The WIC Infant and Toddler Feeding Practices Study-2

Presented to the NOPREN Early Care and Education Workgroup

February 26, 2018







Purpose

The Feeding My Baby Study (WIC ITFPS-2) addresses:

- Infants' and children's feeding practices
- Associations between WIC services and:
 - Feeding practices
 - Health and nutrition outcomes of children receiving WIC.

Comparisons with the 1997 WIC Infant Feeding Practices Study–1 (WIC IFPS-1).

Methodology

- Longitudinal study
- Follows infants enrolled in WIC from birth to age 5
- Enrollment began Fall
 2013



Study Participants

Eligibility Requirements

- Pregnant or infant less than 2.5 months old
- First time enrolling in WIC for this pregnancy or child
- At least 16 years old
- Speaks English or Spanish

N=3,777 infants

Data Collection

WIC Site Data

- Site visits
- Key Informant Interviews (State and Local Agency)
- WIC staff survey

WIC Participant Data

- Enrollment on site
- Follow-up telephone interviews
- WIC Administrative Data
- Height/weight data for those off WIC

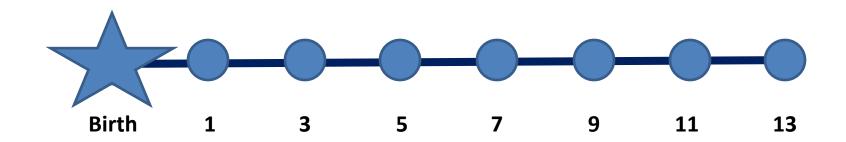
Data Collection

			WIC participant survey interview						22	ý		
Domain	Screening/ enrollment	Baseline ^a	Prenatal	1 month	3 months	5 months	7 months	9 months	11 months	13 months	WIC Admin. data	Staff survey/key informant interviews
Socio-demographic and background characteristics	✓	~		V	✓	✓	✓	✓	✓	✓		
WIC site characteristics and policies					23		23	33		2		✓
WIC program awareness and utilization			✓		✓		✓			✓		
Maternal health and lifestyle	✓	√		V	✓		✓			✓		
Feeding experience, knowledge, attitudes, beliefs, information, advice		~	~	V	✓	~	~			✓		
Hospital feeding related practices				✓								
Current feeding practices				V	✓	✓	✓	√	√	✓		
24-Hour dietary recall				√	√	✓	✓	✓	✓	√		
Child health behavior/rearing practices				V	✓	~	~	~	✓	~		
Child weight and length											√	
WIC food package type					8 8 8 8	30	100	18.			✓	

^a Baseline module questions are asked at the first interview (could be prenatal, 1 month, or 3 months).

Infant Data Collection

- Interviews conducted every 2 months
- Incentive for completing telephone interview
- N=3,777 caregivers (completed at least a 1 or 3 month interview)



Examples of Findings on Breastfeeding Beliefs and Intentions

Prenatal Views: Benefits of Breastfeeding

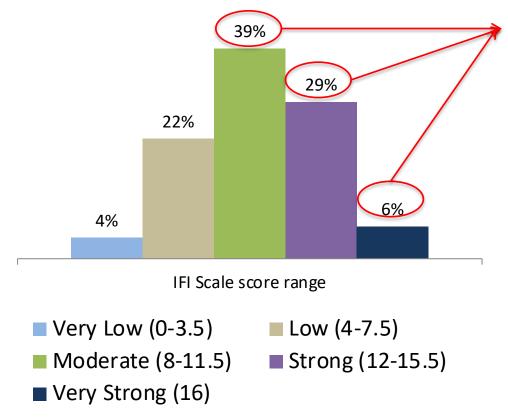
Maternal Attitudes and Beliefs	Percentage of M with Sta		
	WIC IFPS-1	WIC ITFPS-2	Direction
	(1994-95)	(2013-14)	of Change
Benefits of Breastfeeding			
Breastfed babies are healthier than formula-fed	61	79.7	^
babies.			
Breastfeeding helps protect the baby from diseases.	77	81.2	↑
Breastfeeding is easier than formula feeding.	50	55.3	↑
Breastfeeding brings a mother closer to her baby.	81	87.9	^
Breastmilk alone gives a new baby all he/she needs to eat.	71	71.3	↑
Breastfeeding reduces the risk of a child becoming overweight.	Not Asked	50.0	
Breastfeeding helps women lose weight.	53	74.5	1 9

