

Illinois WIC Program Nutrition Practice Standards (NPS)

Breastfeeding

October 2025

Nutrition Practice Standards are provided to assist WIC staff in translating policy into practice. This guidance is intended to be used in conjunction with the *Illinois WIC Policy Manual (IL WIC PM AD 10)* and the *IWIC Nutrition Risk Criteria (Breastfeeding section)*, to assist staff (CPA or CPA Assistant) with breastfeeding promotion, education, support, and referrals.

Breastfeeding Assessment

Using a positive participant-centered approach, assume breastfeeding is the planned method of infant feeding. By understanding that breastfeeding is the normal, expected, and healthiest way to feed babies, staff can provide education on how to be confident and successful.

Pregnant Participant

During a certification visit, the WIC MIS Breastfeeding screen allows staff to assess the pregnant participant's thoughts, knowledge, and experience with breastfeeding.

- If a pregnant participant is currently breastfeeding, 'Are you experiencing any of the following?' should be assessed for the listed potential/current breastfeeding complications, per USDA risk 602. If not currently breastfeeding, select 'None'

Based on the responses to the breastfeeding assessment questions and after the complete nutritional assessment, staff is expected to individualize education to promote and support breastfeeding. Referrals, including the Breastfeeding Peer Counselor or hospital lactation resources, should be provided and documented, if applicable.

Additional breastfeeding education and support should be provided at secondary education visit(s). During secondary education, preferably in the third trimester, an explanation of the breastfeeding food packages should be provided to encourage breastfeeding fully, highlighting:

- the length of time fully breastfeeding participants are eligible to receive WIC benefits
- amounts and types of foods in the breastfeeding food package
- amounts and types of foods in baby's food package
- reasons to delay any supplementation until breastfeeding/milk supply is established
- as breastfeeding is the common and expected infant feeding method, WIC provides support to establish a good milk supply. This includes discouragement of early formula supplementation.

As noted in the recommended contact schedule, Addendum 1, staff should contact pregnant participants throughout their pregnancy and the early postpartum period, to support success in breastfeeding.

Breastfeeding (Lactating) Participant

Breastfeeding or lactating participants are defined as "all participants fully or partially breastfeeding to any degree, up to one year postpartum." This definition includes participants who are pumping breast milk for an infant. Breastfeeding is generally defined as "the practice of feeding breastmilk to infant(s) on the average of at least once a day." The participant's category is based on how staff answer the Breastfeeding Status pop-up questions on the Cert Action screen in the WIC MIS, for both the parent and baby. It is very important that staff take time to thoroughly discuss breastfeeding frequency at this time. See Addendum 2 – WIC Partial Breastfeeding Dyad Assessment (staff desktop reference) for tips on assessing feeding and tailoring the food package to meet infant needs. Once the system sets the participant category it cannot be changed until the next day.

- By selecting "no" to supplemental formula, the participant is considered Fully Breastfeeding (example 1 below).
 - Note: dyads that are providing minimal formula to the infant and do not want formula from WIC should be marked as "no supplemental formula". Staff should document the

frequency of formula offered in case notes.

- By selecting “yes” to supplemental formula, staff must assess the frequency of breastfeeding; choosing either “some” breastfeeding or “mostly” breastfeeding (example 2 below).
 - “Some”: will be assigned full formula package.
 - “Mostly”: will be assigned a partial formula package.
 - Both types of food packages will need to be tailored using the guidance in Addendum 2 to provide the correct amount of formula for the dyad.
- Prior to saving the Breastfeeding Status pop-up, the staff should ensure the “New Category” is correct and adjust answers to the questions if necessary. Staff will repeat this process for the infant and should ensure both parent and baby have the same dyad category (example: BE/IBE or BP/IBP).

Example 1:

Assign NP status due to perinatal loss or adoption: ☐

* Are you currently breastfeeding or pumping?
☐ No ☒ Yes

* Are you currently giving your baby any supplemental formula?
☒ No ☐ Yes

Frequency of Breastfeeding
▼


Did you ever breastfeed or feed your baby breast milk?
☐ No ☒ Yes ☐ Unknown

How old was your baby when he/she was first fed something other than breast milk (i.e., formula, water, infant cereal, etc.)? Months Weeks Days ☐ Unknown

Age BF Ended: Months Weeks Days ☐ Unknown

Reason BF Ceased
▼

Did you breastfeed as long as you desired?
☐ No ☒ Yes

New Category
BE 

Cert End Date
10/30/2025

Example 2:

Assign NP status due to perinatal loss or adoption: ☐

* Are you currently breastfeeding or pumping?
☐ No ☒ Yes

* Are you currently giving your baby any supplemental formula?
☐ No ☒ Yes

* Frequency of Breastfeeding
Mostly ▼


Did you ever breastfeed or feed your baby breast milk?
☐ No ☒ Yes ☐ Unknown

How old was your baby when he/she was first fed something other than breast milk (i.e., formula, water, infant cereal, etc.)? Months Weeks Days ☐ Unknown

Age BF Ended: Months Weeks Days ☐ Unknown

Reason BF Ceased
▼

Did you breastfeed as long as you desired?
☐ No ☒ Yes

New Category
BP 

Cert End Date
10/30/2025

As noted in the recommended contact schedule, Addendum 1, staff should make two (2) contacts in the first week postpartum to offer breastfeeding support and guidance. These contacts can provide additional information for the breastfeeding assessment and help reduce errors in assigning the wrong category at certification. The breastfeeding support provided in those early contacts can help reduce the need for early formula supplementation.

Breastfeeding Risk Factors

Risk factors for the Breastfeeding participants (USDA risk 601) and Breastfed Infants (USDA risk 702) are auto generated by the WIC MIS. Additional breastfeeding risks are assigned based on assessment in the WIC MIS. Refer to the WIC PM CS and the USDA WIC Nutrition Risks for risk factor priorities and complete risk criteria definitions.

Pregnant category:

A Pregnant participant, at the time of Certification, who is currently breastfeeding an Infant will be assigned the 338 risk based upon answering “currently breastfeeding” for the question on the WIC MIS Health screen regarding ‘any concerns by medical provider?’

Breastfeeding and Pregnant Category:

Breastfeeding Complications or Potential Complications (Women) - 602 system generated risk, if applicable, for a Breastfeeding or Pregnant participant that is currently breastfeeding based on the answer for the question on the WIC MIS Breastfeeding screen “are you experiencing any of the following?”

Infant category:

Breastfeeding Complications or Potential Complications (Infants) – 603 risk system generated, based on the answer to the question on the WIC MIS Breastfeeding screen “Does your baby have?”.

Breastfeeding Dyad Counseling & Education

When assessing the breastfeeding dyad, the amount of milk a breastfeeding participant produces depends directly on how often and how long they nurse. Providing supplemental formula to a new breastfeeding participant may interfere with milk production and success of continued breastfeeding. The breastfeeding assessment and understanding of a participant's plans for breastfeeding are two critical components necessary for correct food package assignment for the breastfeeding dyad.

Refer to Addendum 3 – WIC Breastfeeding Dyad Education (Staff desktop reference). This reference addresses talking points for staff based upon breastfeeding category/supplemental formula use. Provide counseling and education to support participant breastfeeding goals.

Documentation

Staff must document all prenatal and breastfeeding education and counseling in the WIC MIS on the Breastfeeding screens. Based upon individualized needs, this may be documented in the following sections as applicable: Contacts, Referrals, and Notes. For the breastfeeding dyad (BE/IBE and BP/IBP), staff should link the infant (for single births only) via the Link Baby button under the Contacts and/or Notes sections. In doing so, the Contact or Note will be copied to the Infant's Breastfeeding screen. However, all Contacts must be entered on the P, BE, BP, or NP participant's *BF Contact History*.

If a breastfeeding dyad weans from breastfeeding prior to termination at the infant's first birthday, a breastfeeding status change will need to be made. When adding a Reason BF Ceased (Addendum 4) on the Breastfeeding Status screen, staff may also add a Breastfeeding Note to document the explanation of why breastfeeding stopped, should the reason need further clarification.

Refer to the *NPS: Documenting in WIC MIS* for further guidance on Breastfeeding Notes and Referrals for a Pregnant and Breastfeeding dyad and *Certification Standards 6.5 IWIC Assessment Guides* for Pregnant and Breastfeeding participants

Food Packages to Support the Breastfeeding Dyad

Breastfeeding is the expected and normal feeding method for all infants. The infant feeding options available are designed to support breastfeeding by providing as little formula as possible to those participants who choose to breastfeed. The infant's breastfeeding status is used to determine the parent's food package. Dyads are encouraged to fully breastfeed for as long as mutually desired and receive the largest quantity and variety of foods in their package with no formula until 12 months of age. If a breastfeeding participant requests formula, discuss their concerns and support them in their decision. The goal is to provide the minimal amount of supplemental formula, by offering counseling and support to help establish and maintain a successful milk supply. If a breastfed infant receives any formula from WIC, the dyad would be considered partially breastfeeding.

