

Infant Food Packages

Policy

USDA Federal Regulations: (e) Food packages. The authorized supplemental foods must be prescribed from food packages according to the category and nutritional needs of the participants. The intent of the WIC Program is that all breastfeeding women be supported to exclusively breastfeed their infants and to choose the fully breastfeeding food package without infant formula. Breastfeeding mothers whose infants receive formula from WIC are to be supported to breastfeed to the maximum extent possible with minimal supplementation with infant formula. Formula amounts issued to breastfed infants are to be tailored to meet but not exceed the infant's nutritional needs.

(1) Food Package I—Infants birth through 5 months—(i) Participant category served. This food package is designed for issuance to infant participants from birth through age 5 months who do not have a condition qualifying them to receive Food Package III. The following infant feeding variations are defined for the purposes of assigning food quantities and types in Food Packages I: Fully breastfeeding (the infant doesn't receive formula from the WIC Program); partially (mostly) breastfeeding (the infant is breastfed but also receives infant formula from WIC up to the maximum allowance described for partially (mostly) breastfed infants in Table 1 of paragraph (e)(9) of this section; and fully formula fed (the infant is not breastfed or is breastfed minimally (the infant receives infant formula from WIC in quantities that exceed those allowed for partially (mostly) breastfed infants).

(ii) Infant feeding age categories—(A) Birth to one month. Two infant food packages are available during the first month after birth—fully breastfeeding and fully formula-feeding. State agencies also have the option to make available a third food package containing not more than one can of powder infant formula in the container size that provides closest to 104 reconstituted fluid ounces to breastfed infants on a case-by-case basis. The infant receiving this food package is considered partially breastfeeding. State agencies choosing to make available a partially breastfeeding package in the first month may not standardize issuance of this food package. Infant formula may not be routinely provided during the first month after birth to breastfed infants in order to support the successful establishment of breastfeeding.

(B) One through 5 months. Three infant food packages are available from 1 months through 5 months—fully breastfeeding, partially (mostly) breastfeeding, or fully formula-fed.

(iii) Infant formula requirements. This food package provides iron-fortified infant formula that is not an exempt infant formula and that meets the requirements in Table 4 of paragraph (e)(12) of this section. The issuance of any contract brand or non-contract brand infant formula that contains less than 10 milligrams of iron per liter (at least 1.5 milligrams iron per 100 kilocalories) at standard dilution is prohibited. Except as specified in paragraph (d) of this section, local agencies must issue as the first choice of issuance the primary contract infant formula, as defined in §246.2, with all other infant formulas issued as an alternative to the primary contract infant formula. Non-contract brand infant formula and any contract brand infant formula that does not meet the requirements in Table 4 of paragraph (e)(12) of this section may

be issued in this food package only with medical documentation of the qualifying condition. A health care professional licensed by the State to write prescriptions must make a medical determination and provide medical documentation that indicates the need for the infant formula. For situations that do not require the use of an exempt infant formula, such determinations include, but are not limited to, documented formula intolerance, food allergy or inappropriate growth pattern. Medical documentation must meet the requirements described in paragraph (d) of this section.

(iv) Physical forms. Local agencies must issue all WIC formulas (WIC formulas mean all infant formula, exempt infant formula and WIC-eligible nutritionals) in concentrated liquid or powder physical forms. Ready-to-feed WIC formulas may be authorized when the competent professional authority determines and documents that:

(A) The participant's household has an unsanitary or restricted water supply or poor refrigeration;

(B) The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms; or

(C) The WIC infant formula is only available in ready-to-feed.

(v) Authorized category of supplemental foods. Infant formula is the only category of supplemental foods authorized in this food package. Exempt infant formulas and WIC-eligible nutritionals are authorized only in Food Package III. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for infants in Food Packages I are stated in Table 1 of paragraph (e)(9) of this section.

(2) Food Package II—Infants 6 through 11 months—(i) Participant category served. This food package is designed for issuance to infant participants from 6 through 11 months of age who do not have a condition qualifying them to receive Food Package III.

(ii) Infant food packages. Three food packages for infants 6 through 11 months are available — fully breastfeeding, partially (mostly) breastfeeding, or fully formula fed.

