

Starting Solids and Weaning

Weaning is a process that begins when a baby receives nourishment other than breast milk. It refers to the introduction of solids, and to when a baby no longer receives breast milk and a mother no longer removes milk from her breasts for her baby.

The American Academy of Pediatrics Committee on Breastfeeding and the U.S. Surgeon General recommend that **babies receive breast milk exclusively for 6 months**, with breastfeeding to continue until at least 12 months of age. The World Health Organization recommends that infants be fed breast milk until they are at least two years of age. Public health and medical experts do not recommend when a baby should STOP breastfeeding, except to say that after 12 months, it is up to a mother and her baby.

Current research indicates that **around 6 months of age is the optimal time to introduce solid foods in addition to breastmilk.** This is based on the proven health benefits of exclusive breastfeeding, the developmental readiness of infants, the maturation of the digestive system and a baby's need for additional nutrients.

What is exclusive breastfeeding?

Exclusive breastfeeding means that a baby does not receive any food or fluids other than breast milk. A baby may breastfeed, or may receive breast milk in a bottle, or a combination of the two. Feeding a baby at the breast allows a baby to benefit from skin to skin contact, which is important for brain development and socialization. When a baby receives food other than breast milk, it changes the protective flora of the digestive system. Calories and nutrients are present in breast milk substitutes, such as formula, but they lack immune building properties and certain growth factors. A baby receiving formula has an increased risk of developing acute infections (ear, respiratory and digestive), as well as chronic diseases (such as diabetes or allergies). Exclusive breastfeeding is recommended for the first 6 months of life.

Once complementary foods (solids) and other fluids (water) are introduced, breast milk continues to provide important nutrition and immune protection. An important reason for introducing solids around the middle of the first year is that a baby's need for certain nutrients, such as iron and zinc, increases. **The benefits of breast milk do not change, but a baby's needs change.**

Even though iron in breastmilk is very bioavailable, around 6 months of age most babies have an increased need for additional iron in their diet. Solid foods that are introduced to a baby should be nutritious and calorie dense, like vegetables, meats and beans. This helps to assure that a baby is getting sufficient iron, protein and zinc in their diet, along with adequate calories to keep gaining weight.

What is developmental readiness?

Among mammals, human babies have a fairly long dependency period. Physically, humans are not

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ready to ingest food other than breast milk until around 6 months of age. Some babies may be ready a bit earlier (~5 months) and some a bit later (~7 months).

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

- Your baby shows an interest in food and may even grab food out of your mouth or hand.
- When a soft food is placed in your baby's mouth, your baby swallows it, rather than pushing it out with his or her tongue, or gagging.
- Your baby can sit up in a high chair.
- Your baby is able to pick up something small with his or her pointer finger and thumb and put the item in his or her mouth.
- Your baby may want to nurse more frequently and may appear less satisfied after nursing.

How should solids be introduced?

Each baby is different, but for many babies, **the introduction of solids is a gradual learning process.** Your baby will need to get used to different tastes and textures. Most parents will offer their babies puree (cooked or soft food that has been put through a blender) from a spoon. Some babies will want to feed themselves, however, most babies do not self-feed adequately until they are about 9 months old. If your baby does not consume adequate amounts of nutrient dense food, their risk of anemia increases. If your baby insists on feeding themselves, the food should be small enough and soft enough that your baby can swallow the food without chewing the food. Foods that are not soft or pureed may cause a choking hazard.

What solids should be introduced first?

There is no hard and fast rule as to what solid foods to introduce first. Your baby's health care provider may recommend a list of foods. Iron fortified infant cereal, bananas, pears, applesauce, peaches, carrots, squash and sweet potatoes have traditionally been recommended as a first solid. As we learn more about infant nutrition, some parents are choosing to introduce more nutrient dense foods first, in order to meet a baby's need for additional protein, iron and zinc.

The following foods are high in protein, iron, zinc and/or vitamin C: lean beef, chicken, lamb, chick peas (garbanzo beans), lentils, kidney beans, sweet potatoes, spinach, Brussel sprouts, avocados, broccoli, asparagus, cantaloupe, and cauliflower.

Iron is best absorbed from heme sources (meat). Iron from non-meat sources is enhanced by adding foods rich in vitamin C. Iron is not absorbed as well from foods that are artificially fortified with iron. Both iron and zinc are very important nutrients for young children.

Any of the above foods can be made baby friendly with a blender, food mill or food processor, and some may be available as commercial baby foods. Once a baby does well with these foods, you can add other foods, including whole grains (i.e. oats, barley, quinoa) and other vegetables and fruits. When possible, provide your baby with whole food that has not been processed with sugars or additives.

