BABY LED WEANING:
A DIETITIAN’S PERSPECTIVE

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OVERVIEW

- Basics of BLW
- Other aspects
- The research
- Conclusion
BASICS OF BLW

What
When
Why
How
WHAT

- Alternative method for introducing complementary foods
- Weaning – different meaning in the US

BLW aka Baby Led Solids

- Infants are allowed to:
  - Self-feed whole foods
  - Be in control (what, when, how much, and if)
  - Share family meals

- No stages or progressions

BABY LED = BABY LEADS THE WAY
“As a parent, the only control you need to have over your baby’s feeding is deciding which foods he [or she] is offered, and how often. Provided you offer him [or her] nutritious food, it should be your baby’s decision what he [or she] eats, how much, and how fast.”

Rapley & Murkett, authors of:

HX OF BLW

- Term introduced by Gill Rapley in 2003 (public health RN, midwife, breastfeeding counselor)

- Theory of BLW developed while studying babies’ developmental readiness for solids as part of her master’s degree
  
  Are babies resisting what’s being DONE TO THEM vs WHAT’S GIVEN TO THEM?

- Updated WHO guidelines for introduction of solids at 6 mos in 2002 generated BLW growth
“[…] [W]e certainly didn’t invent the idea that babies will naturally feed themselves when they are ready! And yet for many years, most parents, understandably so, have assumed that babies need to be spoon-fed, with few of us realizing we could let our bab[ies] feed [themselves] right from the start.”

Rapley & Murkett, authors of:

WHEN

- 6 months (CGA)*

- Developmentally ready

- Grabbing/interest in food

- Baby’s pace – just like all other milestones
WHEN

Academy of Nutrition and Dietetics (AND): 4-6 mos of age

Complementary foods should be introduced at no earlier than 4 months, and preferably at around 6 months (correcting age for prematurity), when the infant shows developmental signs of readiness. Signs of readiness include extinction of the

American Pediatric Association (AAP): around 6 mos of age

*Introduce solid foods around 6 months of age*
*Expose baby to a wide variety of healthy foods*
*Also offer a variety of textures*

World Health Organization (WHO): At 6 mos of age and onward

Complementary feeding should be *timely*, meaning that all infants should start receiving foods in addition to breast milk from 6 months onwards. It should be
WHY

- It’s natural
- Self-regulation & appetite control
- It’s FUN
- Develops skills
- Enjoy family meals
- Better nutrition
- Less risk of choking
- Happy parents
IT’S NATURAL

- Natural transition from breastfeeding
- Babies are meant to play and explore
SELF-REGULATION & APPETITE CONTROL

- Baby is in control and at own pace = self-regulation
- Allowed to choose how much to eat = appetite control
- No “persuasions” to eat more

Less risk of overweight?
IT’S FUN

- Play – Explore – Learn
- Happy babies
- Explores/accept wide variety of foods, textures, smells, and flavors
- Positive relationship with food
- Less picky as toddler
DEVELOPS SKILLS

- Chewing → talking
- Manual dexterity
- Hand-eye coordination
- Social skills
- Self-confidence
- Safety
ENJOY FAMILY MEALS

- Social skills
- Build relationships
- Language development
- Improved weight status when older?
BETTER NUTRITION

- Parents choose healthier foods? (anecdotal evidence)
- Whole foods vs homemade purees vs commercial baby food
- Parental report of increased variety and acceptance
LESS RISK OF CHOKING?

- Babies are at less risk of choking if in control what goes into their mouth.

There is a difference between gagging and choking.
HAPPY PARENTS

- No need for separate meals
- No mealtime battles – less pressure for babies to eat
- Eating out is easier
- It’s cheaper

Practical and enjoyable meals = Less stress = Happy parents
“Although in reality this approach is likely what mothers did for millennia before the introduction of specially prepared foods, baby-led weaning represents an alternative to the modern, industry-driven infant feeding culture.”

