News and Perspectives

Securing WIC Virtual Services: The Overlooked Digital Health Tool in America's Maternal Mortality Crisis

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Abstract

The US government has only weeks left to either approve the 2027 federal spending bills or extend government funding to avoid funding lapses for essential programs. In this *News and Perspectives* article, JMIR Correspondent Anika Nayak reports on one such program—The Special Supplemental Nutrition Program for Women, Infants, and Children—and explains why Congress should seize the opportunity to make the program's remote services a permanent feature.

Key Takeaways:

- A stopgap funding bill extends Women, Infants, and Children (WIC) program funding through December 11, 2026, but does not give the program's virtual service flexibilities permanent legal authority, though the US Department of Agriculture has indicated it will allow them to continue in the meantime.
- WIC functions not only as a nutrition benefit for families, but also as a recurring screening-and-referral touchpoint for mothers that continues after delivery.
- Remote certification removes transportation and time-off barriers, and participation and retention rose while it was widely available.

WIC—the Special Supplemental Nutrition Program for Women, Infants, and Children—is one of the few public programs in the United States that routinely checks in on mothers after they give birth, over the period when more than half of pregnancy-related deaths occur.

The program serves pregnant women, postpartum women up to 6 months after delivery (or up to 1 year if breastfeeding), infants, and children under age 5, providing applicants who qualify with essential nutritional and lactation support—both in person and virtually.

However, WIC's virtual services still lack permanent legal authority. The continuing resolution that the House passed on September 1, 2026, funds the government, including WIC, through December 11, 2026, and includes spending flexibilities so every eligible family can keep participating, but it does not make those virtual services permanent. In the meantime, the US Department of Agriculture (USDA) has indicated it will allow them to continue. Congress has until December 11 to pass full-year fiscal 2027 funding or another stopgap, and advocates want that bill to make virtual services a lasting part of the program.

Remote certification and recertification help facilitate families' access to the program and keep many of the check-ins the program offers from being missed.

A Health Touchpoint, Not Just a Benefit

WIC is often known as a food benefits program. It offers a monthly food package that includes a set dollar amount for fruits and vegetables: US $26 per month for children, US $48 for pregnant and postpartum participants, and US $52 for breastfeeding participants.

> *Virtual WIC appointments offer an opportunity to screen for postpartum needs and connect patients with clinical care.*
>
> Anase Asom, MD

It also, however, works as a recurring check-in system. During certification and recertification appointments, WIC staff may collect key health information, screen for nutritional

risk, and point families toward services such as breastfeeding support and health care referrals. Families typically have about 4 WIC appointments a year. While WIC does not replace clinical care, it bridges the gaps between visits.

"Virtual WIC appointments offer an opportunity to screen for postpartum needs and connect patients with clinical care," said Anase Asom, MD, an OB-GYN in Illinois and OB-GYN Hospitalist Fellow at the University of Michigan, who has advocated for WIC.

In an interview for this article, Rayonna, a WIC participant based in Arkansas, described what those appointments look like in practice. "They do the little panel asking you all of the questions, like, 'How's your mental health?' They'll ask you a whole bunch of questions," she said. "They did that as far as my mental health, and yes, I actually got in touch with a lactation consultant through WIC as well."

The Postpartum Gap

That screening matters because the months after birth are among the most critical, and least monitored, in maternal health. The latest Centers for Disease Control and Prevention (CDC) data, covering 45 states in 2022, highlights the gap occurring later in the postpartum period: 37.8% of maternal deaths occurred 43 to 365 days after delivery, up from 27% to 30% in earlier years. Mental health conditions, chiefly suicide and overdose related to substance use disorder, were the leading underlying causes in 2022, at 27.7%. Committees judged 85.7% of the deaths preventable.

Prenatal care brings frequent clinical visits, but after delivery that contact often narrows to a single postpartum check-up. WIC, by design, keeps serving mothers after birth: up to 6 months postpartum, or up to a year for those who breastfeed, while their infants remain eligible until age 5. Because mothers must recertify for WIC after delivery and enroll their children, it is one of the few perinatal programs that stays in regular contact with families across the postpartum period.

"As far as checking up on moms, they do a good job with that," Rayonna said.

Keeping the Touchpoint Intact

Before the pandemic, federal rules required applicants to appear in person to be certified, a physical presence requirement in place since 1998. Under it, WIC never reached more than 65% of eligible people. For rural families and working parents, it's difficult to get transportation to the clinic and time off work.

Pandemic-era waivers removed those barriers. As of September 2024, 80 of the 88 WIC state agencies had implemented the physical presence waiver, allowing families to enroll and re-enroll without visiting a clinic in person.

Before the COVID-19 pandemic, 11.9% of local WIC agencies offered remote certification; during the pandemic, 98.6% did, almost all by telephone, according to a USDA Food and Nutrition Service evaluation. Despite the challenges associated with transitioning to remote care, 94.3% of state agencies said the physical presence waiver was extremely important to delivering quality services. WIC providers reported a 15% nationwide increase in child participation between February 2020 and September 2023, and one study found that waiving in-person requirements raised participation by 11%.

However, technological innovation may be needed to continue meeting participants in the WIC program digitally. Participation reached 56.1% of eligible people in 2023, and just 24.0% in nonmetropolitan areas. The digital tools behind remote services are also uneven: a 2025 study examining 28,212 user reviews of 26 WIC apps found 49.2% were negative, with app reliability the most common complaint.

The USDA also offers states additional funding through its WIC Infrastructure Grant to modernize their WIC programs, including upgrading data and benefits systems and adopting new digital services.

The December 11 Decision

Currently, WIC's virtual services rest on temporary USDA Food and Nutrition Service waivers grounded in law from the COVID-19 pandemic era, not permanent authority. Whether a telehealth flexibility adopted during the pandemic becomes a permanent part of WIC remains to be seen.

Congress could write permanent language into a full-year fiscal year 2027 agriculture appropriations bill; the House version of that bill did not address virtual services. Or it could pass stand-alone legislation: the bipartisan MODERN WIC Act (H.R. 1464), led by Representives Brian Fitzpatrick (R-PA) and Suzanne Bonamici (D-OR), or its Senate counterpart, the 21st Century WIC Act (S. 3842), led by Senators Roger Marshall (R-KS) and Kirsten Gillibrand (D-NY).

Both bills would require states to offer phone or video certification alongside in-person appointments, give agencies 90 days to complete required health screenings for remote enrollees, and allow benefits to be issued to eWIC cards remotely. However, neither has cleared the committee as of now.

With the federal funding stopgap set to run out on December 11, Congress has weeks to settle the question. Until lawmakers act, the phone and video appointments that connect many families to WIC's health screenings and referrals rest on temporary authority.

Keywords: maternal health; maternal mortality; women's health; infant health; child health; nutrition programs; health services accessibility; telemedicine

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