Prenatal Views: Barriers to Breastfeeding

Maternal Attitudes and Beliefs	Percentage of M with Sta		
	WIC IFPS-1	WIC ITFPS-2	Direction
	(1994-95)	(2013-14)	of Change
Barriers to Breastfeeding			
Breastfeeding ties you down.	41	17.3	4
Breastfeeding takes too much time.	34	14.7	\
Breastmilk leaking onto your clothes is something that I worry about.	46	27.4	V
Breastfeeding in public is not something that I want to do.	61	36.9	\
Breastfeeding is painful.	39	43.6	^
Breastfeeding means no one else can feed your baby.	48	50.8	^
With bottle feeding, the mother knows that the baby is getting enough to eat.	76	67.0	↓

Infant Feeding Intention (IFI) Scale Scores

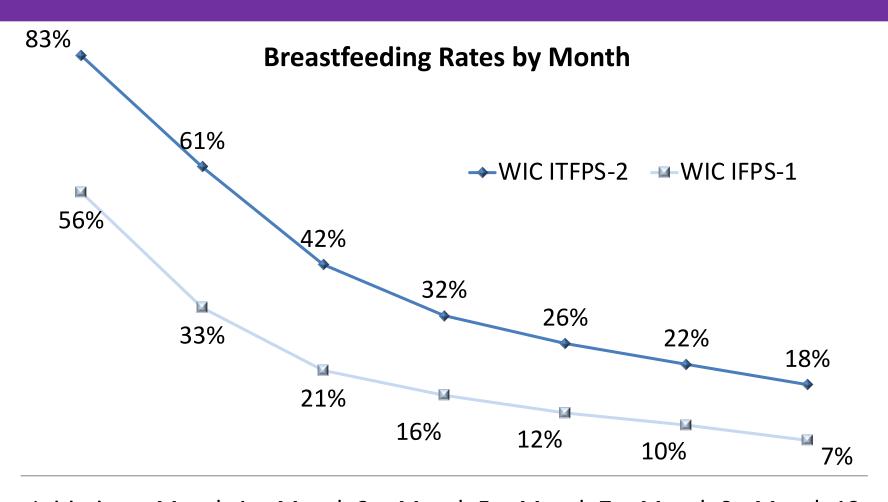
- 0-16 point scale composed from five questions
- Higher scores = stronger intention to breastfeed



Nearly ¾ of prenatal WIC participants have a moderate to very strong intention to exclusively breastfeed.

Examples of Findings on Breastfeeding Behaviors

Breastfeeding Rates Increased Since 1994

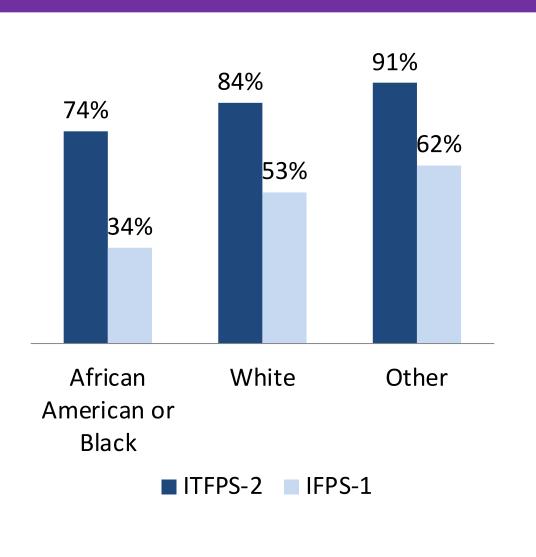


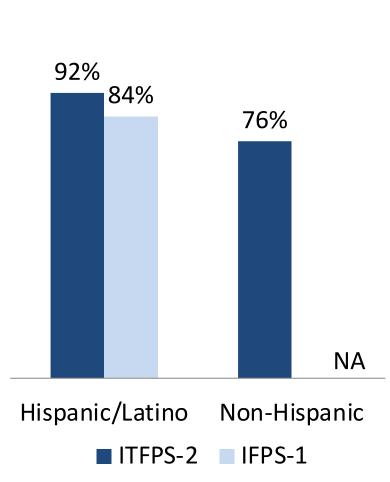
Initiation Month 1 Month 3 Month 5 Month 7 Month 9 Month 12

NOTE: Similar slopes in trend lines between studies.

