



# WIC Participation Declines Leave Vulnerable Families More Exposed as Congress Targets Fruit and Vegetable Benefits

July 2026

Since 1974, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has met the nutritional needs of millions of pregnant women, new mothers, infants, and young children. By supporting healthy birth outcomes, early development, and long-term health, WIC has become a critical resource for low-income households.<sup>1-10</sup> Today, a single-parent family with an infant and a young child may receive \$260 to \$380 a month in benefits: a significant resource in a time of economic strain for low-income households.

However, participation in WIC fell sharply and rapidly between October 2025 and February 2026, resulting in nearly a quarter of a million fewer individuals receiving the benefit. The loss of this resource increases parents' stress by destabilizing families' budgets, worsening short- and long-term outcomes for children. Declines in WIC participation are especially concerning in light of sharp and continuing decreases in the Supplemental Nutrition Assistance Program (SNAP, often called food stamps) participation affecting both adults and children, alongside anticipated challenges to Medicaid participation in many states that will follow in early 2027.

In June, the US House passed \$200 million in cuts to WIC, roughly 70 percent of which (about \$141 million) would come directly out of vouchers for fruit and vegetables used by pregnant, postpartum, and breastfeeding women and children.<sup>11</sup> Under the proposed cuts, the monthly produce benefit for a breastfeeding mother would fall from \$52 to \$13.<sup>12</sup> Taken together, a shrinking caseload and a shrinking benefit threaten to compound each other at exactly the moment families can least absorb the loss.

## Who WIC Helps:

- Pregnant women
- Postpartum women up to 6 months after giving birth
- Breastfeeding women up to 1 year after giving birth
- Infants up to age 1
- Children up to their 5th birthday

## What WIC Provides:

Vouchers, checks, or an EBT-style card for foods, such as:

- Iron-fortified infant formula, cereal, and baby food
- Milk, cheese, and eggs
- Fruits, vegetables, and juice (including a cash-value voucher specifically for produce)
- Whole grains (bread, brown rice, whole wheat pasta, tortillas)
- Peanut butter and dried/canned beans
- Special formulas or foods for those with certain medical conditions

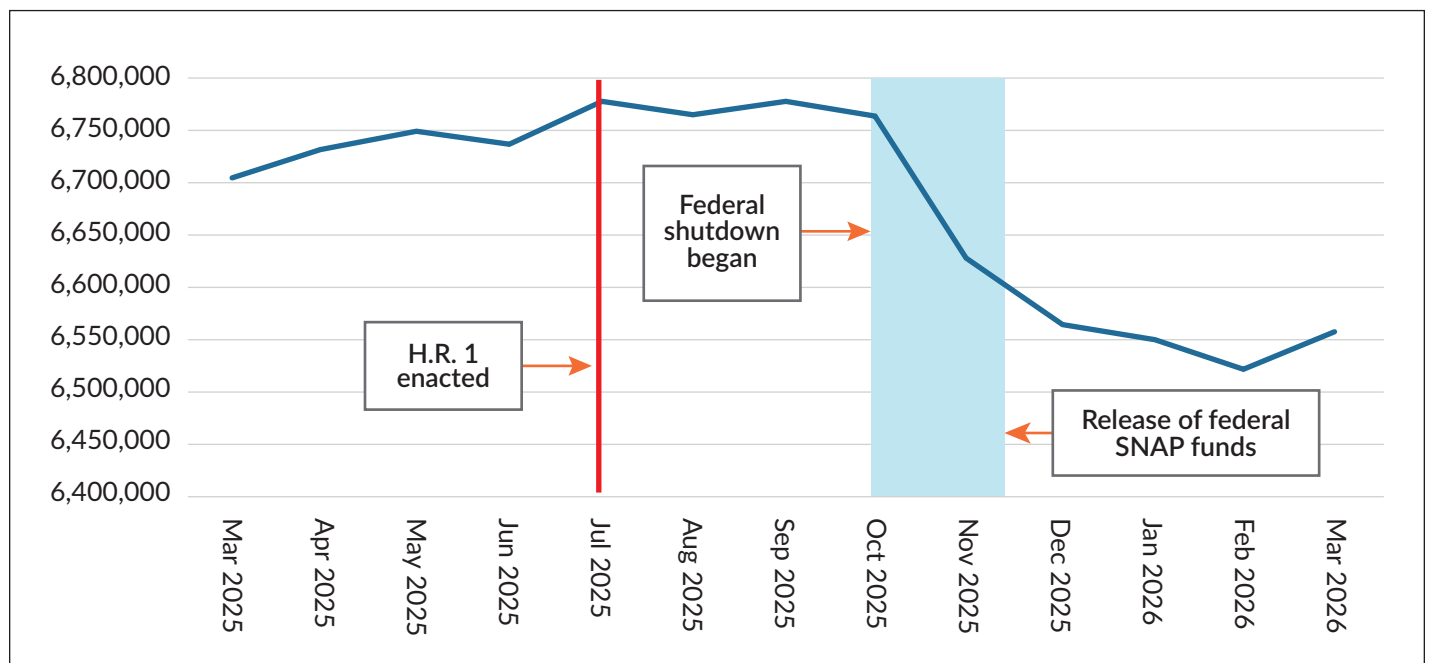
## Other WIC Services:

- Nutrition education and counseling
- Breastfeeding support and promotion
- Referrals to healthcare, immunizations, substance abuse treatment, and other social services like SNAP or Medicaid

## At a Glance

- **Participation in WIC declined dramatically across every group it serves between October 2025 and February 2026.** In total, 245,142 fewer people participated in WIC at the end of the five-month period than at the start.
- **Children ages 1 to 4 saw the largest decline of any group: 89,700 fewer participants over five months.** Infant participation fell by 68,401; pregnant women's participation fell by 43,297; breastfeeding women's fell by 30,318; and postpartum women's fell by 13,426.
- **March 2026 brought a partial rebound, but not for everyone.** Participation ticked up in March for every group except postpartum women, whose numbers kept falling. Even so, the March gains recovered only about one-fifth of the five months of losses that preceded them, and numbers in some states kept declining.
- **These declines are not evidence of falling need.** They line up closely with the SNAP disruptions, the federal shutdown, and new administrative burdens that followed passage of H.R. 1 in mid-2025, not with any actual drop in the number of eligible families.
- **Congress is proposing to cut WIC further, just as participation is under strain.** The House-passed \$200-million cut would fall hardest on the produce benefits that support healthy diets for pregnant, postpartum, and breastfeeding women and young children. Roughly 70 percent of the cuts (or about \$141 million) represent a targeted reduction of benefits that pay for fruits and vegetables for pregnant, postpartum, and breast-feeding women as well as children.<sup>13</sup>

Figure 1: Number of Total Participants (All Groups) in WIC, March 2025-March 2026



Total WIC participation held roughly steady after H.R. 1's passage in July, and then fell sharply after the federal shutdown began in October, recovering very slightly during March.

## Why WIC Participation Is Falling

Proponents of the proposed cuts point to the recent decline in WIC caseloads as evidence that the program is “overfunded” and that demand has softened. The data tell a different story. Given the continued financial strain on families with children, and the sharp declines already underway in SNAP participation over the same period, including among children,<sup>14</sup> a genuine drop in need is highly unlikely. What is far more likely is that H.R. 1, while it did not directly target WIC eligibility or funding, disrupted the systems families rely on to access it, in several compounding ways:

