



Starting Solids and Weaning

Weaning is a process that begins when a baby starts to receive nourishment other than breastmilk. It refers to both the introduction of solids and the eventual discontinuation of breastfeeding.

The American Academy of Pediatrics and the U.S. Surgeon General recommend that babies receive **breastmilk exclusively for 6 months**, with breastfeeding to continue until at least 12 months of age. The World Health Organization recommends that infants be fed breastmilk until they are 2 years of age.

Current research indicates that around 6 months of age is the **optimal time** to introduce foods in addition to breastmilk. This is based upon the proven health benefits of exclusive breastfeeding, the developmental readiness of infants and the maturation of the digestive system. The American Dietetic Association (ADA) encourages parents to hold off on solids until 6 months or so to reduce the risk of allergies, obesity and diabetes.

What is exclusive breastfeeding?

Exclusive breastfeeding means that a baby **does not receive any food or fluids other than breastmilk**. The baby may be breastfed directly or receive breastmilk in a bottle, or a combination of the two. When a baby receives food other than breastmilk, it changes the protective flora of the digestive system. Calories and nutrients are present in breastmilk substitutes, such as formula, but they lack immune building properties. Thus a baby receiving formula is put at greater risk for developing an acute illness (such as an ear infection or respiratory illness) or a chronic disease (such as diabetes or allergies). This is why exclusive breastfeeding is recommended for the first 6 months of life.

Once complementary foods (solids) and fluids are introduced, **breastmilk continues to enhance the immune system and provide nutrition**. An important reason for introducing solids around the middle of the first year is that baby's stores of nutrients, such as zinc and iron, are decreasing. The benefits of breastmilk do not change, but baby's needs do change.

What is developmental readiness?

Among mammals, human babies have a fairly long dependency period. Physically, humans are not ready to ingest food other than breastmilk until around 6 months of age. Some babies may be ready a bit earlier (~5 months of age) and some a bit later (~7 to 8 months).

The following signs indicate that your baby may be developmentally ready to begin solids:

- Your baby shows an interest in food, watching others eat and possibly even grabbing food out of your mouth or hand.
- When a soft food is placed in your baby's mouth, your baby keeps it there and swallows it, rather than pushing it out with his or her tongue or gagging.
- Your baby can sit up and can support him or herself in a high chair.
- Your baby is able to pick up a small item with his or her pointer finger and thumb and put the item in his or her mouth.

What solids should be introduced first?

Most health care providers recommend introducing solids that are **least allergenic**. Dr. William Sears recommends bananas, rice cereal, pears, applesauce, avocados, peaches, carrots, squash and sweet potatoes as ideal first foods. These first foods should be strained, pureed or mashed. They also should be introduced one at a time. If a reaction should occur (runny nose or congestion, a rash, fussiness, diarrhea, spitting up or constipation), stop offering that food and introduce a different food. Dr. Sears encourages parents to focus on **introducing** foods, rather than stuffing your baby with food.

Must you start with rice cereal? No, but it is often recommended because it is a bland food and it is fortified with iron. Babies benefit from foods with iron once their own iron stores start decreasing.

Many babies experience **constipation** when solid foods are introduced. This is especially true with bananas or rice cereal. If your baby seems constipated, back off on the food you are introducing and give some pureed prunes or peaches until the constipation resolves. Then slowly re-introduce other foods while continuing with the fruit.

As your baby becomes more adept at handling foods, **you may then progress the consistency of foods** from strained to soupy to lumpy. Honey should be avoided in the first year of life due to the risk of botulism. "Hard" foods, such as chunks of raw carrots or peanuts, and chokable foods, such as peanut butter, celery, white bread, hot dogs, whole grapes or meat chunks, should be delayed until your child is older.

Some babies will take food from a spoon, while others prefer to feed themselves with their fingers. Your baby may push away a spoon of strained food, but may be quite content to pick up a cube of cooked sweet potato or soft avocado. **Encourage self feeding.** But remember, feeding should never be a battle with your baby. It is a learning process, so your baby may take some time to get accustomed to the feels and tastes of new foods. And it should be a pleasant (although it may be messy!) experience.

Always **nurse before offering solids**, unless your baby is at day care and you are trying to preserve your pumped milk stores. Otherwise your supply may drop. Offer solids when your supply is the lowest, usually later in the day. As your baby is more receptive, you may offer solids more frequently throughout the day. However, breast milk is more nutritious than solids, so do not let solids replace breastfeeding. Controlled studies have shown that infants fed solids before bed time do not sleep through the night sooner than infants who do not get the “before-bed stuffing” of solids.