13

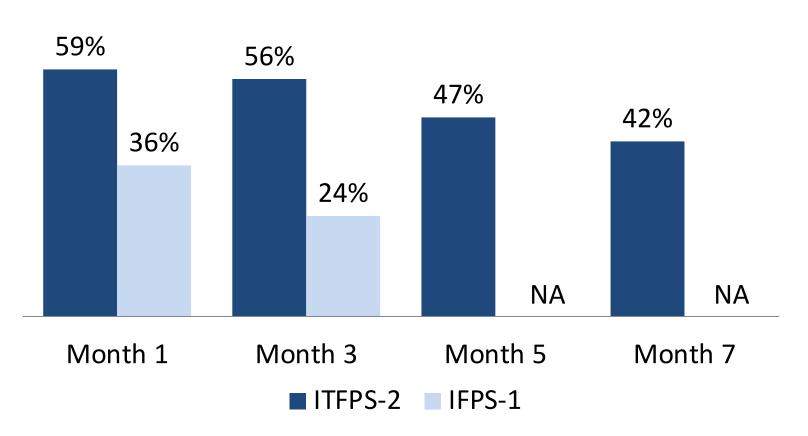
Breastfeeding Initiation by Race and Ethnicity



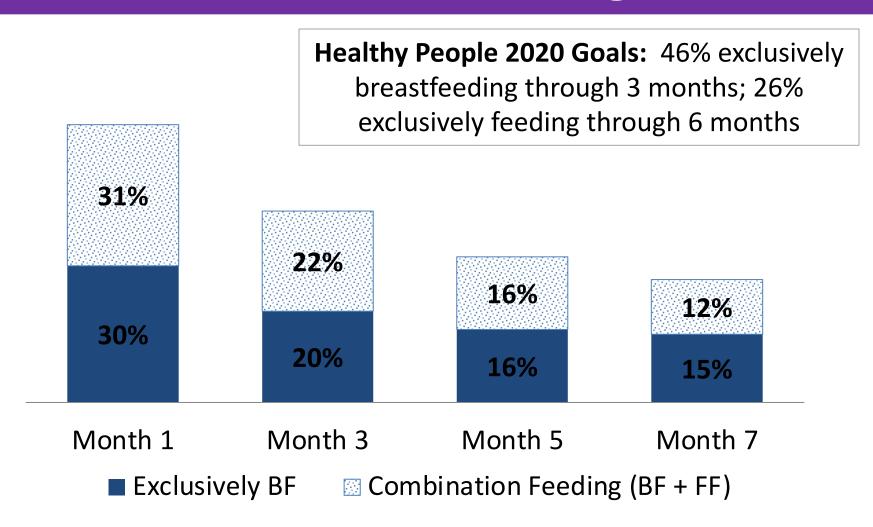


Expressing Breastmilk

Percentage of Breastfeeding Mothers Who Report Expressing Breastmilk During the Past Week



Rates of Exclusive Breastfeeding and Combination Feeding



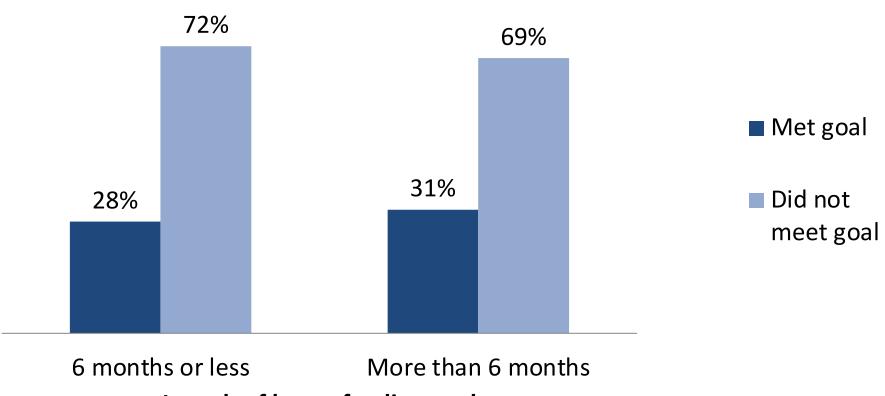
Top Reasons for Breastfeeding Cessation

At 3 months, top reasons why mothers stopped breastfeeding:

- 1. Breastmilk alone did not satisfy baby (57%)
- 2. I didn't produce enough breastmilk (56%)
- 3. Baby lost interest in nursing (34%)