- **WIC eligibility is closely tied to SNAP.** Roughly 73 percent of WIC participants qualify through “adjunctive eligibility” (automatic enrollment based on participation in SNAP, Temporary Assistance for Needy Families [TANF], or Medicaid) rather than by applying to WIC directly.<sup>15</sup> When a family loses SNAP, it can lose this pathway into WIC as well. New state cost-sharing requirements under H.R. 1 pushed many states to tighten SNAP administration and restrict eligibility in late 2025, just as new federal rules made several categories of non-citizens ineligible for SNAP, producing an unprecedented decline in SNAP participation, including among children in a dozen states. Some of the largest declines in WIC participation have occurred in states with large immigrant and mixed-status populations, such as Texas, California, and Florida. Those three states alone saw declines of almost 31,000 fewer individuals receiving WIC from early 2025 to 2026.
- **The federal shutdown compounded the disruption.** The government shutdown began October 1, 2025, and became the longest in US history. The USDA paid October SNAP benefits as scheduled, but then reversed course, telling states in mid-October that November SNAP benefits would not go out. A complex legal and political fight ensued, leaving SNAP households in an increasing number of states with partial, delayed, or no November benefits. It is not a coincidence that November 2025 saw the single steepest monthly drop of the past four years across every WIC group, consistent with families losing SNAP-linked eligibility and access just as the crisis peaked.
- **News coverage of the funding fight discouraged participation in its own right, as families heard that the program’s funding was, or might soon be, at risk.** Many likely assumed that other supports, like WIC, had also been blocked. Although the shutdown ended in mid-November, and most households began receiving benefits again by November 18, the disruption was significant and long-lasting.<sup>16</sup> Even after funding resumed, new USDA guidance issued in early November eliminated many state waivers of SNAP work requirements, so declines continued well past the shutdown’s end.
- **Fear and confusion likely discouraged eligible families from applying or re-enrolling.** Although officials do not request or collect immigration status information from families who receive WIC benefits, the broader climate of immigration enforcement has likely had a chilling effect on immigrant and mixed-status families who had previously received them.
- **Administrative capacity was stretched thin throughout this period, and continues today with additional work to implement H.R. 1.** Staffing shortages and the closure of some facilities that provide WIC referrals have forced remaining sites to absorb overflow caseloads.

Precise reasons for the decline likely differ across states and communities, and the data available are not yet sufficient to fully untangle them. But the consequences (for children’s health, development, and family stability) are likely to be far-reaching and long-lasting if the trend is not addressed.

## The Broader Squeeze on Families

The case that families need WIC less than they used to is difficult to square with the economic conditions many are facing. Even setting aside H.R. 1 and the proposed WIC cuts, families with children continue to confront:

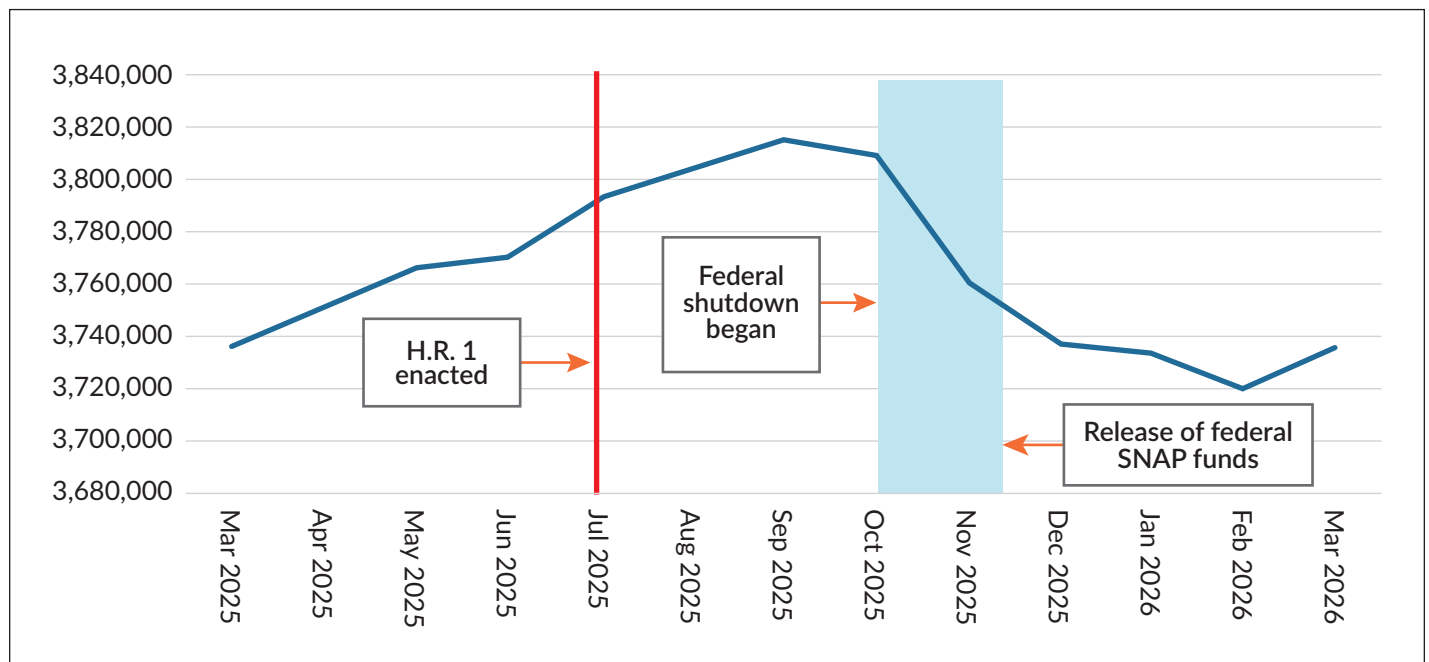
- **Persistently high food costs.** The cost of food consumed at home rose 2.9 percent over the 12 months ending in April 2026, according to the Bureau of Labor Statistics.<sup>17</sup>
- **Rising costs for other essentials.** April 2026 Consumer Price Index data show steep year-over-year increases in fuel oil (54.3 percent), gasoline (28.4 percent), and electricity (6.1 percent).<sup>18</sup>
- **Stagnant wages for low-income workers.** Inflation-adjusted wages for low-wage workers fell 0.3 percent in 2025, a reversal after five straight years of gains.<sup>19</sup>
- **A weakening labor market for hourly workers.** The number of people working part time “for economic reasons” (because their hours were cut or they could not find full-time work) rose nearly 10 percent in April 2026, to almost 4.9 million.<sup>20</sup>
- **Mounting household debt.** Aggregate household debt, including credit cards, mortgages, and home equity lines of credit, rose by \$591 billion year over year in the first quarter of 2026.<sup>21</sup>