(The Baby Book by Dr. William Sears and Martha Sears, RN, has excellent information on introducing solids, good family nutrition and feeding toddlers.)

What is baby-led weaning?

Weaning is really a passage, from one relationship or stage to another. In our culture we tend to think of it as something we must make a child do. This may be because as American mothers we think we must wean as soon as possible. Weaning should really be seen as a time when our child is ready to move on to a new stage. Thus it can become a celebration. Our baby is ready for something new and **so we let them move on.**

Baby-led weaning is **watching for signs that a baby is ready for solids** and introducing them when a baby is ready, not when a parent is ready. For some babies, this may be earlier than a parent desires and for others, it may be later. **It also means letting a baby stop breastfeeding** when they are ready to stop.

At some time in the first year, your baby may experience a “**nursing strike**”, when they suddenly refuse to nurse. This is different from natural weaning in that the baby is upset about something. It may be in response to teething, a separation from mom, stress in the family, mom’s reaction to a baby who bites, or some other change. Sometimes the cause is unknown, but it is very unusual for a baby to be ready to wean before one year. Giving your baby more attention, nursing when baby is sleepy, increasing skin-to-skin contact, or trying different nursing positions will usually result in a baby nursing again within a day or so. Meanwhile, you may use a pump to maintain supply and offer your breastmilk in a cup or bottle.

Because of the health benefits, **mothers are encouraged to maintain breastfeeding until a baby is 12 months of age.** Beyond that, some mothers will set “guidelines” for nursing, but will let baby decide when to actually stop nursing.

What are “guidelines”? A mother may decide that nursing only takes place at certain times (in the morning, before naps, at bed-time) or only in certain places (at home, in the rocker in the bedroom, on the sofa). Often this allows a mother to feel more comfortable nursing a toddler. Some mothers also stop offering to nurse, instead waiting for their child to ask to nurse.

But what if my child doesn't ever want to stop nursing?

Every child is different. Some give up nursing very easily (even before their mother is ready to stop!). Others need gentle encouragement when it is time to stop. The American Academy of Pediatrics recommends nursing as long as mother and baby want to continue. Mother and baby may not always be in agreement on when to stop. But if either want to stop, it is time.

When a baby initiates weaning, it may be sad for a mother. A mother may miss the closeness and feelings of importance. It may help to take time to acknowledge the wonderful gift you have given your baby and celebrate their growth. But it is also okay to mourn the passing of breastfeeding. Your child will still need you, just in other ways now.

When a mother initiates weaning, it may feel like a **power struggle**. Doing it gradually (over weeks or months, rather than days) may be easier on baby and more comfortable physically for you. If you develop a plan and gradually decrease the number of feedings per day, it may be easier. It may be confusing to your child if you are willing to nurse one day, but not the next. **Talk to your child about weaning** – he or she will listen. “Maggie, I know you like to nurse. I like it, too. But you are such a big, smart girl who likes to do so many fun things. You may nurse, but just when it is bedtime. That will be our special time to nurse every day.” And then nurse willingly at bedtime. But don't offer it, let her ask for it!

Why do I cringe when I think of a toddler nursing?

Many people in our American culture still cringe even when they think of a newborn nursing! Breasts are not seen as a feeding tool in America – they are still reserved for Playboy magazine and peep shows. This is a cultural value that is slowly changing as we decide that we want our children to be as healthy and smart as they can be.

If you develop a sense of comfort breastfeeding your newborn, it will be easier to nurse for 6 months, which is the first goal many mothers set. This is also the first goal set by the U.S. Surgeon General. Once a mother nurses for 6 months, it is easier to continue for 12 months, which is the 2nd goal many mothers (and the U.S. Surgeon General!) set. Nursing beyond 12 months is an individual decision. Is it healthy for baby? Yes. But only if mother and baby want it to happen.

What if I have more questions about weaning?

Gather input from several sources and then make the decision that feels best for you and your baby. Talk to a dietician, your baby's doctor, other parents, your WIC dietician, your public health nurse, your lactation consultant or La Leche League. You may also want to read the section on weaning in *The Baby Book* by Dr. William Sears and Martha Sears, RN.