Moms Not Breastfeeding As Long As They Intended

Percentage of Breastfeeding Mothers Who Met Their Personal Breastfeeding Goals, by Length of Goal

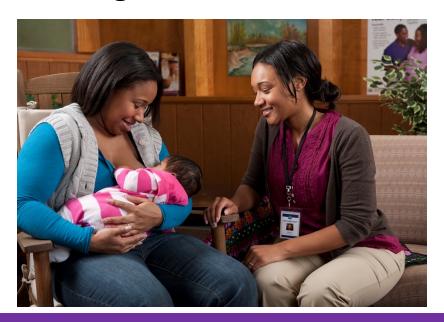


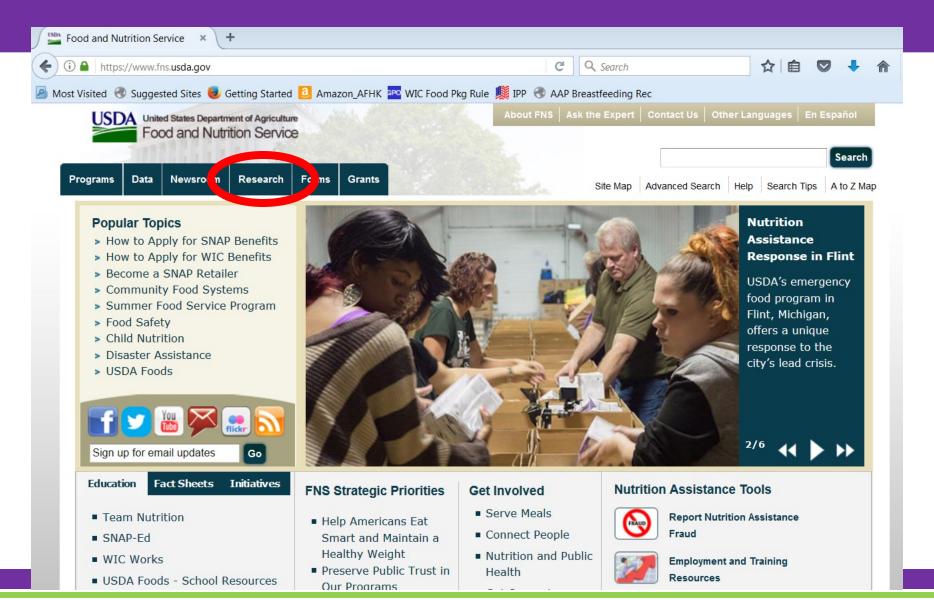
Length of breastfeeding goal

Future Directions

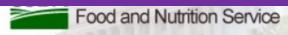
Next Steps

- Second Year Report slated for publication in Spring 2018
- Analyzing data through 36 months
- Currently collecting 48 & 54 month interviews