Against this backdrop, a decline in WIC participation is far more plausibly a story about lost access than diminished need.

## The Decline, Group by Group

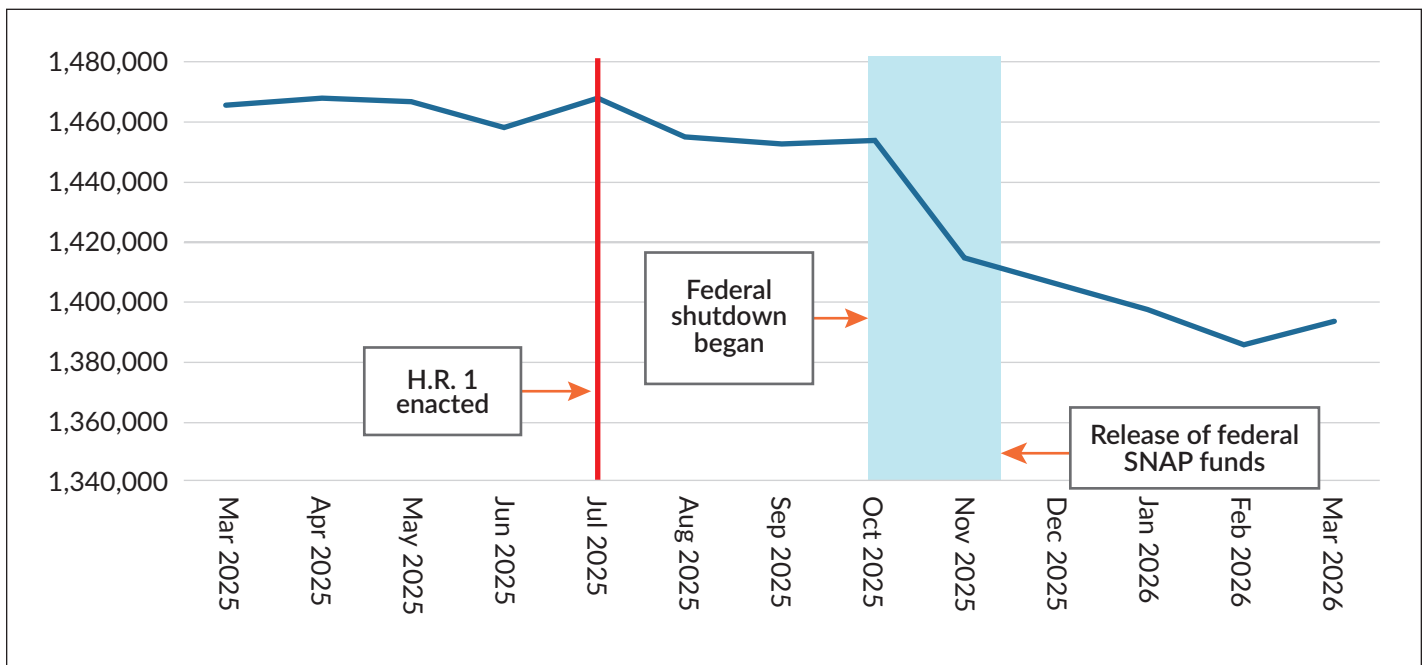
Every group WIC serves saw participation fall after the shutdown began in October 2025, and every group but one saw at least a partial rebound by March.

