

Baby-led weaning: Food and the minefield of parenting advice

July 10 2013, by Evelyn Volders



How babies are introduced to solids may have an impact on their future health. Credit: Gail/Flickr

Parents are bombarded with information about how best to raise their children, often coupled with the threat of nasties, such as childhood obesity and developing neuroses, if they choose not to follow.

Part of the problem is that ideas are sometimes not quite proven when



they start being recommended. A <u>study published in JAMA today</u>, for instance, has linked the development of diabetes to when babies are introduced to solids. It contradicts the infant feeding guidelines from the National Health and Medical Research Council that solids should be introduced at around six months of age.

Whom to believe?

Not only is the timing of introducing solids important for <u>future health</u>, research shows that how babies are introduced to solids may also have an impact (this time the bogeyman is obesity). When it comes to <u>weaning</u>, a small but growing body of evidence is showing that baby may know best.

Baby-led weaning

The most common method of moving babies from a liquid to solid diet is to spoon-feed them smooth purees of bland foods. But a practice called "baby-led weaning" has become popular in recent years.

This involves offering a baby pieces of food that she can place in her mouth. The emphasis of baby-led weaning is to let the infant control what goes in her mouth, which allows for play and exploration.

Proponents of the practice claim that baby-led weaning leads to better <u>self regulation</u> of <u>food intake</u> and an easier transition to <u>family meals</u>, as well facilitating a wider range of solid foods being consumed.

Baby-led weaning follows a developmental approach on a continuum from demand feeding at the breast in <u>infancy</u> through to supported, responsive feeding of toddlers.

So far, so good. But what about the evidence?



Not quite enough research

A report published in <u>BMJ Open</u> last year indicated that this weaning style leads to reduced maternal anxiety and promotes <u>healthy food</u> preferences, which may have a long-term impact on weight.

But the study was small (155 participants) and relied on mothers' memories about early solids when their babies were between two and six-and-a-half years old. It also relied on the respondents' idea of weaning style as there's no standard definition of baby-led weaning.

It found that infants who were allowed to feed themselves had minimal or no spoon-fed purees and earlier finger foods, were significantly more likely to prefer carbohydrate foods such as bread and toast. The same children also showed a preference for all food categories compared to the spoon-fed group.

The researchers found an increased incidence of obesity in the spoon-fed group, and concluded that baby-led weaning promotes healthy food preferences.

The small study size and its retrospective method does not make this a strong finding and more robust research is needed before baby-led weaning can be recommended generally. There's plenty of interest in the community in the practice so research is clearly warranted.

Pros and cons

But it's possible that baby-led weaning could lead to reduced intakes of nutrients that are important for infants (such as iron and zinc) while the child learns to chew and bite.



Many common weaning foods are difficult for infants to feed themselves (rice cereal, for instance, and yoghurt) but given opportunity and practice, infants do manage.

A key aspect of baby-led weaning is the importance of supervision and supported sitting to ensure the child doesn't choke and literature about baby-led weaning emphasises the importance of this.

But supervision doesn't have to be a chore. Allowing babies to eat at the same time as the other family members means they learn by watching others and quickly develop skills required for eating.

Baby-led weaning is not suitable for all babies as premature or developmentally delayed children may have different needs. But it does seem to have some rewards for parents, such as increased variety and healthier food preferences.

Indeed, the experience of starting lumpy foods earlier (before nine months) has been shown to lead to better intake of a variety of foods, especially fruit and vegetables, at seven years of age.

And baby-led weaning reduces the need for preparation of special foods for infants. A practice that makes parents' life easier? Now that may well be advice worth following.

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