



COMMENT

Policy threats to maternal and child nutrition: putting the unborn child at a lifelong disadvantage

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Adding to the evidence base regarding the importance of maternal and infant nutrition on long-term outcomes, in this issue of *Pediatric Research*, Strand and colleagues report that maternal and infant vitamin B12 status during infancy predicts linear growth at 5 years of age.¹ This unique study is the first to investigate the associations between infant and maternal vitamin B12 levels with growth until school age. These findings remind us of the importance of addressing food insecurity, especially among women, infants, and children.

Currently, 16 million US children (21%) live in households that lack consistent access to adequate food.² Doctors strongly support “immunizing” our children against childhood hunger and malnutrition even before they are born by supporting maternal nutrition. Federal nutrition programs were established in the US to prevent and treat food insecurity and to treating them effectively if and when this health problem does occur.

The Child Nutrition Act of 1966, landmark legislation that gave birth to the Special Supplemental Program for Women, Infant, and Children (WIC), was enacted “*In recognition of the demonstrated relationship between food and good nutrition and the capacity of children to develop and learn, based on the years of cumulative successful experience under the national school lunch program with its significant contributions in the field of applied nutrition research*”.³ This program was created “*as a measure to safeguard the health and well-being of the Nation’s children, and to encourage the domestic consumption of agricultural and other foods, by assisting States, through grants-in-aid and other means, to meet more effectively the nutritional needs of our children.*” Today, WIC gives federal grants to states for supplemental foods, health care referral, and nutrition education for low-income pregnant and postpartum women and to infants and children at risk for malnutrition in order to avoid the detrimental effects of malnutrition on neurocognitive development (IQ), growth, and long-term health. Unfortunately, this program continues to remain “at risk” for funding cuts as it is a discretionary spending program and must seek an appropriation in each yearly federal budget.

In a review of federal prevention initiatives, Ripple and Zigler compiled studies demonstrating WIC’s success. For example, they found that compared to other low-income mothers, mothers using WIC have higher birthweight infants, fewer perinatal complications, and lower infant mortality. In addition, improved nutritional intake attributed to WIC participation leads to improved cognitive development.⁴

Changes in funding priorities continue to present threats to maternal, infant, and child nutrition in the US. These policy decisions are not based on the scientific data that continue to support the benefits of programs that ensure adequate maternal and child nutritional standards. Recent budget proposal by the current administration had a 30% cut to nutrition programs, including WIC. One purported motivation for this is that federal nutrition programs, such as WIC, are too costly and fuel the budget deficit, despite the fact that proposed cuts would amount to less than \$1 billion of deficit reduction against a projected record \$985 billion deficit in 2019 caused in part by an administration-pushed tax cut intentionally designed to increase the deficit by another \$1 trillion over the next 10 years. Meanwhile, evidence suggests that WIC largely pays for itself. A study done in the 1990s examined the impact of WIC participation in five states on Medicaid costs. The study found that “prenatal WIC participation was associated with substantial savings in per-capita Medicaid costs during the first 60 days after birth, with estimates ranging from \$277 in Minnesota to \$598 in North Carolina. For every dollar spent on the prenatal WIC program, the associated savings in Medicaid costs during the first 60 days ranged from \$1.77 to \$3.13 across the five states. Receiving inadequate levels of prenatal care was associated with increases in Medicaid costs ranging from \$210 in Florida to \$1,184 in Minnesota.”

Another policy threat to the benefit of federal programs to infants and children is the linking of programs such as WIC and the Children’s Health Insurance Program (CHIP) to employment. Although these work requirements propose to exempt parents and students, the increased paperwork and reporting requirements have been shown to result in loss of access secondary to inability to navigate the process, miscommunication, or breakdowns in processing of documentation.⁵ The risk of loss in nutritional support as a result of this strategy does not just penalize the adult, but also puts unborn children and dependent children at risk of lifelong disadvantage. Linking work requirements to health insurance further reduces access of at-risk children and families to nutrition. It is often during a regular visit to a pediatrician that children and families who are at-risk for food insecurity are identified and then linked to federal nutrition programs and other nutrition-related community resources. Loss of access of this vulnerable population to the care and counsel of pediatricians will have a detrimental effect on their nutrition and health.

How do we ensure that the current accumulated knowledge and research on the importance of maternal and childhood

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nutrition is taken into account when policy decisions are made? First and foremost, we need to ensure that pregnant women and children have access to food by protecting WIC from the budgetary “chopping block” of the federal government’s list of benefits and reminding policy makers of the substantial cost savings that this program confers to Medicaid. Next, it is important to ensure that pregnant women and children at risk for food insecurity have access to high-quality, affordable health care. It is part of the charge of every pediatrician to advocate on behalf of our children to educate policy makers as to the importance of governmental programs that have been shown to have an impact on well-being of our children in an efficient and cost-effective manner. As this nutritional program remains in jeopardy, so does the public health of our future.

ADDITIONAL INFORMATION

Competing interests: The authors declare no competing interests.

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REFERENCES

1. Strand, T. A. et al. Maternal and infant vitamin B12 status during infancy predict linear growth at 5 years. *Pediatr. Res.* (2018).
2. Promoting Food Security for All Children. *Pediatrics* **136**, e1431–e1438 (2015). Council on Community Pediatrics, Committee on Nutrition.
3. United States. Congress. House. Committee on Agriculture. *The Child Nutrition Act, And The Special Milk Program For Children. Hearings, Eighty-ninth Congress, second session, on H.R. 13361... June 23 and 24, 1966.* (US Govt. Print. Off., Washington, USA, 1966).
4. Ripple, C. H. & Zigler, E. Research, policy, and the federal role in prevention initiatives for children. *Am. Psychol.* **58**, 482–490 (2003).
5. Garfield, R., Rudowitz, R. & Musumeci, M. *Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses.* <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/> (2018). Accessed 2 August 2018.