**Figure 2: Number of Child Participants (Ages 1–4) in WIC, March 2025–March 2026**



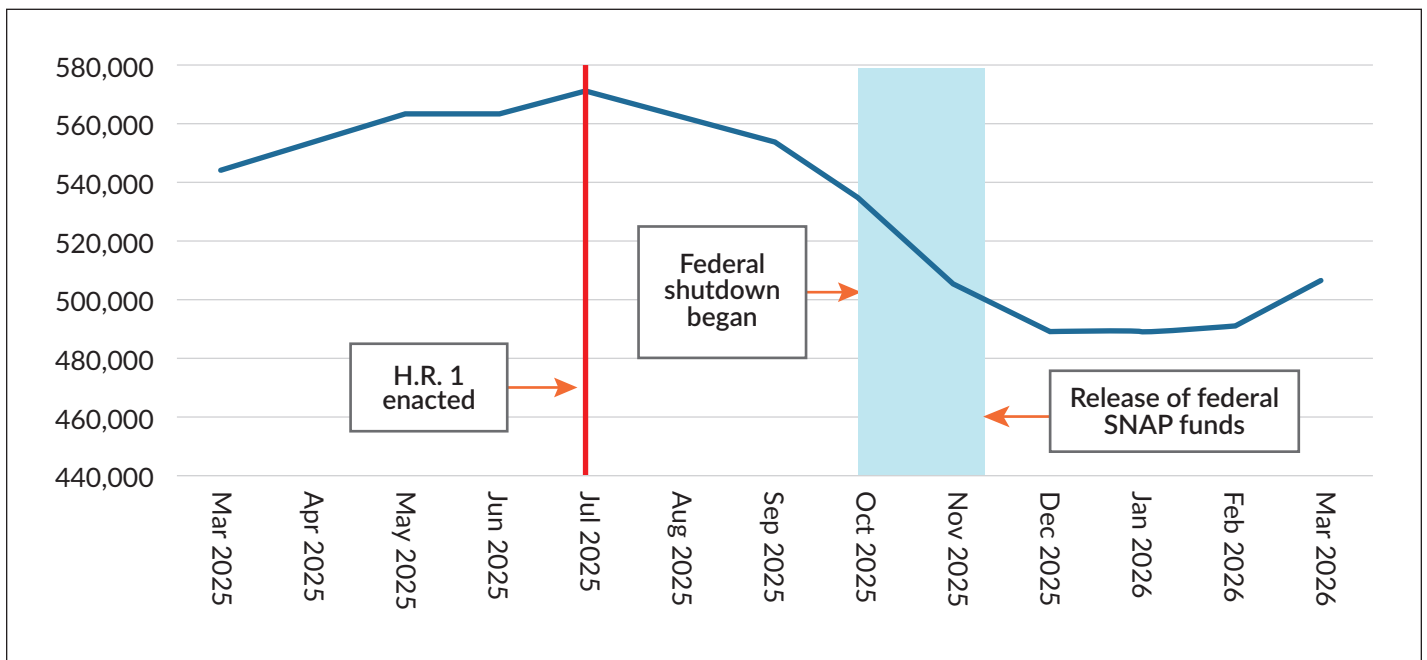
Children ages 1 to 4 saw the steepest drop of any group: 89,700 fewer participants between October 2025 and February 2026, before a partial rebound in March.

