

# Starting Solids and Weaning

***Weaning is a process that begins when a baby starts to receive nourishment other than breast milk. It refers to both the introduction of solids and the eventual discontinuation of breastfeeding.***

The American Academy of Pediatrics Committee on Breastfeeding and the U.S. Surgeon General recommend that **babies receive breast milk exclusively for 6 months**, with breastfeeding to continue until at least 12 months of age. The World Health Organization recommends that infants be fed breast milk until they are at least 2 years of age.

Current research indicates that around 6 months of age is the **optimal time** to introduce solid foods in addition to breastmilk. This is based upon the proven health benefits of exclusive breastfeeding, the developmental readiness of infants, and maturation of the digestive system.

## What is exclusive breastfeeding?

**Exclusive breastfeeding means that a baby does not receive any food or fluids other than breast milk.** The baby may be breastfed directly or receive breast milk in a bottle, or a combination of the two. When a baby receives food other than breast milk, it changes the protective flora of the digestive system. Calories and nutrients are present in breast milk substitutes, such as formula, but they lack immune building properties and certain growth factors. A baby receiving formula is put at greater risk for developing infections (such as an ear infection or respiratory illness) or a chronic disease (such as diabetes or allergies). This is why exclusive breastfeeding is recommended for the first 6 months of life.

Once complementary foods (solids) and fluids are introduced, breast milk continues to enhance the immune system and provide nutrition. An important reason for introducing solids around the middle of the first year is that baby's stores of nutrients taken from mom during the pregnancy, such as zinc and iron, are decreasing. The benefits of breast milk do not change, but baby's needs change.

## What is developmental readiness?

Among mammals, human babies have a fairly long dependency period. Physically, humans are not ready to ingest food other than breast milk until around 6 months of age. Some babies may be ready a bit earlier (~5 months) and some a bit later (~7 months).

**The following signs indicate that your baby may be developmentally ready to begin solids:**

- Your baby shows an interest in food, watching others eat and may even grab food out of your mouth or hand.
- When a soft food is placed in your baby's mouth, your baby keeps it there and swallows it, rather than pushing it out with his or her tongue, or gagging.

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**Community  
Breastfeeding  
Center**

5930 S. 58th Street  
(in the Trade Center)  
Lincoln, NE 68516  
(402) 423-6402

**MilkWorks O**  
10818 Elm Street  
Rockbrook Village  
Omaha, NE 68144  
(402) 502-0617

For additional  
information:



[www.milkworks.org](http://www.milkworks.org)

- Your baby can sit up and support him or herself in a high chair.
- Your baby is able to pick up a small item with his or her pointer finger and thumb and put the item in his or her mouth.

## What solids should be introduced first?

Most health care providers recommend introducing solids that are **least allergenic**. Dr. William Sears recommends bananas, rice cereal, pears, applesauce, avocados, peaches, carrots, squash and sweet potatoes as ideal first foods. These first foods should be strained, pureed or mashed. They also should be introduced one at a time. If a reaction should occur (a runny nose or congestion, a rash, fussiness, diarrhea, spitting up or constipation), stop offering that food and introduce a different food. Dr. Sears encourages parents to focus on **introducing** foods, rather than stuffing your baby with food.

**Must you start with rice cereal?** No. Rice cereal is often recommended because it is a bland food and it is fortified with iron. Babies benefit from foods with iron once their own iron stores start decreasing.

Many babies experience **constipation** when solid foods are introduced. This is especially true with bananas or rice cereal. If your baby seems constipated, back off on the food you are introducing and give some pureed prunes or plums until the constipation resolves. Then slowly re-introduce other foods while continuing with the fruit.

As your baby becomes more adept at handling foods, you may **progress the consistency of foods from strained to mushy to lumpy**. Honey should be avoided in the first year of life due to the risk of botulism. “Hard” foods, such as chunks of raw carrots or peanuts, and foods that are more difficult to swallow, such as peanut butter, celery, white bread, hot dogs, whole grapes or meat chunks, should be delayed until your child is older.

Some babies will take food from a spoon, while **others prefer to feed themselves** with their fingers. Your baby may push away a spoon of strained food, but be quite content to pick up a cube of cooked sweet potato or soft avocado. Allow self-feeding. Feeding should never be a battle with your baby. It is a learning process. Your baby may take some time to get accustomed to the feels and tastes of new foods. It should be a pleasant (although messy!) experience.