(iii) Infant formula requirements. The requirements for issuance of infant formula in Food Package I, specified in paragraphs (e)(1)(iii) and (e)(1)(iv) of this section, also apply to the issuance of infant formula in Food Package II.

(iv) Authorized categories of supplemental foods. Infant formula, infant cereal, and infant foods are the categories of supplemental foods authorized in this food package. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for infants in Food Packages II are stated in Table 1 of paragraph (e)(9) of this section.

(3) Food Package III—Participants with qualifying conditions—(i) Participant category served and qualifying conditions. This food package is reserved for issuance to women, infants and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must meet the requirements described in paragraph (d) of this section. Participants who are eligible to receive this food package must have one or more qualifying conditions, as determined by a health care professional licensed to write medical prescriptions under State law. The qualifying conditions include but are not limited to premature

birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status. This food package may not be issued solely for the purpose of enhancing nutrient intake or managing body weight.

(ii) Non-authorized issuance of Food Package III. This food package is not authorized for:

(A) Infants whose only condition is:

(1) A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula; or (2) A non-specific formula or food intolerance.

(C) Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.

(iii) Restrictions on the issuance of WIC formulas in ready-to-feed (RTF) forms. WIC State agencies must issue WIC formulas (infant formula, exempt infant formula and WIC-eligible nutritionals) in concentrated liquid or powder physical forms unless the requirements for issuing RTF are met as described in paragraph (e)(1)(iv) of this section. In addition to those requirements, there are two additional conditions which may be used to issue RTF in Food Package III:

(A) If a ready-to-feed form better accommodates the participant's condition; or

(B) If it improves the participant's compliance in consuming the prescribed WIC formula.

(iv) Unauthorized WIC costs. All apparatus or devices (e.g., enteral feeding tubes, bags and pumps) designed to administer WIC formulas are not allowable WIC costs.

(v) Authorized categories of supplemental foods. The supplemental foods authorized in this food package require medical documentation for issuance and include WIC formula (infant formula, exempt infant formula, and WIC-eligible nutritionals), infant cereal, and infant foods. The maximum monthly allowances, allowed options and substitution rates of supplemental foods for infants in Food Package III are stated in Table 1 of paragraph (e)(9) of this section.

(9) Full nutrition benefit and maximum monthly allowances, options and substitution rates of supplemental foods for infants in Food Packages I, II and III are stated in Table 1 as follows:

TABLE 1—FULL NUTRITION BENEFIT (FNB) AND MAXIMUM MONTHLY ALLOWANCES (MMA) OF SUPPLEMENTAL FOODS FOR INFANTS IN FOOD PACKAGES I, II AND III

Foods ¹	Fully formula fed (FF)		Partially (mostly) breastfed (BF/FF)		Fully breastfed (BF)	
	Food Packages I-FF & III-FF A: 0 through 3 months B: 4 through 5 months	Food Packages II-FF & III-FF 6 through 11 months	Food Packages I-BF/FF & III BF/FF (A: 0 to 1 month ^{2,3}) B: 1 through 3 months C: 4 through 5 months	Food Packages II-BF/FF & III BF/FF 6 through 11 months	Food Package I-BF 0 through 5 months	Food Package II-BF 6 through 11 months
WIC Formula ^{4 5 6 7 8}	A: FNB = 806 fl oz, MMA = 823 fl oz, reconstituted liquid concentrate or 832 fl. oz. RTF or 870 fl oz reconstituted powder	FNB = 624 fl oz, MMA = 630 fl oz, reconstituted liquid concentrate or 643 fl. oz RTF or 696 fl oz reconstituted powder	A: 104 fl oz reconstituted powder B: FNB = 364 fl oz, MMA = 388 fl oz, reconstituted liquid concentrate or 384 fl oz RTF or 435 fl oz reconstituted powder	FNB = 312 fl oz, MMA = 315 fl oz, reconstituted liquid concentrate or 338 fl oz RTF or 384 fl oz reconstituted powder		
	B: FNB = 884 fl oz, MMA = 896 fl oz, reconstituted liquid concentrate or 913 fl oz RTF or 960 fl oz reconstituted powder					
			C: FNB = 442 fl oz, MMA = 460 fl oz, reconstituted			

			liquid concentrate or 474 fl oz RTF or 522 fl oz reconstituted powder			
Infant Cereal ^{9 11}		24 oz		24 oz		24 oz.
Infant food fruits and vegetables ^{9 10 11 12 13}		128 oz		128 oz		256 oz.
Infant food meat ⁹						77.5 oz.