Grants



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STUDY REPORTS

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WIC

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Programs

Food Security

Nutrition Education

Program Integrity

Child Nutrition Programs

Demos/Grant Projects

FNS Strategic Plan

OTHER RESOURCES

Food & Nutrition Information Center

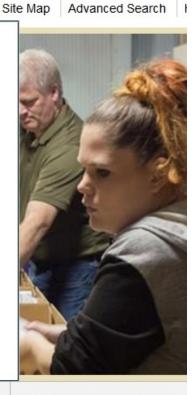
National Agriculture Library

National Collaborative on Childhood Obesity Research

Nutrition.gov

Peer Review Plans and Guidelines

USDA Economic Research Service



Education

Fact Sheets

Initiatives

- Team Nutrition
- SNAP-Ed
- WIC Works

FNS Strategic Priorities

 Help Americans Eat Smart and Maintain a Healthy Weight

Get Involved

- Serve Meals
- Connect People
- Nutrition and Public

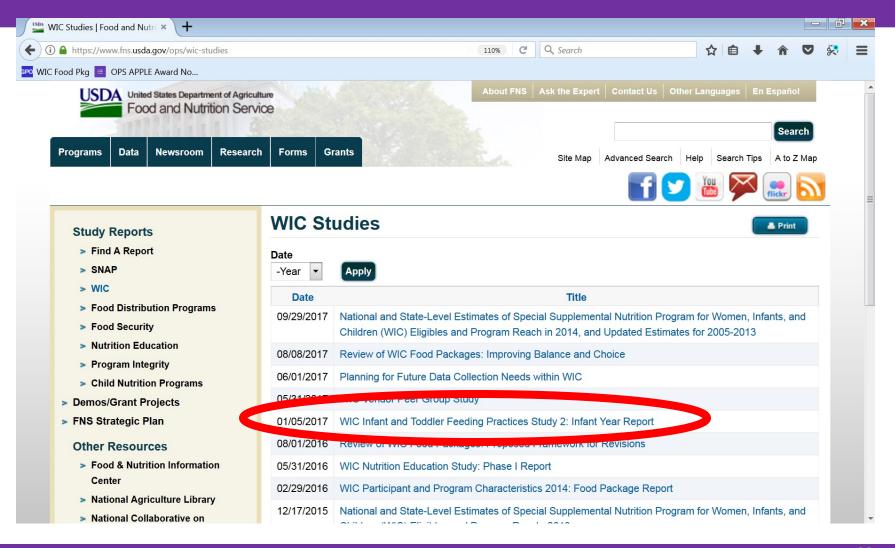
Nutrition Assistance



Report Nutritio Fraud



Employment ar





Thank you!

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WIC Program and Participant Characteristics (WIC PC)

Presented to the

NOPREN Early Care and Education Workgroup

February 26, 2018



Anthony D. Panzera, PhD, MPH USDA Food and Nutrition Service

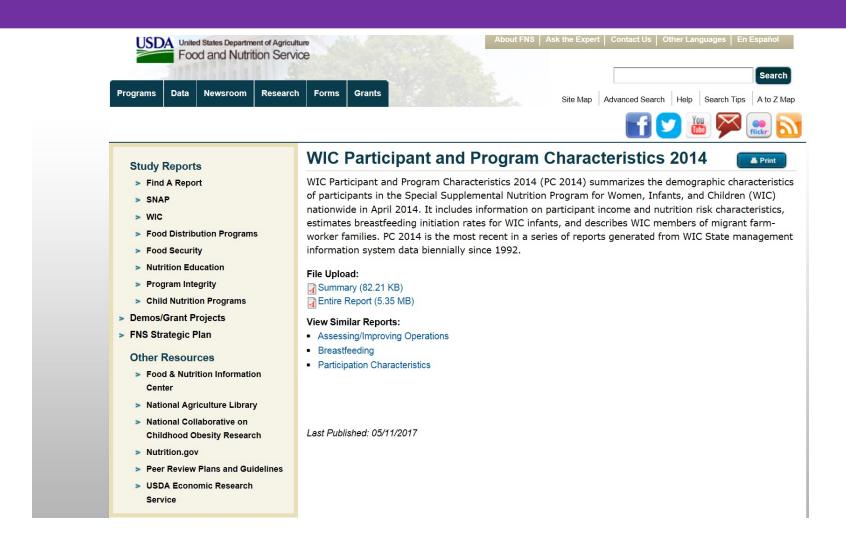
How does FNS use WIC PC?

- Program monitoring
- Managing WIC information needs, such as:
 - estimating budgets;
 - submitting civil rights reports;
 - identifying research needs; and,
 - reviewing current and proposed WIC policies and procedures.
- SAs also use their own data package that is returned to them for program administration

Method

- Federally required
- Biennial collection of program and participant characteristics
- Timeframe is **April** of every even numbered year (...'12, '14...)
- Administrative data from all 90 WIC State agencies (SA)
- SA management information system (MIS) variables
- Census of program participants certified to receive WIC in April of reference year, including individuals who did not claim a food benefit
- WIC PC 2014 is the most recent published report.
 - Total Enrollment in April 2014 was 9,303,253.

WIC PC Reports Available at FNS site



Process

- Our contractor requests a minimum data set (MDS) and a supplemental data set (SDS) from all 90 WIC SAs
- SA staff submit a data file from their MIS
- What is included in it?
 - Demographic characteristics and income
 - Nutritional risks
 - Health Indicators
 - Breastfeeding initiation rates and duration

