up to five States. FNS will evaluate and report results to inform future expansions.

Review of Current Evidence

FNS is currently funding a systematic review, *Maternal and Childhood Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)*, to examine how WIC participation is associated with various maternal, infant, and child outcomes, including maternal morbidity and mortality. This new review, which updates previous reviews examining this topic,⁴ will include evidence in the current literature. The full study protocol is

available from the Agency for Healthcare Research Quality.⁵ A draft version of the systematic review will be available for public comment as early as summer 2021 and a final report will be published as early as fall 2021.

Developing a Coordinated Research Plan

Following the release of the systematic review, FNS will consult with Federal stakeholders to assess current data collection and research efforts across departments that monitor and seek to improve maternal health. FNS will work to identify opportunities to support data collection efforts and establish or enhance existing research to improve maternal health outcomes. Additionally, FNS will work with critical agencies that provide leadership in monitoring outcomes for ethnic and racial groups disproportionately affected by maternal mortality and morbidity.

Based on findings from the systematic review and input from Federal stakeholders, FNS will develop an appropriate research and evaluation plan to examine the association of WIC participation with maternal health outcomes to inform future policies and regulations. Extensive consideration will be given to how the WIC Program can further integrate equitable services, expand innovation, and reduce barriers to participation. FNS will address any findings within the evidence review that suggest disparate WIC services, and coordinate research planning with broader Federal efforts to reduce maternal mortality and morbidity among all women, to include women in disadvantaged communities of color.

References

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2. Public Law 108 – 265; Child Nutrition and WIC Reauthorization Act of 2004
3. Gray K, Tadler C, Perry C, Johnson P, Betson D (2019). National- and State- Level Estimates of WIC Eligibility and WIC Program Reach in 2017. *USDA*, Vol. 1. Available online <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2017-Volume1.pdf>
4. Colman S, Nichols-Barrer IP, Redline JE, et al. (2012) U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, Effects of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): A Review of Recent Research. <https://www.fns.usda.gov/effects-special-supplemental-nutrition-program-women-infants-and-children-wic-review-recent-research>
5. Maternal and Childhood Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Research Protocol, Agency for Healthcare Research and Quality. <https://effectivehealthcare.ahrq.gov/products/outcomes-nutrition/protocol>