Table 1 footnotes: (Abbreviations in order of appearance in table): FF = fully formula fed; BF/FF = partially (mostly) breastfed; BF = fully breastfed; RTF = Ready-to-feed; N/A = the supplemental food is not authorized in the corresponding food package.

¹Table 4 of paragraph (e)(12) of this section describes the minimum requirements and specifications for the supplemental foods. The competent professional authority (CPA) is authorized to determine nutritional risk and prescribe supplemental foods as established by State agency policy in Food Packages I and II. In Food Package III, the CPA, as established by State agency policy, is authorized to determine nutritional risk and prescribe supplemental foods per medical documentation.

²State agencies have the option to issue not more than one can of powder infant formula in the container size that provides closest to 104 reconstituted fluid ounces to breastfed infants on a case-by-case basis.

³Liquid concentrate and ready-to-feed (RTF) may be substituted at rates that provide comparable nutritive value.

⁴WIC formula means infant formula, exempt infant formula, or WIC-eligible nutritionals. Infant formula may be issued for infants in Food Packages I, II and III. Medical documentation is required for issuance of infant formula, exempt infant formula, WIC-eligible nutritionals, and other supplemental foods in Food Package III. Only infant formula may be issued for infants in Food Packages I and II.

⁵The full nutrition benefit is defined as the minimum amount of reconstituted fluid ounces of liquid concentrate infant formula as specified for each infant food package category and feeding variation (e.g., Food Package IA-fully formula fed).

⁶The maximum monthly allowance is specified in reconstituted fluid ounces for liquid concentrate, RTF liquid, and powder forms of infant formula and exempt infant formula. Reconstituted fluid ounce is the form prepared for consumption as directed on the container.

⁷State agencies must provide at least the full nutrition benefit authorized to non-breastfed infants up to the maximum monthly allowance for the physical form of the product specified for

each food package category. State agencies must issue whole containers that are all the same size of the same physical form. Infant formula amounts for breastfed infants, even those in the fully formula fed category should be individually tailored to the amounts that meet their nutritional needs.

⁸State agencies may round up and disperse whole containers of infant formula over the food package timeframe to allow participants to receive the full nutrition benefit. State agencies must use the methodology described in accordance with paragraph (h)(1) of this section.

⁹State agencies may round up and disperse whole containers of infant foods (infant cereal, fruits and vegetables, and meat) over the Food Package timeframe. State agencies must use the methodology described in accordance with paragraph (h)(2) of this section.

¹⁰At State agency option, for infants 6-12 months of age, fresh banana may replace up to 16 ounces of infant food fruit at a rate of 1 pound of bananas per 8 ounces of infant food fruit. State agencies may also substitute fresh bananas at a rate of 1 banana per 4 ounces of jarred infant food fruit, up to a maximum of 16 ounces.

¹¹In lieu of infant foods (cereal, fruit and vegetables), infants greater than 6 months of age in Food Package III may receive infant formula, exempt infant formula or WIC-eligible nutritionals at the same maximum monthly allowance as infants ages 4 through 5 months of age of the same feeding option.

¹²At State agency option, infants 9 months through 11 months in Food Packages II and III may receive a cash-value voucher to purchase fresh (only) fruits and vegetables in lieu of a portion of the infant food fruits and vegetables. Partially (mostly) breastfed infants and fully formula fed infants may receive a \$4 cash-value voucher plus 64 ounces of infant food fruits and vegetables; fully breastfeeding infants may receive a \$8 cash-value voucher plus 128 ounces of infant food fruit and vegetables.

