

Baby led weaning

By Dr. Doyle

Recently, many parents have been asking questions about the baby led weaning (BLW) method and if it is recommended. There is a lack of evidence based medicine focused on this topic. One reason for this is that this method only recently gained the public's attention in last 10-15 years. A second reason is that studies focused on feeding infants at home are very hard to conduct due to complex logistics. The point of this post is to briefly provide parents and caretakers accurate information on BLW.

The American Academy of Pediatrics suggests solid food intake should start between 4-6 months of life. Solid foods provide nutrients that an infant's previously all liquid diet did not provide or did not provide as readily. The introduction of solids also teaches the infant how to coordinate and use their tongue to properly chew and swallow foods. Additionally, introduction of solid food teaches infants about their culture. The food habits established during the first three years of life affect the food preferences and eating behaviors through out childhood and presumably into adulthood.

BLW is a method of introduction of solid foods to babies. Instead of introducing food in pureed form on a spoon, baby led weaning introduces whole pieces of finger foods immediately. While the parents provide the food to the baby on a tray or plate, the parents do not actively feed the baby by putting the food in the baby's mouth. Therefore the baby is in complete control of their solid food intake because only the baby is allowed to put food in their mouth.

The theoretical benefits of BLW include appetite control, earlier motor skill development and a broader diet. It has been suggested that BLW fosters more pleasant family time centered around meals because the infant is eating the same foods as the adults.

There are concerns regarding the BLW method. One of the primary concerns for parents, medical care givers and dietitians, is the risk for choking. At the age of four-six months of life (when most babies are starting solid foods), babies are learning mouth mechanics and tongue coordination to swallow food boluses. Giving chunks of solid foods may have a higher risk for aspiration than soft, pureed foods.

Additionally there is a concern for increased risk of iron deficiency in the BLW diet. At the age of six months, infants require more iron than what is provided in breast milk. The vast majority of formulas are iron fortified. Iron fortified foods like prepared pureed foods and spoon fed infant cereals provide the additional iron required. Foods that are commonly offered in BLW, such as fruits and steamed vegetables, have less iron intake overall.

A recent comprehensive systematic literature review combined the results of 12 different

studies focused on BLW in attempt to discover the benefits, disadvantages and effects of baby led weaning. The systematic review aimed to address 8 basic questions on baby led weaning including: if there is truly an increased risk for choking, if baby led weaning increases the risk for iron deficiency, if family relationships are improved during shared meals with BLW, and if mothers experience less anxiety about feeding with BLW. Unfortunately, because the 12 studies were so vastly different, the authors were unable to definitively answer their original 8 questions. In other words, more vigorous and large scale research needs to be conducted in the future in order to answer these questions. As of now, the benefits and risks for BLW are unclear.

If you have any questions on BLW or food introduction in general, please ask your PNP pediatrician.

Sources:

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