Different opinions

- There is a mismatch between healthcare professionals’ and mothers’ knowledge of, attitudes to and experiences, with BLW.
- Healthcare professionals have limited direct experience and training with BLW.
- The main concerns raised by the healthcare professionals are the potential for increased risk of choking, iron deficiency and inadequate energy intake.
- Despite the potential benefits of BLW (greater opportunity for shared family meal times, fewer mealt ime battles, healthier eating behaviors, greater convenience and possible developmental advantages like better oral and chewing skills and enhanced motor skills), most healthcare professionals feel reluctant to recommend BLW because of the concern about the potential increased risk of choking.
- In contrast, mothers who had used this style of feeding reported no major concerns with BLW. They considered BLW to be a healthier, more convenient and less stressful way to introduce complementary foods to their infant and recommended this feeding approach to other mothers.
- Although mothers did not report being concerned about choking, up to 30% reported at least one choking episode, most commonly with raw apple.
- Some consider it messy and are concerned about the potential waste of food an important detail for families on a restricted budget. On the other hand, preparing purees or buying ready-made canned baby purees can also be expensive.
- Some mothers reported it was liberating that BLW does not include a detailed step-by-step weaning protocol and instead promotes responding to the infant and thought that fewer ‘rules’ made the transition to food less frightening and complicated, although current guidelines on types of BLW foods to offer are incomplete and some mothers reported not knowing what foods to offer at what age.
Baby led weaning

What “science” says

BLW versus spoon-fed (SW) babies

- BLW is suitable for most infants older than 6 months from a motor development point of view. It will not suit all infants and families, but it is probably achievable for most.
- BLW mothers are more likely to breastfeed, have more years of education and a higher socioeconomic status, and are less likely to return to work before 12 months postpartum than other mothers.
- Mothers who follow BLW are lower in anxiety and feel more relaxed specifically in relation to the weaning process and have a low-control style of feeding than mothers following a SW approach. Mothers who are high in anxiety are more likely to use a restrictive and controlling feeding style. Mothers who are controlling in their parenting style are more likely to use a controlling maternal-feeding style and have overweight children.
- When compared to spoon-fed babies, BLW babies show a significantly increased liking of healthy carbohydrates, the ones found at the bottom of the food pyramid, versus sweet foods. This is the base of a healthy nutrition. No other differences have been observed for other food groups preferences. Also, BLW babies that come from families with higher socioeconomic status tend to prefer vegetables.
- Picky eaters are not more frequent in any of the groups.
- There's a higher incidence of underweight babies in the BLW group, opposite to the spoon-fed group, where obesity is more prevalent.
- Controlled feeding practices such as restricting food or pressuring children to eat leads to a decreased ability to regulate the intake according to appetite, increased fussiness and subsequent underweight.
- Infants weaned using a baby-led approach are significantly more satiety-responsive and less likely to be overweight compared with those weaned using a standard approach.
- It appears that BLW babies tend to regulate their food intake in a manner which leads to a lower BMI (body mass index) and a preference for healthy foods, like carbohydrates. This could protect against obesity.
When is it safe for babies to have food other than breast milk or formula?

- Infants are not ready for food (puréed or finger foods) before four months.
- The motor skills needed for BLW only develop (in the majority of infants) at six months.
- For babies who cannot be exclusively breastfed until 6 months, switching to formula and potentially adding puréed food until they are six months old or until they develop the necessary skills to be able to receive finger-foods may be an option for parents who want to follow a BLW approach.
- The motor skills required for self-feeding are postural stability to sit with little or no help, and to reach for and grasp objects, which allows the majority of infants to reach out and grasp food. It seems reasonable to expect that the majority of (although not all) infants could cope with self-feeding at six months.
- Alongside the motor skills required for successful self-feeding an infant must have the physical stamina and interest in eating to consume enough energy to keep pace with their needs for rapid growth. If they do not, they may be at risk of inadequate energy and nutrient intake, and consequently failure to thrive (growth faltering). It is still unclear if the risk of failure to thrive is higher in BLW babies, but it may be an issue for some infants. Although assistance from parents is not encouraged in BLW, some flexibility may be required for infants with poorer self-feeding skills.
- Most infants at six months possess the oral function to break up soft food in their mouth and move it around in order to swallow it.
- Coordination of chewing, swallowing and breathing is necessary.