¹³State agencies may not categorically issue cash-value vouchers for infants 9 months through 11 months. The cash-value voucher is to be provided to the participant only after an individual nutrition assessment, as established by State agency policy, and is optional for the participant, i.e., the mother may choose to receive either the maximum allowance of jarred foods or a combination of jarred foods and a fruit and vegetable cash-value voucher for her infant. State agencies must ensure that appropriate nutrition education is provided to the caregiver addressing safe food preparation, storage techniques, and feeding practices to make certain participants are meeting their nutritional needs in a safe and effective manner.

(12) Minimum requirements and specifications for supplemental foods. Table 4 describes the minimum requirements and specifications for supplemental foods in all food packages:

TABLE 4—MINIMUM REQUIREMENTS AND SPECIFICATIONS FOR SUPPLEMENTAL FOODS

Categories/foods	Minimum requirements and specifications
WIC FORMULA:	
Infant formula	All authorized infant formulas must: <ol style="list-style-type: none"> (1) Meet the definition for an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)) and meet the requirements for an infant formula under section 412 of the Federal Food, Drug and Cosmetic Act, as amended (21 U.S.C. 350a) and the regulations at 21 CFR parts 106 and 107; (2) Be designed for enteral digestion via an oral or tube feeding; (3) Provide at least 10 mg iron per liter (at least 1.5 mg iron/100 kilocalories) at standard dilution; (4) Provide at least 67 kilocalories per 100 milliliters (approximately 20 kilocalories per fluid ounce) at standard dilution. (5) Not require the addition of any ingredients other prior to being served in a liquid state.
Exempt infant formula	All authorized exempt infant formula must: <ol style="list-style-type: none"> (1) Meet the definition and requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug, and Cosmetic Act as amended (21 U.S.C. 350a(h)) and the regulations at 21 CFR parts 106 and 107; and (2) Be designed for enteral digestion via an oral or tube feeding.
WIC-eligible nutritionals. ¹	Certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible nutritionals must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme.

INFANT FOODS:	
Infant Cereal	Infant cereal must contain a minimum of 45 mg of iron per 100 g of dry cereal. ¹²

Infant Fruits	Any variety of single ingredient commercial infant food fruit without added sugars, starches, or salt (i.e., sodium). Texture may range from strained through diced. The fruit must be listed as the first ingredient. ¹³
Infant Vegetables	Any variety of single ingredient commercial infant food vegetables without added sugars, starches, or salt (i.e., sodium). Texture may range from strained through diced. The vegetable must be listed as the first ingredient. ¹⁴
Infant Meat	Any variety of commercial infant food meat or poultry, as a single major ingredient, with added broth or gravy. Added sugars or salt (i.e. sodium) are not allowed. Texture may range from pureed through diced. ¹⁵

Table 4 Footnotes: FDA = Food and Drug Administration of the U.S. Department of Health and Human Services.

¹The following are not considered a WIC-eligible nutritional: Formulas used solely for the purpose of enhancing nutrient intake, managing body weight, addressing picky eaters or used for a condition other than a qualifying condition (e.g., vitamin pills, weight control products, etc.); medicines or drugs, as defined by the Food, Drug and Cosmetic Act (21 U.S.C. 350a) as amended; enzymes, herbs, or botanicals; oral rehydration fluids or electrolyte solutions; flavoring or thickening agents; and feeding utensils or devices (e.g., feeding tubes, bags, pumps) designed to administer a WIC-eligible formula.

¹²Infant cereals containing infant formula, milk, fruit, or other non-cereal ingredients are not allowed.

¹³Mixtures with cereal or infant food desserts (e.g., peach cobbler) are not authorized; however, combinations of single ingredients (e.g., apple-banana) and combinations of single ingredients of fruits and/or vegetables (e.g., apples and squash) are allowed.

¹⁴Combinations of single ingredients (e.g., peas and carrots) and combinations of single ingredients of fruits and/or vegetables (e.g., apples and squash) are allowed. Mixed vegetables with white potato as an ingredient (e.g., mixed vegetables) are authorized. Infant foods containing white potatoes as the primary ingredient are not authorized.

¹⁵No infant food combinations (e.g., meat and vegetables) or dinners (e.g., spaghetti and meatballs) are allowed.

