

Federal WIC program may boost pregnancy outcomes for women, newborns

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Pregnant women enrolled in a federal aid program have better outcomes



than those who are struggling to put food on the table, new research shows.

More than 1 in 10 households nationwide lack access to adequate and <u>nutritious food</u>, U.S. government data show.

The U.S. Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides food aid for <u>low-income women</u> who are pregnant, or who have recently delivered or are breastfeeding, and their children. WIC also helps with referrals to health care and social services.

The new study, from a team at Ohio State University, found that women enrolled in WIC had a lower risk of poor pregnancy <u>outcomes</u>. Those outcomes included gestational diabetes, <u>blood transfusion</u>, <u>preterm birth</u> and stays in intensive care for mom and baby alike.

The study dovetails with concerns about Congressional proposals to slash WIC funding for the first time.

"Food insecurity is a major issue in the U.S. with <u>food prices</u> up," said lead researcher <u>Dr. Kartik Venkatesh</u>, director of the Diabetes in Pregnancy Program at Ohio State's 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."

For the study, his team looked at nationwide enrollment in WIC of 18-to 44-year-olds who were pregnant for the first time between 2016 and 2019 as well as their babies. Only those who were U.S. residents and were covered by Medicaid, the government health insurance program for low-income Americans, were included.

In all, data for 1.9 million people in 3,120 U.S. counties were analyzed.



The analysis found that WIC enrollment fell from 73 per 100 live births in 2016 to 66 per 100 in 2019.

But in counties where WIC enrollment rose, there was an average 50% drop in ICU admission for the parent and 30% drops in both gestational diabetes and blood transfusions at birth. Among the babies in those counties, preterm births were nearly 30% lower and there were 20% fewer ICU admissions.

"This study shows that programs like WIC work," study co-author <u>Dr. William Grobman</u>, a maternal fetal medicine specialist, said in an university news release.

Next step, Venkatesh said, is to see what OSU can do to connect people with <u>food insecurity</u> to WIC and other social services.

The findings were published June 27 in the journal Obstetrics & Gynecology.

"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," Venkatesh said.

More information: The U.S. Department of Agriculture Economic Research Service explains the difference between <u>food insecurity and food insufficiency</u>.

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