



HOT TOPICS IN Pediatric Nursing

Baby-Led Weaning

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Baby-led weaning (BLW) is gaining popularity among parents. Generally, BLW is a method for introducing food other than milk in which infants feed themselves handheld foods instead of being spoon-fed by an adult. However, the American Academy of Pediatrics (2012) recommends exclusive breastmilk or bottle-feeding until 6 months, avoiding solid foods and liquids other than milk until 6 months, and then introduction of pureed foods with a spoon as per the child's ability to sit up, support their head, and other developmental milestones. The majority of healthcare providers have had limited experience with

the many choices offered they will eat, how much, and how quickly (Cameron et al.). The authors conclude that BLW needs further definition. Most of the limited research on BLW suggests at 6 months, the infant is developmentally ready to self-feed based on motor skills of sitting independently and raking, scooping, holding, and bringing food to their mouths. Exclusive breast or bottle-feeding until the initiation of BLW and then the continuation of the same on demand is supported. The major risk factor identified by Cameron et al. in their review was choking. The gag reflex typically does not appear strong until closer to 1 year of age; however, there has

introduced. Benefits of families eating together have been found to include healthier eating patterns and increased psychological well-being for all family members.

Although further research is needed to define and study a variety of outcomes of BLW versus spoon-feeding, feasibility, risks, and benefits, there is no right or wrong in a parent's decision to practice BLW. Most parents do not exclusively breast or bottle-feed up to 6 months as recommended. Nurses should familiarize themselves with BLW and how to minimize risk in order to support parental decision making. ❖

Baby-led weaning is growing in popularity among new parents.

BLW (Cameron, Heath, & Taylor, 2012a) and when asked their opinions often rely on the American Academy of Pediatrics recommendations and concern over the potential risk for choking.

The concept was first attributed to Rapley and Murkett (2005) in their book *Baby Led Weaning: The Essential Guide to Introducing Solid Foods and Helping your Baby to Grow up a Happy and Confident Eater*. In a recent review, Cameron, Heath, & Taylor (2012b) address the definition of BLW, when it can be initiated, risks and benefits, feasibility, and need for future research. With BLW, parents offer pieces of whole food that include fruit, vegetables, cheese, meat, eggs, bread, pasta, and fish that are of a size and shape that can easily be picked up by the infant. Infants, usually no earlier than 6 months of age, decide what of

been no definitive research to date to support the connection between choking and the gag reflex in BLW infants under 1 year. Rapley and Murkett (2008) recommend avoiding classic choking hazards and encouraging parents to not force feed by placing the solid in the infant's mouth. Opponents cite risk of underweight; however, this risk has not been supported by the limited available research.

Proponents of BLW contend that it is closely aligned with self-initiated breastfeeding and as with breastfeeding, infants are able to better self-regulate when, how often, how quickly, and how much they consume (Cameron et al., 2012a). Some parents believe the variety of flavors that infants are exposed to with mother's milk prepare infants for a diversity of tastes and flavors when solids are

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