Authority

7 CFR Part 246.10(e)*excerpt*
 7 CFR Part 246.10(e)(1)(i-v)
 7 CFR Part 246.10(e)(2)(i-iv)
 7 CFR part 246.10(e)(3)i-ii)(A)(1-2)
 7 CFR part 246.10(e)(3)i-ii)(C)
 7 CFR Part 246.10(e)(3)(iii-v)*excerpt*
 7 CFR Part 246.10(e)(9)
 7 CFR Part 246.10(e)(9)(Table 1)
 7 CFR Part 246.10(e)(12)
 7 CFR Part 246.10(e)(12)(Table 4)*excerpt*

Procedures

Local agencies must issue as the first choice of issuance the primary contract brand infant formula to the majority of healthy full-term infants.

Formula will not be offered routinely to breastfed infants in the first month and instead provided on a case by case basis following an assessment and conversation with the parent.

The full food package of formula is not to be used as the standard for issuance unless the mother is not breastfeeding at all. For all infants who are breastfeeding and being supplemented with formula, the number of the cans issued must be based on an assessment of the individual participant's breastfeeding and nutritional needs and may not exceed current intake.

Documentation of the assessment and determination of need is required in the care plan.

Use of the model food packages in the WIC data system meet the requirements for providing the full FNB but not more than the MMA for the physical form of the product. The model food packages available to select from will be based on infant age and feeding status. The data system will present the model food packages available based upon the infant's age on the first day of the month after staff has selected a breastfeeding description in the nutrition interview. Definitions of model food package descriptors are as follows:

- BF Full - food package for infants that will include only infant foods and no formula and be available only for infants 6 months of age (as of the first day of the month) and older.
- BF Part In - food package for infants who are partially (mostly) breastfed and receiving less than a half of a formula food package. This food package will provide the maximum number of cans of formula an infant can receive to stay considered partially (mostly) breastfeeding (and infant foods if age appropriate) and staff will tailor down the number of cans formula based on the assessment and conversation with parent.
- BF Part Out - food package for infants who are partially breastfeeding but receiving more than a half of a formula food package. This food package will provide the minimum number of cans of formula an infant can receive that no longer allows them to be considered partially (mostly) breastfed (and infant foods if age appropriate) and staff will tailor up the number of cans formula provided (up to the maximum allowed) based on the assessment and conversation with parent.
- Form Inf - food package for infants that are doing no breastfeeding and will receive the maximum amount of formula allowable (and infant foods if age appropriate).

All non-contract infant formulas (i.e. category 21 products in the WIC datasystem that are not covered by the infant formula contract) require a prescription, medical documentation and approval from the state WIC office.

Non-contract infant formulas will not be provided to WIC infants based solely on a health care provider's personal preference; the feeding history and medical diagnosis must indicate a need for the non-contract infant formula. Infants using a non-contract formula since birth must complete feeding trials of the primary contract infant formula.

The CPA must contact their state nutrition consultant for approval prior to issuing non-contract infant formulas. The length of authorization for a non-contract formula is based on the documentation from the prescribing authority.

Non-contract brands of infant formula also include exempt infant formulas (formulas for infants with inborn errors of metabolism, low birth weight, or other unusual medical or dietary problems). A CPA may authorize exempt infant formulas written for by the prescribing authority from the state-approved list (i.e. category 31 products in the WIC datasytem). The length of the authorization is based on the documentation from the prescribing authority. If the exempt infant formula is not available in the WIC data system, the CPA must work with the State Office to complete the Iowa WIC Formula Approval Application. The application and the Iowa WIC Formula Issuance Guide can be found on the WIC web portal.

Medical documentation is required to authorize supplemental foods to:

- Any infant 6 months and older receiving an exempt infant formula, and
- Any child receiving an exempt infant formula.

See Medical Documentation policy for more information on requirements and what to do for information provided over the phone but when adequate medical documentation is provided:

- Design the food package,
- Issue FIs and work with the participant to identify the vendor they will use.
- Electronically file the medical documentation.