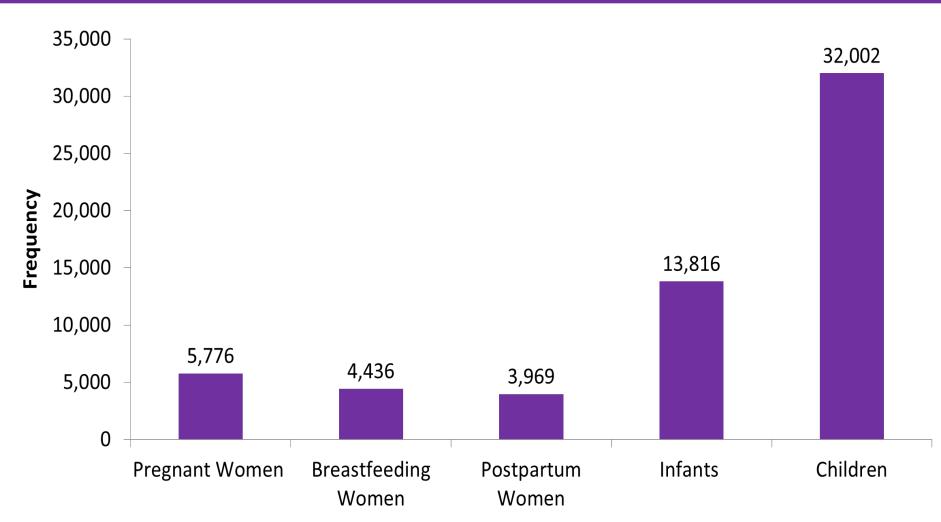
Public Use File

- Nationally representative sample
- Proportionate (or self-weighting) sample was drawn by WIC participant category.
 - Each WIC participant has the same probability of selection across all strata.
 - Sampling weights are not needed when the data are analyzed. In a proportionate stratified sample, the largest stratum accounts for the highest percentage of the analytic sample.
- To protect individual privacy, the public use file does not include State, local agency, or case identification numbers.

2014 Public Use File

- 59,999 sampled participants
- 160 variables
 - MDS variables
 - Sex, Race/Ethnicity, Participation in TANF/SNAP/Medicaid, Nutritional Risks, Hemoglobin or Hematocrit, Weight, Height, Length of Time Breastfed, Currently/Ever Breastfed
 - SDS variables
 - Education Level, Number in Household in WIC, Total Number of Pregnancies/Live Births, Weight Gain During Pregnancy, Birth Weight/Height
 - Constructed variables
 - BMI, Age, Blood measure below FNS Standard

2014 Public Use Data Set: Distribution by Participant Category



2014 Public Use Data Set: Percent of Poverty by Certification Category

Percent of Poverty Level	Pregnant Women	Breastfeeding Women	Postpartum Women	Infants	Children	Total
0	60	54	31	243	243	631
1-50	1927	1312	1604	5044	10669	20556
51-100	1842	1570	1154	4252	10951	19769
101-130	698	562	396	1426	3729	6811
131-150	328	254	144	607	1651	2984
151-185	362	317	162	703	1943	3487
186-200	36	16	16	52	132	252
201-225	40	16	19	65	142	282
226-250	10	14	7	18	69	118
Over 250	18	12	12	51	110	203
Total	5321	4127	3545	12461	29639	55093

Frequency Missing = 4906

2014 Public Use Data Set: Blood Measures Below FNS Standard, by Certification Category

Blood Measures Below FNS Standard	Pregnant Women	Breastfeeding Women	Postpartu m Women	Infants	Children	Total
No	4709	2556	2123	632	23357	33377
Yes	565	1493	1526	0	3998	7582
Not reported	502	387	320	13184	4647	19040
Total	5776	4436	3969	13816	32002	59999

A SAS program for WHO Growth Charts (ages 0 to <2 years)

BIV BMI-for-age								
_bivbmi	Frequency	Percent	Cumulative Frequency	Cumulative Percent				
-1	43	0.17	43	0.17				
0	24876	99.04	24919	99.21				
1	198	0.79	25117	100.00				

Frequency Missing = 34882

- Calculates z-scores for BMI, weight, and height based on WHO Growth Charts.
- Uses the z-scores to identify biologically implausible values (BIV).
- Removes BIVs before completing analysis.

Why use this data?

- Learn more about WIC participants at the national level.
- Analyze and monitor trends in health status and behavior over time.
- Inform your research, grant applications, and administrative decisions.

Limitations & Nuances

- Analyses cannot be conducted at the State- or county-level.
- SA Management Information Systems vary.
- Must understand program regulations and practices to understand the data.

Thank You!

- Please contact me if you would like access to the WIC PC Public Use File.
- Form



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