

WIC enrollment reduces poor pregnancy outcomes for parents and babies, study finds

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More than one in 10 households in the United States last year did not have access to adequate and nutritious food, according to the U.S. government. Further, food and nutrition insecurity lead to a higher risk of poor pregnancy outcomes.

The U.S. Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is one of the main federal food assistance programs that aims to reduce [food insecurity](#) for eligible pregnant, postpartum and breastfeeding people and their children. WIC helps improve the health of participants and their families by providing access to food, nutrition education, and referrals to health care and [social services](#).

Now, researchers have shown that pregnant people who are enrolled in WIC are less likely to have multiple poor pregnancy outcomes, including gestational diabetes, [preterm birth](#), blood transfusion and intensive care unit (ICU) admission for both the parent and child.

A team at The Ohio State University Wexner Medical Center and College of Medicine led the study, published in *Obstetrics & Gynecology*.

"Food insecurity is a major issue in the U.S. with [food prices](#) up and concern over some congressional bills that would cut WIC funding for the first time," said the study's lead investigator Kartik Venkatesh, MD, Ph.D., maternal fetal medicine physician, epidemiologist, associate professor and director of the Diabetes in Pregnancy Program at Ohio State Wexner Medical Center. "In an era in which WIC enrollment has gone down, data from our study prove the relationship between WIC and improved pregnancy health."

A look at the study data

The Ohio State study examined WIC enrollment across the U.S. from 2016 to 2019 in first-time pregnant individuals ages 18-44 and their babies. Those with a prior birth were excluded because they may have been enrolled in WIC during a prior pregnancy. Venkatesh and his team only analyzed people who were U.S. residents, had Medicaid insurance and were eligible for WIC.

Among the more than 1.9 million pregnant people analyzed from 3,120 U.S. counties, WIC enrollment decreased from 73 per 100 live births in 2016 to 66 per 100 live births in 2019. Compared with counties in which WIC enrollment decreased or did not change, counties in which WIC enrollment increased experienced an average of a 30% reduction in [gestational diabetes](#), 50% reduction in ICU admission for the parent, and 30% reduction in blood transfusion at birth. For the child, there was a nearly 30% less preterm birth rate and 20% less ICU admission.

"This study shows that programs like WIC work. Here in central Ohio, we are lucky to have the Mid-Ohio Food Collective, one of the largest food banks in the country," said the study's co-author William Grobman, MD, maternal fetal medicine physician and professor of obstetrics and gynecology at Ohio State. "Ohio State has increasingly partnered with them to address food and nutrition insecurity for all people."

"Now, we're taking a deep dive to see how we can connect people who have food insecurity to WIC and other services so we can fully address their social needs," said Venkatesh. "We want to develop interventions to understand the best way to address social needs as part of pregnancy care so we can improve outcomes for families."

Study data included an analysis of the Centers for Disease Control and Prevention National Center for Health Statistics Natality Files from 2016 to 2019. The data was organized at the county level because WIC is delivered through 1,900 local agencies.

More information: *Obstetrics & Gynecology* (2024).

Provided by Ohio State University Medical Center

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