When documentation is not adequate:

- Design the food package
- Provide one month of FIs work and with the participant to identify the vendor they will use
- Determine the best way to obtain written documentation from the health care provider.
- Follow-up with the provider as needed to obtain the written documentation or to clarify the prescription.
- When adequate medical documentation is received, issue two more months of benefits and electronically file the documentation.

A small group of 6-11 month old infants can receive more formula than the amounts listed in the table above. The maximum quantity of formula for these infants is the same as provided for infants who are 4-5 months old. This group includes infants who:

- Receive a contract, non-contract, exempt infant formula or a WIC-eligible nutritional, and
- Have medical documentation for a qualifying medical conditions that prevents them from consuming solid foods.

These infants must be reassessed for readiness to consume solids on a regular basis and once solid foods can be introduced, the additional formula discontinued and the infant foods added back.

Infants may not be issued food package IV, the child's food package, until after they have turned one-year-old. The infant food package is required prior to the first birthday.

Any iron-fortified non-contract routine infant formula may be authorized without medical

documentation to meet religious eating patterns (e.g. kosher dietary laws). Documentation about this substitution for religious reasons must be made in the infant's electronic record.

Best Practices

The Iowa WIC Program promotes breastfeeding as the normal, expected and the healthiest way to feed babies. To successfully establish milk supply, encourage mothers to exclusively breastfeed and not use formula during the first 4 to 6 weeks postpartum.

Breastfeeding infants that are being supplemented with formula should only be issued the number of cans needed to cover their current formula intake. This should be done, along with education and anticipatory guidance in order to promote and protect breastfeeding and help the mom achieve her breastfeeding goals. To determine how many cans of formula an infant needs for one month, complete the following steps:

- Determine how many ounces of formula the infant drinks in 24 hours. Questions to ask include:
 - How many ounces of formula does baby drink?
 - How big of bottles do you make? Does baby finish the entire bottle every time?
 - How often does baby eat, how many of those feedings are formula? Does that include overnight?
 - For older infants ask if baby attends daycare/babysitter and if the feeding routine is different there versus when they are with the parent.
 - How long does a can of formula typically last you? (This is a good question to ask to confirm the amount of formula the parent reports using.)
- Multiply the number of ounces baby takes in 24 hours by 30 to determine how many ounces they are drinking a month.
- Determine how many reconstituted ounces one can of the required formula makes (this can be found in the Iowa WIC Formula Product Guide) and divide the number of ounces baby is taking a month by the reconstituted ounces one can makes to determine how many cans of formula should be issued.

For more information on the different types of infant formula and their uses as well as guidelines to share with participants for preparing, feeding and storing formula use the following document: *USDA Infant Nutrition and Feeding A Guide for Use in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*.

Powdered formulas are not recommended for hospitalized infants (including premature infants and immune-compromised infants) because they may contain Cronobacter contamination. Some health care providers may also prescribe liquid formulas (concentrate or ready-to-feed) after hospital discharge for at-risk infants such as premature infants and immune-compromised infants. The length of time that an infant requires a sterile liquid formula is a medical determination made by the prescribing authority.

CPAs should confirm the type of formula (i.e., powder vs. liquid) prescribed for this group of infants via a telephone call or a written prescription. If the health care provider cannot be

reached, issue liquid formula for that month in order to prevent an unnecessary barrier to service. Benefits for subsequent months can be issued once the health care provider has been reached.

When presented with a request for a non-contract infant formula and a feeding trial using a primary contract or other approved formula has not been done, do the following:

- Complete an infant feeding assessment to determine other potential feeding problems that could cause symptoms for formula intolerance and summarize pertinent information in a nutrition care plan.
- Describe the primary contract infant formulas and the requirement and rationale for the infant formula cost containment contract;
- Discuss the results of the feeding assessment and the need for a feeding trial with an approved formula;
- Discuss how to do a feeding trial in a way most comfortable to the parent/guardian. (E.g. decide which primary contract formula to try and how to introduce it; i.e. instant switch, alternating bottles of formula or mixing current with potential formula, gradually increasing the amount of the new formula).
- Design the food package and provide one to three months of benefits depending on how and when the parent/guardian wants to follow up with how it's going.