Figure 3: Number of Infants Participating in WIC, March 2025-March 2026



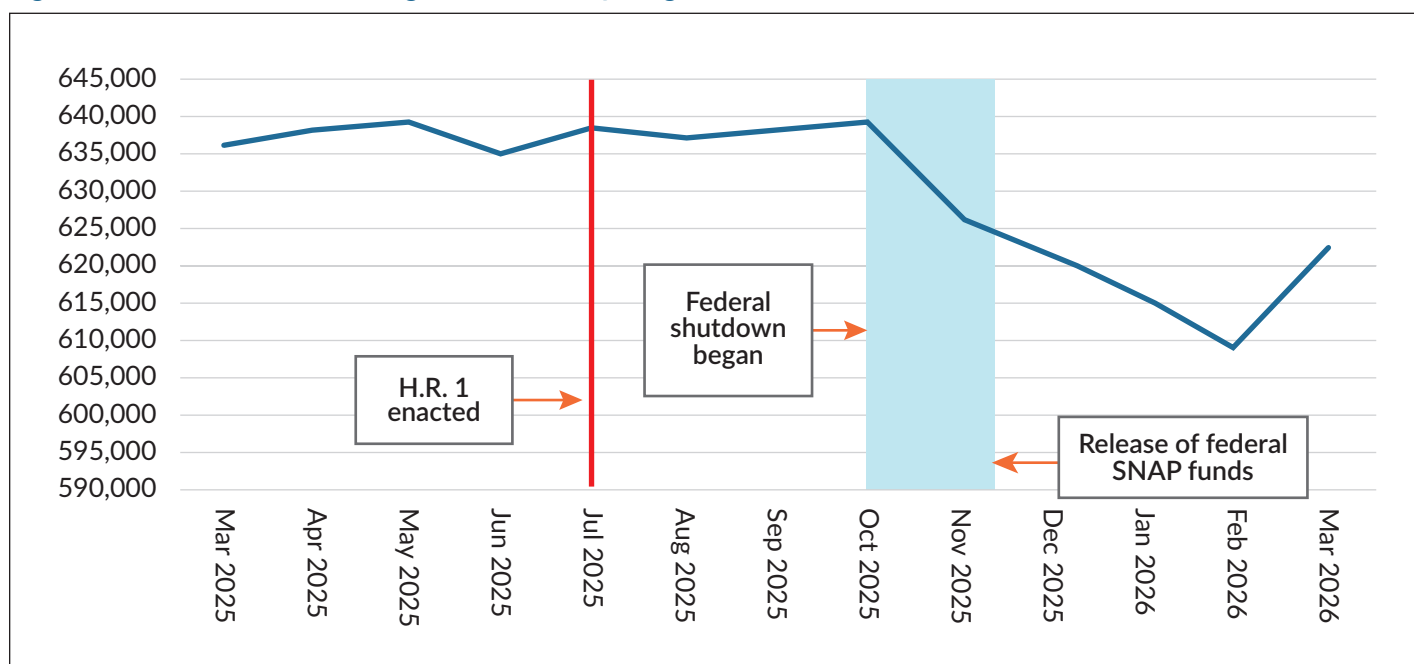
Infant participation fell by 68,401 over the same five months.