Brown, Jones, & Rowan, writers of review article:

*Baby-Led Weaning: The Evidence to Date*
HOW

- Safely
- Focus on learning and exploration
- Provide suitable foods
- Forget the schedule
- Continue with milk feedings (BM, F) on demand
- Have the right mind-set
SAFELY

- Ensure baby is ready
- Sitting upright, secure, and in proper chair
- Food safety
- Always present with baby while eating
- Let baby do it
- Avoid choking risk foods
- Understand choking vs gagging
FOCUS ON LEARNING AND EXPLORATION

- For first couple of months solid food is all about learning vs nutrition
- Baby’s motivation to put food in mouth is more for curiosity/copying and not hunger
- Do not rush
PROVIDE SUITABLE FOODS — GENERAL TIPS

- Nutritious, balanced, varied meals
- Ensure iron, protein, calorie rich foods are given
- Offer small selection of foods (3-4)
- Teeth are not necessary to bite and chew — gums are powerful!
- Water as needed
- Keep trying with rejected foods
PROVIDE SUITABLE FOODS — SIZE MATTERS

The newbie (6-8 mos)

- Choose “wrap around” and “handle” foods
- Finger shaped
- At least 2 inches long
- “Half to hold and half to munch”

The more experienced eater (9 mos+)

- “Handle” no longer needed
- Pincer grasp present — able to grab/eat bite sized pieces
- Can offer utensils
- Can incorporate runny foods — use “dippers”
BLW 9 MOS +
## BUILDING THE BABY PLATE

<table>
<thead>
<tr>
<th>Protein Foods</th>
<th>High-Energy Foods</th>
<th>Fruit/Vegetable Sides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eggs,* scrambled or hard-boiled, cut into slices</td>
<td>Whole fat, unflavored Greek yogurt</td>
<td>Pears, ripe and soft, thinly sliced</td>
</tr>
<tr>
<td>Beef*, sirloin, flank, flatiron, roast, finger-sliced</td>
<td>Avocado, ripe, sliced</td>
<td>Carrots, shredded or thin sticks, soft steamed</td>
</tr>
<tr>
<td>Beans*</td>
<td>Olive oil</td>
<td>**Broccoli, raw or soft-steamed</td>
</tr>
</tbody>
</table>

* = iron rich food  ** = Vitamin C source

Adapted from the book: *Born to Eat: Whole, Healthy Foods from Baby’s First Bite*
PROVIDE SUITABLE FOODS — TEXTURE & FLAVOR

- Find the perfect balance
- Mix it up

Exposure is key
PROVIDE SUITABLE FOODS – FAMILY MEALS

- When possible offer same food as family
- They learn by copying
- Make them enjoyable
“There’s no such thing as a perfect food, a perfect meal, or a perfect eater.”

Shilling & Peterson, authors of:

*Born to Eat: Whole, Healthy Foods from Baby’s First Bite*
FORGET THE SCHEDULE

- No set timetables, stages, or schedules
- No specific order of foods*
- There may be regressions or inconsistent patterns
- Do not feed when hungry*
CONTINUE WITH MILK FEEDINGS ON DEMAND

- BM/formula is main nutrition source during first 12 mos. = COMPLEMENTARY FEEDINGS

6-9 mos. → BM/formula should remain about same amount while solids gradually increase

≥ 9 mos. → BM/formula begins to reduce and solids to increase

- Allows baby to enjoy exploring solids as different activity

- Every baby has it’s own pace
HAVE THE RIGHT MIND SET

- BLW is more “offering” vs “giving”
- It’s a “hands off” approach
- No need to praise or scold
- Check the expectations
Babies who are allowed to feed themselves will naturally manage their own intake — they simply stop eating when they are full. This means they eat as much as they need — and no more.”

