

# **Guidelines for implementing a baby-led approach to the introduction of solid foods – updated, June 2008**

## **Introduction**

Implementing a baby-led approach to the introduction of solid foods requires an understanding of why this approach can be considered both logical and safe. The first section below explains the **rationale** and underlying principles which support this method of introducing solids and the last section, **DOs and DON'Ts**, provides a quick reference list of the key points. Following these guidelines will maximise the chance that both the baby and his parents will enjoy the transition to solid feeding, and will help to ensure the baby's wellbeing.

Most babies will be ready to start experimenting with solid foods from around six months of age. Parents of babies who were born preterm (i.e. before 37 weeks of pregnancy), or who have any medical condition which might affect their ability to handle food safely or to digest a range of foods, are advised to discuss with their health advisers when they should start to offer their baby solid foods, and before deciding to use BLW as the only method.

The baby is referred to as 'he' throughout these guidelines.

## **Rationale for a baby-led approach to the introduction of solid foods**

### **1. Breastfeeding as the basis for self-feeding**

Exclusive breastfeeding is recommended for the first six months of life. Breastfeeding is the ideal preparation for self-feeding with solid foods. Breastfeeding babies feed at their own pace – indeed, it is impossible to force them to do anything else! They also balance their own intake of food and fluid by choosing how long each feed should last. And, because breastmilk changes in flavour according to the mother's diet, breastfeeding prepares the baby for other tastes.

Normal, healthy breastfed babies appear to be quite capable, with the right sort of support from their parents, of managing their own introduction to solid foods. However, although it is the self-feeding which characterises breastfeeding that underpins the theory of baby-led weaning (BLW), many parents whose babies were bottle-fed have found that this method works equally well for them. The only significant difference is the need to ensure that the baby is offered drinks other than milk.

### **2. Understanding the baby's motivation**

This approach to the introduction of solids offers a baby the opportunity to discover what other foods have to offer as part of finding out about the world around him. It utilises his desire to explore and experiment, and to mimic the activities of others. Allowing the baby to set the pace of each meal, and maintaining an emphasis on play and exploration rather than on eating, enables the transition to solid foods to take place as naturally as possible. This is because it would appear that what motivates babies to make this transition is curiosity, not hunger.

There is no reason for mealtimes to coincide with the baby's milk feeds. Indeed, thinking of (milk) feeding and the introduction to solid foods as two separate activities will allow a more relaxed approach and make the experience more enjoyable for both parents and child.

### **3. Won't he choke?**

Many parents worry about babies choking. However, there is good reason to believe that babies are at *less* risk of choking if they are in control of what goes into their mouth than if they are spoon fed. This is because babies are not capable of intentionally moving food to the back of their throats until *after* they have developed the ability to chew. And they do not develop the ability to chew until *after* they have developed the ability to reach out and grab things. The ability to pick up very small things develops later still. Thus, a very young baby cannot easily put himself at risk because he cannot get small pieces of food into his mouth. Spoon feeding, by contrast, encourages the baby to suck the food straight to the back of his mouth, potentially making choking more likely.

It appears that a baby's general development keeps pace with the development of his ability to manage food in his mouth, and to digest it. A baby who is struggling to get food into his mouth is probably not quite ready to eat it. It is important to resist the temptation to 'help' the baby in these circumstances since his own developmental abilities are what ensure that the transition to solid foods takes place at the right pace for him, while keeping the risk of choking to a minimum.

Tipping a baby backwards or lying him down to feed him solid foods is dangerous. A baby who is handling food should always be supported in an upright position. This ensures that food that he is not yet able to swallow, or does not wish to swallow, will fall forward out of his mouth.

Adopting a baby-led approach doesn't mean abandoning all the common sense rules of safety. While it is very unlikely that a young baby would succeed in picking up a peanut, for example, accidents can and will happen on rare occasions – however the baby is fed. The normal rules of safety while eating and playing should there be adhered to when the transition to solid foods is baby-led.

### **4. Ensuring good nutrition**

Babies who are allowed to feed themselves seem to accept a wide range of foods. This is probably because they have more than just the flavour of the food to focus on – they are experiencing texture, colour, size and shape as well. In addition, giving babies foods separately, or in a way which enables them to separate them for themselves, enables them to learn about a range of different flavours and textures. And allowing them to leave anything they appear not to like will encourage them to be prepared to try new things.

