

# Connecting with WIC Breastfeeding Services Medical Formulas Referring Families

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## Objectives :

- Explain available breastfeeding services and support for eligible WIC families
- Review current process for requesting therapeutic formula for our most special infants and children on WIC
- Review our current Hybrid WIC services
- Share examples on how we actively engage with families remotely and in-person
- Demonstrate how families can begin the enrollment process on our public website



# Breastfeeding Services at WIC



Photo courtesy: Canva



WIC lactation support and resources:

- Guidance, counseling, and breastfeeding educational materials
- Offers a variety of breast pumps
- Diverse lactation support provide culturally competent breastfeeding support



# LACTATION SUPPORT



## Breastfeeding Peer Counselor Program:

- Mother to mother support
- Frequent follow-up on infant feeding concern
- Provides in-person, phone, and virtual appointments

# BREASTFEEDING SUPPORT GROUPS



Offered virtually every month in 6 languages:

- English
- Spanish
- Armenian
- Chinese
- Vietnamese
- Tagalog





# CinnaMoms<sup>2</sup>



- Support circle for African American/Black families within WIC.
- Promotes & supports breastfeeding with WIC pregnant and postpartum participants.
- Creates a cultural space that promotes empowerment and self-transformation for Black women.

Check out the website at [cinnamoms.org](http://cinnamoms.org)

# BREAST PUMPS



After completing an infant feeding assessment, pumps can be offered to participants that would benefit from a pump

# BREAST PUMPS CLOSET PROJECT



PHFE WIC stores Medela Symphony pumps at 8 local hospitals. These pumps can be issued to families upon LC assessment.

- CHLA
- White Memorial
- Hollywood Presbyterian
- Good Samaritan
- Emanate
- UCLA Ronald Regan
- UCLA Health Santa Monica
- Garfield Medical Center



# INFANT FEEDING HELPLINE



888-278-6455

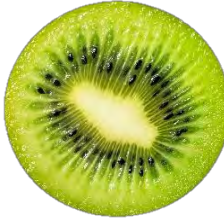
Monday to Friday 9am to 5pm

Certified Lactation Educators & Lactation Consultants are available to:

- Answer breastfeeding questions
- Help with pumps & scales
- Refer to Lactation Consultants
- Help with WIC food packages.



# Medical Formulas and Nutritional Products Updates



# Formula at WIC

## Standard Formula: Similac



### Similac Advance

Standard milk-based formula  
For healthy full term infants  
-Powder and  
Concentrate



### Similac Total Comfort

- Partially hydrolyzed milk-based
  - Proteins more easily digestible
- Powder only



### Similac Sensitive

- Lactose-free
- carbohydrate source  
(corn syrup solids)



# Formula at WIC

## Standard Soy Formula:

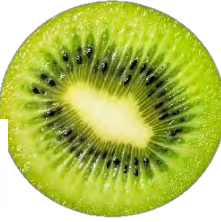


Enfamil ProSobee Planted Based Formula

- Prosobee is not recommended for Preterm Infants



# Medical Formulas and Nutritional Products That Require a Prescription



# Requesting Medical Formula and/or Nutritional Products: Process and when to refer to WIC:



## Step 1

- If Infant/Child has a current Medi-Cal Plan, medical provider will need to submit a “Prior Authorization” for the prescription product to Medi-Cal for approval
- This means the product requested will go through the pharmacy

**\*\*WIC Is the provider of last resort for these special products.**



# Requesting Medical Formula and/or Nutritional Products: Process and when to refer to WIC (continues):



- **Step 2**

***WIC needs documentation in order to issue our supplemental food items  
Even if the product is issued by the pharmacy***

- WIC will need documentation when infant turns 6 months and 12 months
- 12 months and older, we will need a new form every six months or more often depending if the duration noted was less than 6 months by provider.
- WIC needs to know if there are any food restrictions for the infant or child.





**Medical Formula and  
Nutritionals Request Form**



WIC Agency: \_\_\_\_\_  
WIC ID#: \_\_\_\_\_

**SECTION I: Participant/Patient and Health Care Information**

Patient Name: (First) _____ (Last) _____		Date of Birth: _____	
Parent/Caregiver Name: (First) _____ (Last) _____		Phone Number: _____	
Current Height/Length (Within 60 Days) inches _____	Current Weight (Within 60 Days) lbs _____ oz _____	Measurement Date: _____	Birth Weight/Length: lbs _____ oz _____ inches _____
Breastfeeding (birth to 12 months): <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Never breastfed		<input type="checkbox"/> Feeding breastmilk & formula <input type="checkbox"/> Discontinued breastfeeding (Date: _____)	

WIC provides these products when they are **NOT** covered by Medi-Cal. Refer the patient to Medi-Cal for medically necessary formula or medical food.