Rapley & Murkett, authors of:

DISADVANTAGES — PER BLW PROONENTS

- Messy
- Other' peoples worries
SPECIAL CONSIDERATIONS

BLW relies on development, careful/avoid if:

- Developmentally delayed
- With muscle weakness/hypotonia
- Deformities of hand/arm/back/mouth
- Premature infants

They may do better with spoon feeding OR combo OR need additional nutrients
POSSIBLE CONCERNS

- Adequacy of intake (calories, protein, iron)
- Growth
- Safety
- Is it feasible?
“A negative attitude toward, or inexperience with, the method doesn't make it an invalid option.”

Shilling & Peterson, authors of:

*Born to Eat: Whole, Healthy Foods from Baby’s First Bite*
EARLY INFLUENCES ON CHILD SATIETY-RESPONSIVENESS: THE ROLE OF WEANING STYLE

OCTOBER 2013, INTERNATIONAL ASSOCIATION FOR THE STUDY OF OBESITY (SELF REPORT CORRELATIONAL STUDY)

OBJECTIVE: The aim of the current study was to compare child eating behavior at 18–24 months between infants weaned using a traditional weaning approach and those weaned using a baby-led weaning style.

RESULTS: Infants weaned using a baby-led approach were significantly more satiety-responsive and less likely to be overweight compared with those weaned using a standard approach. This was independent of breastfeeding duration, timing of introduction to complementary foods and maternal control.

CONCLUSION: A baby-led weaning approach may encourage greater satiety-responsiveness and healthy weight-gain trajectories in infants. However, the limitations of a self-report correlational study are noted. Further research using randomized controlled trial is needed.
OBJECTIVE: To examine a modified version of BLW, Baby-Led Introduction to Solids (BLISS), to address common concerns, such as inadequacy of iron and energy intake, and choking. To conduct a pilot study to determine the extent to which parents following this modified baby-led approach offer foods that are likely to increase iron and energy intake, and to lower choking risk.

RESULTS: Compared to the BLW group, the BLISS group were more likely to introduce iron containing foods during the first week of complementary feeding, and to offer more serves per day of iron containing foods at 6 months and less likely to offer high-choking-risk foods.

CONCLUSIONS: This pilot study suggests BLISS may result in higher iron intakes and lower choking risk than unmodified BLW. However, the results need to be confirmed in a large randomized controlled trial.
BLISS in a nutshell

1. Start by offering foods that are adult-finger shaped.
   Your baby will find food easier to grasp if it is a stick or long and shape. Pieces of food
   should be long enough so that your baby can hold it and there is still some of the food
   left out the top of their closed fist. Check the food is cooled enough by taping a place
   yourself – you should be able to place it on the heel of your mouth with your tongue – if
   you can’t then check it a bit longer and test again.

2. Always include your baby at meal times just as you
   would other family members.
   Talk to them as they explore and eat their food and have some eye
   contact. Don’t feel you must talk to your baby about everything they
   eat or make eye contact all the time.

3. Offer a variety of foods from the resources including one energy rich food and one
   high iron food each meal. Whenever possible offer your baby the same foods that the
   rest of the family is eating, so that they learn part of what is going on. Offer three or four
   different foods at a meal (e.g. core, beef strip, cheese stick) and start with one piece
   of each food. You can always offer your baby “seconds”. Loading up your baby’s highchair
   with all sorts of foods will overwhelm him and there may be a lot of waste.

4. Avoid burying your baby.
   Allow him to decide the pace, in particular don’t be tempted to “help” her by putting things in her
   mouth for her.

5. Avoid offering “fast” foods or foods that
   have added salt or sugar.

6. Always follow the basic safety rules
   • Encourage your baby to sit up in an upright position – never leaning
     back – while he is eating. In the early days you can sit him on your lap, facing
     the table.
   • Don’t leave your baby alone with food. Even
   • DON’T offer foods such as peanuts, popcon, whole grapes or any food in a
     coin shape – she may choke.