Participants who breastfeed and request the maximum supplemental formula in the Partial Breastfeeding food packages are still certified as breastfeeding; however, they will only receive supplemental WIC foods until the infant is 6 months old. Although the infant receives a full formula food package, staff are expected to continue to support breastfeeding through counseling and providing education.

Participants who are breastfeeding and become pregnant are allowed the nutritional benefit from the increased quantity and variety of foods offered to exclusively breastfeeding women at the time of the Pregnant recertification.

Summary of Breastfeeding Food Packages

Category	Parent	Baby
Breastfeeding Fully Dyad (BE/IBE) no supplemental formula	<ul style="list-style-type: none"> • BE food package may be issued as long as Fully Breastfeeding Infant, up to 12 months. • Largest quantity and variety of foods. 	<ul style="list-style-type: none"> • IBE food package does not issue any infant formula from WIC • At 6 months of age, food package provides infant cereal, infant fruits and vegetables (or choice of CVB), and infant meat.
Breastfeeding “Mostly” Dyad (BP/IBP)	<ul style="list-style-type: none"> • BP food package may be issued up to 12 months. • More quantity and variety of foods are offered than a parent who receives the full formula package. 	<ul style="list-style-type: none"> • IBP food package includes formula to supplement breastfeeding and follow the federal maximum allowed by age as noted in the food package tables. The WIC program always encourages the minimal amount of supplementation to support successful and continued breastfeeding. • At 6 months of age, food package provides infant cereal and infant fruits and vegetable (or choice of CVB).
Breastfeeding “Some” Dyad (BP/IBP)	<ul style="list-style-type: none"> • Active as BP up to 12 months. • Provides the least amount of foods a BP participant can receive (standard postpartum (NP) food package) as her Infant may receive the full formula package until infant is 6 months of age. • Will be assigned a Limited BF Beyond 6 months (no food benefits) package and offered continued breastfeeding support after infant is 6 months of age as long as dyad is still breastfeeding any amount. 	<ul style="list-style-type: none"> • Infant is breastfed at least once per day. Food package may provide up to the maximum amount of formula provided by WIC, considered full formula package. The WIC program always encourages the minimal amount of supplementation to support successful and continued breastfeeding. • At 6 months of age, food package provides infant cereal and infant fruits and vegetable (or choice of CVB).
Pregnant and Breastfeeding	<ul style="list-style-type: none"> • A Pregnant participant who is currently breastfeeding will be supported to continue breastfeeding. • A Pregnant participant fully or mostly breastfeeding is eligible for the same amount of food as an fully breastfeeding (BE) participant. 	<ul style="list-style-type: none"> • Infant will continue to get fully breastfed food benefits while the dyad continues to fully breastfeed. • If dyad is partially breastfeeding the package is dependent on frequency of breastfeeding.

Food Package Changes

Only CPAs may provide breastfeeding status changes and should follow guidance in the *IWIC Void and Reissue* document. The required fields on the cert action screen breastfeeding pop-up will direct the CPA in selecting the appropriate food package assignment based upon the amount of breastfeeding. The infant's breastfeeding status is used to determine the breastfeeding participant's package. Use Addendum 2 – WIC partial Breastfeeding Dyad Assessment (staff desktop reference) as a guide.

If a package change results in a change in the intensity of breastfeeding, such as fully breastfeeding to partial breastfeeding or partial breastfeeding to full formula, the guidance below should be followed:

- Breastfeeding participant has not used any of the current month benefits:
 - Re-issue the correct adult food package to match their breastfeeding status for the current month and all future months.
 - Baby's current and future months are voided and reissued.
- If Breastfeeding participant has used any of the current month benefits:
 - Adult current month benefits must not be changed. Only future month food packages and benefits can be voided and re-issued.
 - Baby's current and future months are voided and reissued.