Start once a day with a goal of about a tablespoon or more. When baby is interested, offer solids twice a day. By around nine months, offer solids three times a day. Your baby's health care provider may suggest you introduce one food at a time. **If your baby should show a sensitivity to a food - a**

runny nose or congestion, a rash, fussiness, diarrhea, spitting up or constipation, stop offering that food and introduce a different food. Many providers will recommend waiting several days between new foods.

The frequency or amount of breast milk a baby consumes does not usually decrease until around nine months when a baby is feeding well and consuming adequate amounts of solid foods. If you are concerned about your milk supply during this process, you may consider breastfeeding before solids, or offering solids between two breastfeeds. Some mothers, who are back at work and are concerned about how much they are pumping, may encourage day care to offer solids before giving baby their pumped milk so baby decreases their reliance on breast milk a small amount.

We do not recommend that a mother replace breast milk during the first 12 months with cow's milk, goat's milk, soy milk, rice milk, coconut milk, almond milk or any nut milk. While solids may supplement breast milk, if you are truly short on breast milk, you may need to supplement with infant formula until your baby is 12 months old. If you are concerned about introducing a cow's milk formula, you may consider a hypoallergenic or hydrolyzed cow's milk formula. It is easier for babies to digest.

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 foods that are difficult to swallow, such as peanut butter, celery, white bread, hot dogs, whole grapes or meat chunks, should be delayed until your child is older. Avoid popcorn and chips. Babies do not need fruit juices and should not be given soda pop. Sips of water or breast milk from a sippy cup are a great way to learn to transition to a cup.

As your baby becomes more adept at handling foods, you may **progress the consistency of foods from strained to mushy to lumpy.** 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 be quite content to pick up a cube of cooked sweet potato or soft avocado. Allow self-feeding, but do not rely upon self-feeding until your baby is at least 9 months old. Feeding should never be a battle with your baby. It is a learning process. Your baby may take some time to get accustomed to the feel and taste of new foods. It should be a pleasant (although messy!) experience.

What is baby-led weaning?

Baby-led weaning is watching for developmental signs that a baby is ready for solids and introducing them. It also means letting a baby lead the way when it comes to no longer breastfeeding. For some babies, this may be earlier than a parent desires, and for others, it may be later.

Weaning is a passage, from one relationship or stage to another. In our culture we tend to think of it as something we make a child do. Instead, weaning can be seen as a time when a child is ready to move on to a new stage in life. It can actually become a celebration.

It is fairly common for a baby to experience a **"nursing strike,"** when they suddenly refuse to nurse. This is different from natural weaning in that a baby is usually 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. It is unusual for a baby to completely wean before one year. Give your baby more attention, offer the breast when baby is sleepy, increase skin-to-skin contact, or try different nursing positions. This will usually end a nursing strike in a day or so. Forcing your baby to nurse may only make it worse. Meanwhile, you may use a pump to maintain your milk supply and offer your breast milk in a cup (or bottle).

Mothers are encouraged to breastfeed their baby for at least 12 months, both for their baby's health and for their own health. Mothers who breastfeed have decreased rates of breast and ovarian cancer, and type II diabetes. Some mothers will gradually start to wean their baby around 12 months of age, while other mothers will set "guidelines" for nursing, but will let their baby decide when to 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). This may allow 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.

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 feeling of importance. Take time to acknowledge the wonderful gift you have given your baby and celebrate their growth. It is also okay to mourn the passing of breastfeeding. Your child will still need you, just in other ways.

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. It may help to have a plan and gradually decrease the number of feedings per day. If you are willing to nurse one day, but not the next, it may confuse your child. (See our information on Mother Led Weaning.)

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 a 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 feel a bit uncomfortable about nursing a toddler?

Many people in our culture are not used to seeing newborns, much less a toddler, breastfeed. This is changing as more mothers are breastfeeding for the many benefits it offers both babies and mothers.

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. Mothers who nurse for 6 months often find it easy to continue for 12 months, which is the second goal many mothers (and the U.S. Surgeon General) set. Nursing beyond 12 months is an individual decision. Is it healthy for a mother and her baby? Yes. But it is up to a mother and her baby.

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 your baby's doctor, other parents, your WIC peer counselor or dietician, your lactation consultant or La Leche League. *The Baby Book* by Dr. William Sears and Martha Sears, RN, is a good resource for information on introducing solids, weaning your baby, and feeding your toddler.