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 ask, chew, and later, to
  swallow.
• A young baby to eat a whole piece of food at first as she won’t yet have
  developed the ability to get at food inside her fist.
• A young baby to have a perfectly “balanced” diet. There may be times when
  you think she is being a fussy or picky eater. Try to relax and allow your baby
  to explore foods, as they become more familiar with food and eating their
  acceptance of new tastes and texture will increase.

Offer your baby food when she’s happy and content – offering a milk
food for babies until 8-9 months. In the early days it can be tricky coordinating
a suitable time for the family meal and
when your baby is awake and content.
Don’t expect this to fall into place
immediately but as you progress you’ll
find a routine that suits all of you.

Babies enjoy variety. Offer different
foods or you can serve the same
foods in different shapes or forms.

You may find yourself thinking “just
more” or “please eat some veges”,
it’s normal for a parent to want the
best for their child by making getting
food in your baby’s mouth. Babies
are very good at regulating their
own appetite so will adjust as much as
they need. As long as you continue
to offer healthy nutritious foods
your baby, in time, will learn healthy
eating patterns.

So try rejected foods again later.
Sometimes it can take up to ten
attempts at different meals before
your baby accepts a new food.

From Article: Baby-Led Introduction to SolidS
(BLISS) study: a randomised controlled trial of a
baby-led approach to complementary feeding
HOW DIFFERENT ARE BABY-LED WEANING AND CONVENTIONAL COMPLEMENTARY FEEDING? A CROSS-SECTIONAL STUDY OF INFANTS AGED 6–8 MONTHS

APRIL 2016, BRITISH MEDICAL JOURNAL (CROSS-SECTIONAL STUDY)

OBJECTIVES: To compare the food, nutrient and ‘family meal’ intakes of infants following baby-led weaning (BLW) with those of infants following a more traditional spoon-feeding (TSF) approach to complementary feeding.

RESULTS: BLW infants were more likely than TSF infants to have fed themselves all or most of their food when starting complementary feeding. No difference was observed in energy intake, but BLW infants appeared to consume more total and saturated fat, and less iron, zinc and vitamin B12 than TSF infants.

CONCLUSIONS: Infants following BLW had similar energy intakes to those following TSF and were eating family meals more regularly, but appeared to have higher intakes of fat and saturated fat, and lower intakes of iron, zinc, and vitamin B12. A high proportion of both groups were offered foods thought to pose a choking risk.
OBJECTIVE: To determine the impact of a baby-led approach to complementary feeding on infant choking and gagging.

RESULTS: A total of 35% of infants choked at least once between 6 and 8 months of age, and there were no significant group differences in the number of choking events at any time. BLISS infants gagged more frequently at 6 months but less frequently at 8 months, than the control infants. At 7 and 12 months, 52% and 94% of infants were offered food posing a choking risk during the 3-day record, with no significant differences between groups.

CONCLUSIONS: Infants following a baby-led approach to feeding that includes advice on minimizing choking risks do not appear more likely to choke than infants following traditional feeding practices.
OBJECTIVE: To bring together all empirical evidence to date examining behaviors associated with the BLW approach, its outcomes and confounding factors.

CONCLUSION: Further evidence is still needed to explore its potential impact upon nutrient and energy intake, and as a consequence child weight and eating behavior. Initial research, particularly that exploring the experiences of those who have successfully followed it, has suggested that the approach may foster the development of positive eating behavior and potentially weight gain, but further large-scale rigorous is now needed to understand this. It is also critical that we understand the baby-led approach in context, across different populations and interpretations of the approach.
ISSUES WITH CURRENT RESEARCH

- Limited data and evidence
- Many are self reported
- No studies with detailed data on BLW
- No clinical definition for BLW
A DIETITIAN’S PERSPECTIVE

- It seems logical and natural
- Hand in hand with the “division of responsibility” (by Ellyn Satter)
- Education is essential
- May need closer follow ups
- Follow a multi-disciplinary approach - refer as needed
- A combo may be a good place to start
- Role as dietitian?
THANK YOU
REFERENCES