How is it safe to start BLW?

- The baby should sit upright and should always be supervised by an adult.
- Offer soft whole foods, such as cooked, boiled or steamed vegetables until they are soft, or soft fruits.
- Avoid hard foods such as raw apple and nuts.

The advantages seem pretty clear. But are they worth the risks?

Choking

- Choking is always a concern with young children and many of the choking episodes at this age are caused by food.
- Whether children following BLW choke more than conventionally-fed children is unknown.
- The most feared risk of feeding whole foods to a potentially immature baby, it has been observed in up to 30% of BLW babies. However, all parents who reported choking in this study also reported that the infant independently dealt with the choking by expelling the food from their mouth through coughing, and that parents did not have to intervene with first aid.
- A 6-month-old infant may not be developmentally ready to chew whole pieces of food.
- Mothers may leave the infant alone in their highchair with their food for short periods of time, which may increase this risk.
- Mothers may become competitive about their infant’s BLW progress, considering that their child is more advanced if they have certain foods or a greater variety of foods earlier than other children, and therefore might be motivated to offer unsafe foods that would increase the child’s risk of choking.
- Choking is more likely with very hard foods such as raw apple or round coin-shaped foods such as slices of sausage, or when the child is distracted while eating.
- Some authors consider choking is more likely with spoon-feeding because the baby learns to use suction to take the purée from the spoon, which causes food to be taken to the back of the throat where it is swallowed, encouraging the infant to learn to swallow food without chewing first.
- There's not enough solid evidence yet that BLW is safe enough with regards to choking, nor if it increases this risk. More studies are needed in order to help healthcare professionals endorse this practice.
Here are some examples of choking (resolved by the babies themselves, without any interference from the parents):

https://www.youtube.com/watch?v=e97MIFpVUjw
https://www.youtube.com/watch?v=Aqguw2niUz0

And a very nice and quick review of the first-aid measures for parents for choking babies:
https://www.youtube.com/watch?v=v5lx0AxqUll

**Gagging**

- It is a reflex contraction of the throat triggered by touching the roof of the mouth, the back of the tongue, the area around the tonsils or the back of the throat. An innate safety mechanism that is activated when food has not been sufficiently chewed for swallowing it prevents something from entering the throat except as part of normal swallowing and helps prevent choking.
- Gagging is common with BLW because at 6 months of age the baby’s gag reflex is further forward on their tongue than it is at 1 year.
- Practically all BLW infants experience gagging.
- Generally, children can eat finger foods with little or no gagging at about 8–9 months.
- It has been argued that this is one of the advantages of BLW in that the BLW infant learns to eat finger foods at a time when the gag reflex very effectively keeps large pieces of food well to the front of the mouth, only allowing well masticated food to reach the back of the mouth for swallowing.

Here are some examples of normal gagging reflex:

https://www.youtube.com/watch?v=YDT6dY-Fe4c
https://www.youtube.com/watch?v=-tI70iN64gw
https://www.youtube.com/watch?v=EcJ23l-23Qc

**Iron intake**

- It can be insufficient if the solid foods intake is not significant.
- It is not clear yet whether BLW babies are at a higher risk for iron deficiency, but the high iron requirements in this age group mean that BLW is not likely to be appropriate for children with delayed motor skills or oral motor function who would need to wait before they could self-feed effectively.
- This is a reason why some mothers decide to do a “mixed” weaning by adding iron-fortified cereals to their infants' diet.
- Iron supplements may be an option for babies with anemia or suspected iron deficiency.
- Cooked beef or liver are foods naturally rich in iron, which may be enough to avoid deficiency, with much higher bioavailability than infant cereals.