**Always nurse before offering solids**, unless your baby is at day care and you are trying to preserve your pumped milk stores. If your baby fills up on solids and takes less milk you’re your breast, your milk supply may drop. Offer solids when your supply is the lowest, usually later in the day. As your baby is more receptive, you may offer solids more frequently throughout the day. Breast milk is more nutritious than solids, so do not let solids replace breastfeeding. Controlled studies have shown that infants fed solids before bed time do not sleep through the night sooner than infants who do not get the “before-bed stuffing” of solids.

## What is baby-led weaning?

**Weaning is really a passage**, from one relationship or stage to another. In our culture we tend to think of it as something we must make a child do. This may be because as American mothers we think we must wean as soon as possible. Weaning should really be seen as a time when our child is ready to

move on to a new stage. Thus it can become a celebration. **Our baby is ready for something new and so we let them move on.**

Baby-led weaning is watching for signs that a baby is ready for solids and introducing them when a baby is ready, not when a parent is ready. For some babies, this may be earlier than a parent desires, and for others, it may be later. It also means letting a baby stop breastfeeding when they are ready to stop.

At some time in the first year, your baby may experience a **“nursing strike,”** when they suddenly refuse to nurse. This is different from natural weaning in that a baby is upset about something. It may be in response to teething, a separation from mom, stress in the family, mom’s reaction to a baby who bites, or some other change. Sometimes the cause is unknown, but it is very unusual for a baby to wean before one year. Give your baby more attention, offer the breast when baby is sleepy, increase skin-to-skin contact, or try different nursing positions. This will usually end a nursing strike with a day or so. Forcing your baby to nurse may only make it worse. Meanwhile, you may use a pump to maintain your milk supply and offer your breast milk in a cup (or bottle).

Because of the health benefits, mothers are encouraged to maintain breastfeeding until a baby is at least 12 months of age. Beyond that, some mothers will set “guidelines” for nursing, but will let their baby decide when to actually stop nursing. Other mothers may encourage a gradual weaning.

**What are “guidelines?”** A mother may decide that nursing only takes place at certain times (in the morning, before naps, at bed-time) or only in certain places (at home, in the rocker, in the bedroom, on the sofa). Often this allows a mother to feel more comfortable nursing a toddler. Some mothers also stop offering to nurse, instead waiting for their child to ask to nurse.

### **But what if my child doesn’t ever want to stop nursing?**

**Every child is different.** Some give up nursing very easily (even before their mother is ready to stop). Others need gentle encouragement when it is time to stop. The American Academy of Pediatrics recommends nursing as long as mother and baby want to continue. Mother and baby may not always be in agreement on when to stop. But if either want to stop, it is time.

**When a baby initiates weaning,** it may be sad for a mother. A mother may miss the closeness and feeling of importance. Take time to acknowledge the wonderful gift you have given your baby and celebrate their growth. It is also okay to mourn the passing of breastfeeding. Your child will still need you, just in other ways now.

**When a mother initiates weaning,** it may feel like a power struggle. Doing it gradually (over weeks or months, rather than days) may be easier on baby and more comfortable physically for you. If you develop a plan and gradually decrease the number of feedings per day, it may be easier. It may confuse your child if you are willing to nurse one day, but not the next. (See our information on *Mother Led Weaning*.)

**Talk to your child about weaning – he or she will listen.** “Maggie, I know you like to nurse. I like it, too. But you are such a big, smart girl who likes to do so many fun things. You may nurse, but just when it is bedtime. That will be our special time to nurse every day.” And then nurse willingly at bedtime. But don’t offer it, let her ask for it.

## Why do I cringe when I think of a toddler nursing?

Many people in our American culture still cringe even when they think of a newborn nursing! Breasts are not seen as a feeding tool in America – they are still reserved for Playboy magazine and lingerie ads. This is a cultural value that is slowly changing as we decide that we want to prioritize good nutrition and healthy growth and development for our children.

If you develop a sense of comfort breastfeeding your newborn, it will be easier to nurse for 6 months, which is the first goal many mothers set. This is also the first goal set by the U.S. Surgeon General. Once a mother nurses for 6 months, it is easier to continue for 12 months, which is the second goal many mothers (and the U.S. Surgeon General) set. Nursing beyond 12 months is an individual decision. Is it healthy for mother and baby? Yes. But only if mother and baby want it to happen.

## What if I have more questions about weaning?

**Gather input from several sources** and then make the decision that feels best for you and your baby. Talk to a dietician, your baby's doctor, other parents, your WIC peer counselor, your public health nurse, your lactation consultant or La Leche League. You may also want to read the section on weaning in ***The Baby Book*** by Dr. William Sears and Martha Sears, RN. This book also has excellent information on introducing solids, good family nutrition and feeding toddlers.