Addendum 1

Breastfeeding Support/Follow Up -Recommended Breastfeeding Contact Schedule

<u>When</u>	<u>Why</u>	<u>Contact Frequency</u>
Pregnancy	<ul style="list-style-type: none"> ➤ Participants who decide to BF early in pregnancy BF longer ➤ Participants who decide to BF later in pregnancy with consistent information and support throughout the pregnancy ➤ A phone contact in the 9th month of pregnancy provides follow up on initial BF intentions and support, addresses any questions or concerns, as well as informs of WIC support in the early weeks after delivery 	<ul style="list-style-type: none"> ➤ Monthly ➤ At each prenatal follow up visit ➤ More frequently as due date nears ➤ Phone call during 9th month of pregnancy
Early Weeks	<ul style="list-style-type: none"> ➤ Critical weaning period is 7-10 days ➤ Next critical period is 2 weeks - 2 months ➤ 1/4 of women supplement by day 5 ➤ 1/2 of women supplement by day 16 ➤ 2/3 wean by end of 1st month ➤ Most common response for weaning <ul style="list-style-type: none"> - Perceived insufficient milk supply - breast problems/pain ➤ Make appropriate referrals 	<ul style="list-style-type: none"> ➤ Every 2-3 days first week* ➤ Within 24 hours if problems occur ➤ Weekly the rest of the first month <p>*Recommend: CPA (for non-BFPC agencies) makes 2 contacts in the first week postpartum</p>
1-3 Months	<ul style="list-style-type: none"> ➤ Assist parent with maintaining BF after returning to work ➤ Maintaining milk supply ➤ Answer questions as baby grows ➤ Make appropriate referrals 	<ul style="list-style-type: none"> ➤ Monthly ➤ Before returning to work/school ➤ Regularly when breast pump issued
3-6 Months	<ul style="list-style-type: none"> ➤ Assist parent with maintaining BF after returning to work ➤ Maintaining milk supply ➤ Answer questions as baby grows 	<ul style="list-style-type: none"> ➤ Monthly ➤ Regularly when breast pump issued
6-12 Months	<ul style="list-style-type: none"> ➤ Assist parent with maintaining BF after returning to work ➤ Maintaining milk supply ➤ Answer questions as baby grows 	<ul style="list-style-type: none"> ➤ Monthly ➤ Regularly when breast pump issued

WIC Partial Breastfeeding Dyad Assessment

- Offering excess formula to an infant can undermine the family's breastfeeding goals.
- WIC staff should tailor food packages and breastfeeding support to meet the needs of a breastfeeding dyad who supplement with formula.
- Use open-ended questions to assess the frequency of supplement use and goals for the next few months.
 - Tell me more about how you're using formula to feed your baby?

Example Assessment Questions

Frequency of Formula Use

- How many ounces are offered per bottle?
- How many ounces does baby drink per bottle?
- How many bottles of formula are offered per day?
- How many cans of formula are used each week or month?

Breastfeeding and Formula Use Goals

- Are there recommendations from the pediatrician?
- What are your goals for breastfeeding?
- Are there expected changes in formula use in next few weeks or months?
- Refer to DBE/IBCLC as needed or back to PC for support as available

Provide Education and Resources to Families

- Estimated 24-hour intake for infants aged 1 – 6 months is 24 – 30 ounces
- Paced bottle-feeding
- HUG Your Baby Digital Resources
- Feeding Your Baby 0-12 Months
- How Much Can My Infant Eat?
- Got Enough Milk? Yes You Do

Use the table below or USDA's Tailoring Calculator to assign the correct category and food package. <https://wicbreastfeeding.fns.usda.gov/tailoring-calculator> Remember, if a family is providing minimal formula to the infant and do not want formula from WIC should be marked as "no supplemental formula" on the Breastfeeding Status pop up and receive the fully breastfeeding food package. Staff should document the frequency of formula offered in case notes.

Partial Breastfeeding Food Package	Ounces of Formula per 24 hours	Cans of Formula per Month
Mostly	3 or less	1 can
Mostly	4-6	2 cans
Mostly	7-9	3 cans
Mostly	10-12	4 cans
Some/Limited	13-15	5 cans
Some/Limited	16-18	6 cans
Some/Limited	19-21	7 cans
Some/Limited	22-24	8 cans
Some/Limited	25 or more	9 cans

This table based on Illinois contract powdered infant formula

WIC Breastfeeding Dyad Education: IBE, BE

- Breastfeeding nurtures a bond between a parent and their baby, providing nutrition unique to baby's needs
- WIC staff promotes and supports breastfeeding by:
 - Assisting a parent in establishing breastfeeding
 - Promote breastfeeding without supplementation of formula
 - Encouraging breastfeeding for at least one year and for as long thereafter as mutually desired by parent and baby



Breastfeeding a Newborn

- Stomach size, nursing & sleep schedule
- Positions & proper latch
- Feeding cues
- Supply & demand; avoid pacifiers & bottles
- Wet & dirty diapers
- Vitamin D



Breastfeeding- You Got This!