Figure 4: Number of Pregnant Women Participating in WIC, March 2025-March 2026



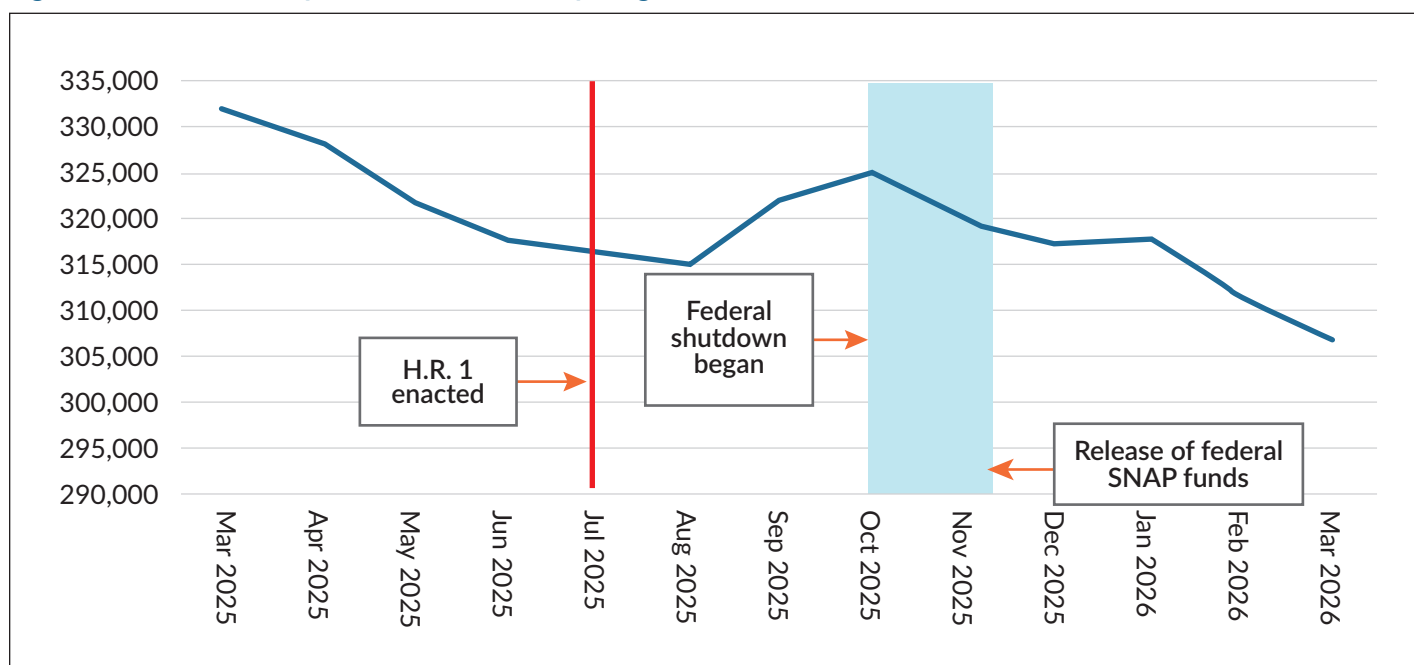
Participation among pregnant women fell by 43,297.

Figure 5: Number of Breastfeeding Women Participating in WIC, March 2025-March 2026



Breastfeeding women's participation fell by 30,318.

Figure 6: Number of Postpartum Women Participating in WIC, March 2025-March 2026



Postpartum women's participation fell by 13,426, and kept declining in March even as every other group began to recover.

## What Would Help

State and local agencies are already testing ways to counter the decline, even as budgets remain stretched thin across competing priorities. Promising strategies include:

- **Shifting toward direct enrollment.** Adjunctive eligibility has reduced administrative burden, but it is not the only path into WIC, and it isn't always the easiest one. WIC's income limit (185 percent of the Federal Poverty Level) is currently higher than that of some other programs, and WIC has no net income limit or asset test. Educating caseworkers and participants about direct enrollment, rather than relying solely on enrollment in other programs, could help reverse some of the recent losses.
- **Correcting the record on access for immigrants.** WIC is a public health program as opposed to a "benefit program," and importantly, the program does not collect or share immigration status information for participants of any age. Clear, targeted outreach could ease the chilling effect on immigrant and mixed-status families.
- **Investing in access points and scheduling flexibility.** Some states have expanded in-person access in areas previously served only virtually. Some have added evening appointments, after finding that eligible families weren't renewing benefits during standard business hours. For working families and mothers without childcare who are accessing these benefits, similar investments elsewhere could improve continuity of care for families.

## The Bottom Line

The decline in WIC participation among infants, young children, pregnant women, and breastfeeding and postpartum women is unfolding at a moment when food costs are higher than they have been in years. It is deeply concerning for birth outcomes, early development, and long-term child health. Layering a \$200 million cut on top of that decline, with 70 percent of it aimed squarely at the produce benefits that help families afford fruits and vegetables, would compound harm that is already underway. States with the steepest declines cut across party lines and regions alike, underscoring that this is a national problem requiring a national response, and that the consequences, absent preventive action, will fall hardest on children.

**Note:** The release of WIC participation data for the month of April 2026 showed a basically flat trendline for all participants nationwide. The increases for various groups that were seen in March generally did not continue; slightly more pregnant women received WIC in April, but that is typical, as part of a recurring seasonal pattern observable across all years. There were continuing declines in some states, as well as promising increases.



## ENDNOTES

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