**Allergy**

- There is significant variation in national guidelines around what and how foods should be introduced to the infant at six months because of the risks of food allergy.
- The evidence surrounding the timing of complementary foods and risk of allergies remains controversial.
- There seems to be a growing body of evidence that delaying the introduction of certain foods associated with the risk of allergy such as cow’s milk, eggs, wheat, gluten, nuts, peanut products, seeds, and fish does not reduce the risk and may even increase the risk.
- In BLW, infants are allowed a range of family foods (apart from those carrying a choking risk) once they reach six months.
- Although BLW encourages introducing a variety of foods, it does also emphasize that if there is a family history of allergy or a known or suspected digestive disorder then BLW should be discussed
with a health advisor.

- If first-grade relatives have severe allergies, this may increase the risk for BLW babies to also experience allergies after exposure to highly allergenic foods too soon, before their immune system has developed enough tolerance.
- Introducing foods individually doesn’t reduce the risk of allergy but improves the likelihood of detecting reactions or sensitivities (e.g., intolerances) to foods.

Is family food adequate for a baby?

- Globally, many people eat a diet high in salt and sugar that should be avoided in young children.
- For those following the conventional method of feeding, commercial baby food or home-prepared purées don’t typically include added salt or sugar.
- The alternative is for the family to modify their diet so that it is in keeping with the infant’s diet.

<table>
<thead>
<tr>
<th>Practical recommendation</th>
<th>Supporting quote</th>
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<tbody>
<tr>
<td>Place a large cloth under the infant’s highchair to collect</td>
<td>Prepare for mess with bibs, strip the child, messy mats, have a washcloth handy,</td>
</tr>
<tr>
<td>spoiled food—the cloth could be shaken outside and washed</td>
<td>a hungry dog to eat scraps helps too and then relax and let them go for it.</td>
</tr>
<tr>
<td>in the machine.</td>
<td></td>
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<tr>
<td>Use full cover (sweatshirt) bibs.</td>
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<tr>
<td>In the warmer (summer) months the family could try eating</td>
<td></td>
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<tr>
<td>outside.</td>
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<tr>
<td>Put the infant in their highchair with their nappy on. Then</td>
<td></td>
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<tr>
<td>follow with a bath to wash off any food mess.</td>
<td></td>
</tr>
<tr>
<td>Put infant in the highchair in the kitchen so they can begin</td>
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<tr>
<td>their meal while the family meal is being prepared and interact</td>
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<td>with them while they are eating.</td>
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<tr>
<td>Seek advice from parenting groups and others doing BLW.</td>
<td></td>
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<tr>
<td>Collect and share food and recipe ideas.</td>
<td></td>
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<tr>
<td>Mothers, whether following BLW or not, should complete a</td>
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<tr>
<td>first aid course. This should teach the difference between</td>
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<tr>
<td>gagging and choking, and can improve confidence for dealing</td>
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<tr>
<td>with choking (if it occurs).</td>
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<tr>
<td>Have realistic expectations about mess and your infant’s</td>
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<tr>
<td>eating progress. Mothers need to appreciate that starting</td>
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<tr>
<td>solids is a transition period which may last many months.</td>
<td></td>
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<tr>
<td>Try and enjoy the BLW experience by allowing the baby to</td>
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<tr>
<td>explore food and have fun with eating.</td>
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</tbody>
</table>

Practical recommendations from mothers for successful Baby-Led Weaning (BLW). From Reference 3

Conclusions

- BLW appears to be achievable and a valid alternative to most healthy babies and their families.
- It may not be the best option for all infants at all times, especially those with developmental delay or other oral or motor problems, and during periods of illness.
- It is unclear yet whether the mentioned risks are a real concern compared to the conventional weaning. More quality research is needed.

References