- Growth spurts, cluster feeding & feeding frequency
- Plan ahead for when you may be away from the baby
 1. Hand expression
 2. Pumping
 3. Storage/handling of breastmilk



Feeding the Older Infant

- Starting solids
- Nursing
- Introducing a cup
- Teething



WIC is here for you:

- WIC is just a phone call away
- We will reach out to see how we can support you with breastfeeding
- Contact us with questions



Additional Resources:

- HUG Your Baby Roadmap and Digital Resources
- USDA WIC Breastfeeding Website
- How Much Can My New Baby Eat
- Feeding Your Baby Birth to 12 Months
- First Foods
- Advancing to Table foods
- Got Enough Milk? Yes You Do

WIC Breastfeeding Dyad Education: IBP/IFF, BP

- Breastfeeding nurtures a bond between a parent and their baby, providing nutrition unique to baby's needs
- WIC staff promotes and supports breastfeeding
- If a parent chooses to supplement breastfeeding with formula, we:
 - Encourage offering breastmilk in any amount
 - Ensure education on formula supplementation



Breastfeeding & Formula Supplementation

- Stomach size, nursing & sleep schedule
- Positions & proper latch
- Feeding cues
- Supply & demand; avoid pacifiers & bottles
- Wet & dirty diapers
- Vitamin D



Formula Feeding

- Following instructions on the formula container and/or your medical provider's instructions when preparing formula
- Paced feeding
- Feeding position (holding/not propping)
- Plan ahead: remember, WIC is supplemental



Feeding the Older Infant

- Starting solids
- Nursing
- Introducing a cup
- Teething
- Adjustment in amount of formula to foods



WIC Recommendations:

- Practice good sanitation when handling formula, bottles, and nipples to help protect your infant from any bacteria
- If you have any concerns about feeding your infant and/or formula tolerance, please contact your baby's doctor's office

Additional Resources:

- Feeding Your Baby Birth to 12 months
- Feeding Your Newborn
- Paced Feedings
- Formula Preparation
- Advancing to Table Foods
- First Foods

Addendum 4

I-WIC Reason Breastfeeding Ceased

Use the following Reasons Breastfeeding Ceased and their definitions to best document should a breastfeeding dyad discontinue breastfeeding.

Doctor Advised	Physician advised parent to abstain from breastfeeding due to medical condition that involved either the parent or infant's health status; advised formula supplementation.
Baby Refused /Prefers Bottle	Baby rejected breast, breast preference or refusal, promoting feeding schedules rather than feeding on cue.
Birth Control Interfered	Parent's perception that the form of birth control she was using caused reduced milk supply.
Just didn't Like Breastfeeding	Practices that have been passed down through the parent's family/culture which affect feelings and actions regarding breastfeeding; parent's food choices or behaviors that affect breastfeeding.
Lack of Support (Not workplace)	Parent did not feel supported in her decision to breastfeed; family/friends/childcare providers did not value breastfeeding; lack of assistance in the home; parent did not have support in overcoming challenges.
Lack of Workplace Support	Parent feels returning to work (or school) limited their time and ability to breastfeed successfully; employer or institution did not support breastfeeding; breastmilk expression issues; embarrassed to breastfeed in public.
Met BF Goal	Parent reached previously determined breastfeeding goal. Natural weaning occurred when infant reached his/her developmental milestones; baby gave up breastfeeding naturally when she/he was ready.
Parent taking Medication	Due to an illness, surgery, or treatment plan for parent or baby; or due to medications taken by either parent or baby; can include prescription drugs, medicinal herbals, over-the-counter medications; illicit drugs (parent).
Not Enough Milk/Baby not Satisfied	Parent did not feel infant was satisfied at the breast; parent didn't recognize newborn feeding patterns as normal; parent was not confident in ability to produce enough breast milk. Early or over supplementation of infant formula to the extent that it impaired successful breastfeeding.
Other (See BF Note)	Might include: Infant born before 40 weeks gestation and primary reason a parent ceased breastfeeding is due to issues related to physical or developmental maturity or prematurity.
Pain or Latching Difficulty	Sore nipples, nipple confusion, poor latch, mastitis, engorgement, thrush, poor suck, poor positioning, breastmilk overproduction, delayed or inhibited let down, introduction of an artificial nipple/pacifier, etc.
No Reason Provided	Parent does not indicate a reason breastfeeding ceased.