**Patient's Health Insurance:**  
 Private (Does not cover enteral products)  
 Medi-Cal (Submit Rx to pharmacy)

**SECTION II: Special Formula/Nutritionals and Qualifying Diagnosis**

Formula/Medical Food (Not Listed Below/Specific Name): \_\_\_\_\_

<b>Premature:</b> <input type="checkbox"/> Enfamil NeuroPro EnfaCare <input type="checkbox"/> Similac NeoSure	<b>Hypo-Allergenic:</b> <input type="checkbox"/> Alfamino Infant <input type="checkbox"/> Alfamino Junior, Unflavored <input type="checkbox"/> EleCare Infant <input type="checkbox"/> EleCare Junior, Vanilla <input type="checkbox"/> EleCare Junior, Unflavored <input type="checkbox"/> Gerber Extensive HA <input type="checkbox"/> Neocate Infant <input type="checkbox"/> Neocate Junior, Unflavored	<input type="checkbox"/> Neocate Syneo Infant <input type="checkbox"/> Nutramigen Concentrate <input type="checkbox"/> Nutramigen LGG <input type="checkbox"/> Nutramigen LGG Toddler <input type="checkbox"/> Pregestimil <input type="checkbox"/> PurAmino <input type="checkbox"/> PurAmino Junior <input type="checkbox"/> Similac Alimentum
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Form:  Powder  Concentrate  Ready-to-Feed (Requires justification unless this is the only available form)

Amount: \_\_\_\_\_ ounces per day      Duration:  1 month  2 months  3 months  4 months  5 months  6 months

Qualifying Diagnosis:  Dysphagia  Failure to thrive  Prematurity  Low birthweight  Malabsorption  
 Immune system disorder: \_\_\_\_\_  Gastrointestinal disorder: \_\_\_\_\_  
 Genetic/Metabolic disorder: \_\_\_\_\_  Life-threatening disorder: \_\_\_\_\_  
 Specific food allergy: \_\_\_\_\_  Other medical condition(s): \_\_\_\_\_

**SECTION III: WIC Food Restrictions**

No food restrictions (All WIC foods allowed)     Food restrictions (Specify below)

**Infant 6–11 Months:**  No infant cereal     No infant fruits and vegetables     No infant foods, increased formula  
 If premature, provide after \_\_\_\_\_ months of age.

**Children 1–5 Years:**  No Milk     No Cheese     No Eggs     No Yogurt     No Juice  
 No Peanut Butter     No Beans     No Cereal     No Fruits/Vegetables  
 No Whole Grains (Whole Wheat Bread, Corn/Wheat Tortillas, Brown Rice, Bulgur, Oatmeal, or Pasta)  
 No Solids, provide infant fruits and vegetables     No Solids, provide formula only

Comments: \_\_\_\_\_

**SECTION IV: Health Care Provider Information**

Provider Name (Printed): _____	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA	Medical Office/Clinic Information or Stamp: _____
Date: _____	Phone Number: _____	
Provider Signature: _____		

**Resources**

Health Professionals: Go to [www.wicworks.ca.gov](http://www.wicworks.ca.gov); then click *Health Care Providers* for more information on WIC Formulas.





# Requesting Medical Formula and/or Nutritional Products: Process and when to refer to WIC (continues):



## Step 3

- Acceptable forms of medical documentation include:
  - WIC Form (WIC Formula and Nutritional Request Form)
  - Prescription Pad
  - Hospital Discharge paperwork

# Requesting Medical Formula and/or Nutritional Products: Process and when to refer to WIC (continues):

## Step 4

If submitting a Prescription or Hospital Discharge paperwork: it must include (9 items):

- Date
- Child/Infant name
- Date of Birth
- Medical Diagnosis
- Name of Product
- Duration
- Daily Amount for intake/ounces per day
- Medical Provider signature (NP, MD, PA, DO)
- Address and Contact Number for Medical Provider.

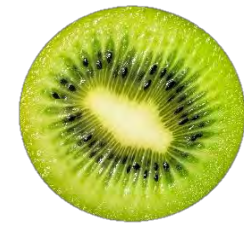


# Non-Qualifying Medical Conditions:

❖ Not all medical conditions qualify for medical formulas or nutritional products through WIC and through a pharmacy:

- Colic
- Constipation
- Diarrhea
- Spitting Up
- Picky Eater
- Fussy
- Poor Appetite
- Cramps/Gas
- Parent/caregiver preference





## Infants and Children with No Medi-Cal Coverage

- ❖ Not all infants and children on WIC have Medi-cal.
- ❖ Those special cases, we will issue the product if it is a product we provide on the WIC Card or submit a request to the our State WIC Branch office who will review the request.



# Helpful Links :

- **California Department of Public Health/WIC Page for Medical Formulas and Nutritional Products:**
  - <https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/HealthCareProviders/WorkingwithWIC/Formula.aspx>
- **Letter to the Medical Provider:**
  - <https://www.cdph.ca.gov/Programs/CFH/DWICSN/CDPH%20Document%20Library/HealthCareProviders/CDPHWICHCPLetter.pdf>
- **WIC Medical Formula and Nutritionals Request Form**
  - <https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph247.pdf>
- **Medi-Cal and WIC: Nutritional Products Covered by Each**
  - <https://www.cdph.ca.gov/Programs/CFH/DWICSN/CDPH%20Document%20Library/HealthCareProviders/WICFormulasandNutritionalsList.pdf>
- **WIC Video for Medical Provider: Referring Patients to WIC for Medical Formula or Nutritionals**
  - <https://youtu.be/soQdCClSB3c>



# How to Connect with WIC



[www.phfewic.org](http://www.phfewic.org)

PHFE  
WIC

a partner of  
Heluna Health

CALIFORNIA  
**wic**  
WOMEN, INFANTS & CHILDREN

[www.phfewic.org](http://www.phfewic.org)



# Questions?



PHFE  
WIC



a program of  
Heluna Health

[www.phfewic.org](http://www.phfewic.org)



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