General principles of good nutrition for children apply equally to young babies who are managing their own introduction to solid foods. Thus, 'fast foods' and foods with added sugar and salt should be avoided. However, once a baby is over six months old there is no need (unless there is a family history of allergy or a known or suspected digestive disorder) to otherwise restrict the foods that the baby can be offered. Fruit and vegetables are ideal, with harder foods cooked lightly so that they are soft enough to be chewed. At first, meat is best offered as a large piece, to be explored and sucked; once the baby can manage to pick up and release fistfuls of food, minced meat works well. (Note: Babies do not need teeth to bite and chew – gums do very well!)

There is no need to cut food into mouth-sized pieces. Indeed, this will make it difficult for a young baby to handle. A good guide to the size and shape needed is the size of the baby's fist, with one important extra factor to bear in mind: Young babies cannot open their fist on purpose to release things. This means that they do best with food that is chip-shaped or has a built-in 'handle' (like the stalk of a piece of broccoli). They can then chew the bit that is sticking out of their fist and drop the rest later – usually while reaching for the next interesting-looking piece. As their skills improve, less food will be dropped.

## **5. What about drinks?**

The fat content of breastmilk increases during a feed. A breastfed baby recognises this change and uses it to control his fluid intake. If he wants a drink, he will tend to feed for a short time, perhaps from both breasts, whereas if he is hungry he will feed for longer. This is why breastfed babies who are allowed to feed whenever they want for as long as they want do not need any other drinks, even in hot weather.

This principle can work throughout the period of transition to family foods if the baby continues to be allowed to breastfeed 'on demand'. A cup of water can be offered with meals as part of the opportunity for exploration but there is no need to be concerned if he doesn't want to drink any.

Babies who are formula-fed need a slightly different approach, since formula has the same consistency throughout the feed and is therefore less thirst-quenching. Offering water at regular intervals once the baby is eating small quantities of food is all that is needed to ensure a sufficient fluid intake.

Continuing to give milk feeds 'on demand' during the weaning period will have the added advantage of allowing the baby to decide how and when to cut down his milk intake. As he eats more at shared mealtimes, so he will 'forget' to ask for some of his milk feeds, or will take less at each feed. There is no need for his mother to make these decisions for him.

## **DOs and DON'Ts for baby-led weaning**

1. **DO** offer your baby the chance to participate whenever anyone else in the family is eating. You can begin to do this as soon as he shows an interest in watching you, although he is unlikely to be ready to put food in his mouth until he is about six months old.
2. **DO** ensure that your baby is supported in an upright position while he is experimenting with food. In the early days you can sit him on your lap, facing the table. Once he is beginning to show skill at picking food up he will almost certainly be mature enough to sit, with minimal support, in a high chair.
3. **DO** start by offering foods that are baby-fist-sized, preferably chip-shaped (i.e., with a 'handle'). As far as possible, and provided they are suitable, offer him the same foods that you are eating, so that he feels part of what is going on.
4. **DO** offer a variety of foods. There is no need to limit your baby's experience with food any more than you do with toys.
5. **DON'T** hurry your baby. Allow him to direct the pace of what he is doing. In particular, don't be tempted to 'help' him by putting things in his mouth for him.
6. **DON'T** expect your baby to eat any food on the first few occasions. Once he has discovered that these new foods taste nice, he will begin to chew and, later, to swallow.
7. **DON'T** expect a young baby to eat all of each piece of food at first – remember that he won't yet have developed the ability to get at food which is *inside* his fist.
8. **DO** try rejected foods again later – babies often change their minds and later accept foods they originally turned down.
9. **DON'T** leave your baby on his own with food.
10. **DON'T** offer foods which present an obvious danger, such as peanuts.
11. **DON'T** offer 'fast' foods, ready meals or foods that have added salt or sugar.
12. **DO** offer water from a cup but don't worry if your baby shows no interest in it. A breastfed baby, in particular, is likely to continue for some time to get all the drinks he needs from the breast.
13. **DO** be prepared for the mess! A clean plastic sheet on the floor under the high chair will protect your carpet and make clearing up easier. It will also enable you to give back foods that have been dropped, so that less is wasted. (You will be pleasantly surprised at how quickly your baby learns to eat with very little mess!)
14. **DO** continue to allow your baby to breastfeed whenever he wants, for as long as he wants. Expect his feeding pattern to change as he starts to eat more solid foods.
15. If you have a family history of food intolerance, allergy or digestive problems, **DO** discuss this method of weaning with your health advisers before embarking on it.
16. Finally, **DO** enjoy watching your baby learn about food – and develop his skills with his hands and mouth in the process!