

## Introducing Solids & Weaning

Weaning is a process that begins when a baby receives nourishment other than breast milk.

**The American Academy of Pediatrics Committee on Breastfeeding** recommends exclusive breastfeeding for approximately 6 months followed by continued breastfeeding with complementary foods for at least 2 years and beyond as mutually desired. The World Health Organization recommends that infants be fed breast milk until they are at least two years of age. Public health and medical experts do not recommend when a baby should STOP breastfeeding, except to say that after 12-24 months, it is up to a mother and her baby.

### What is exclusive breastfeeding?

**Exclusive breastfeeding means that a baby does not receive any food or fluids other than human milk.** A baby may feed at the breast, or may receive human milk in a bottle, or a combination of the two. Feeding a baby at the breast allows a baby to benefit from skin-to-skin contact, which is important for brain development and socialization. Research has shown that breastfed infants have a lower risk of ear infections, respiratory and digestive infections, decreased incidence of asthma, allergies and diabetes vs a baby receives food other than breast milk. Formula, a breast milk substitute, contains adequate calories and nutrients, but lacks immune building properties and certain growth factors. **Exclusive breastfeeding is recommended for the first 6 months of life.** When a mother does not have human milk to feed her baby, formula is the next best alternative.

**Current research indicates that around 6 months of age is the optimal time to introduce solid foods to a breastfed baby.** This is based on the proven health benefits of exclusive breastfeeding, the developmental readiness of infants, the maturation of the digestive system and a baby's need for additional nutrients, such as iron and zinc. Once complementary foods (solids) and other fluids (water) are introduced, breast milk continues to provide important nutrition and immune protection for a baby. **The benefits of breast milk do not change, but a 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 and may even grab food out of your mouth or hand.
- When soft food is placed in your baby's mouth, your baby swallows it, rather than pushing it out with his or her tongue, or gagging.
- Your baby can sit up in a highchair.
- Your baby can pick up something small with his or her pointer finger and thumb and put the item in his or her mouth.



- Your baby may want to nurse more frequently and may appear less satisfied after nursing.

## How should solids be introduced?

For most babies, **the introduction of solids is a gradual learning process.** Your baby will need to get used to different tastes and textures. Most parents will offer their babies puree (cooked or soft food that has been put through a blender) from a spoon. Some babies will want to feed themselves, however, most babies do not self-feed adequately until they are about 9 months old. If your baby does not consume adequate amounts of nutrient dense food after 6 months of age, their risk of iron deficiency anemia increases. As your baby learns to feed themselves, they will want to feed themselves with their fingers, which should be encouraged and is a normal part of development. Help keep your baby safe from choking hazards by making sure the food is small enough and soft enough that your baby can swallow the food without chewing the food.

## What solids should be introduced first?

**There is no hard and fast rule as to what solid foods to introduce first.** Your baby's health care provider may recommend a list of foods. Traditionally, iron fortified infant cereal, bananas, pears, applesauce, peaches, carrots, squash and sweet potatoes were recommended as a first solid. As we learn more about infant nutrition, many parents are choosing to introduce more nutrient dense foods first, in order to meet a baby's need for additional protein, iron and zinc.

**The following foods are more nutrient dense and are high in protein, iron, zinc and/or vitamin C:** lean beef, chicken, lamb, legumes), peas and lentils, kidney beans, sweet potatoes, kale, spinach, Brussel sprouts, avocados, broccoli, asparagus, cantaloupe, and cauliflower. Dried fruits such as prunes, dates and raisins are also high in iron and can be stewed to soften then pureed.

**Iron is best absorbed from food sources such as heme sources (meat), fish and poultry.** Iron from non-meat, or artificially fortified sources are enhanced by adding foods rich in vitamin C such as citrus from oranges or tomato juice can help improve iron absorption from these foods.

**Any of the above foods can be made baby friendly with a blender, food mill or food processor,** and some may be available as commercial baby foods. Once your baby does well with these foods, you can add other foods, and other vegetables and fruits. When possible, provide your baby with whole food that has not been processed with sugar or additives.

**Start once a day with a goal of about a tablespoon or more.** When your baby is interested, offer solids twice a day. By around nine months, offer solids three times a day. Your baby's health care provider may suggest you introduce one food at a time. **If your baby should show a sensitivity to a food** - a runny nose or congestion, a rash, fussiness, diarrhea, spitting up or constipation, stop offering that food and introduce a different food. Many providers recommend waiting several days between new foods.

**The frequency or amount of breast milk a baby consumes does not usually decrease until around nine months when a baby is feeding well and consuming adequate amounts of solid foods.** If you are concerned about your milk supply during this process, you may consider breastfeeding before solids, or offering solids between two breastfeeds. If you are back at work and are concerned about how much milk you are pumping, you may encourage day care to offer solids **before** giving baby your pumped milk. This may help you to keep up with your baby's demand for your milk.

**We do not recommend that a mother replaces breast milk during the first 12 months with cow's milk, goat's milk, soy milk, rice milk, coconut milk, almond milk or any nut milk.** While solids may supplement breast milk, if you are truly short on breast milk, you may need to supplement with infant formula until your baby is 12 months old. If you are concerned about introducing a cow's milk formula, you may consider a hypoallergenic, or hydrolyzed, cow's milk formula. It is easier for babies to digest.

- 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 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. Avoid popcorn and chips.
- Babies do not need fruit juices and should not be given soda pop. Sips of water or breast milk from a sippy cup are a great way to help your baby transition to a cup.

As your baby becomes more adept at handling foods, you may **process the consistency of foods from strained to mushy to lumpy**. 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, but do not rely upon self-feeding until your baby is at least 9 months old. 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 feel and taste of new foods. It should be a pleasant (although messy!) experience.

### **What is baby-led weaning?**

**Baby-led weaning is a popular way to encourage independence in eating and watching for developmental signs that a baby is ready for solids, as well as enabling babies to regulate their intake. It also means letting a baby lead the way when it comes to no longer breastfeeding.** For some babies, this may be earlier than a parent desires, and for others, it may be later.

**Weaning is a passage**, from one relationship or stage to another. In our culture we tend to think of it as something we make a child do. Instead, weaning can be seen as a time when a child is ready to move on to a new stage in life. It can actually become a celebration.

If your baby has a sudden refusal to nurse, this can be a somewhat common experience called a "**nursing strike**." This is different from natural weaning in that a baby is usually upset about something. It may be in response to teething, separation from mom, stress in the family, mom's reaction to a baby who bites, or other changes. 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 in 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).

**Mothers are encouraged to breastfeed their baby for at least 12 months, both for their baby's health and for their own health.** Mothers who breastfeed have decreased rates of breast and ovarian cancer, and type II diabetes. Some mothers will gradually start to wean their baby around 12 months of age, while other mothers will set "guidelines" for nursing, but will let their baby decide when to stop nursing.

**What are "guidelines?"** You may decide that nursing only takes place at certain times (in the morning, before naps, at bedtime) or only in certain places (at home, in the rocker, in the bedroom, on the sofa). This may help you feel more comfortable nursing a toddler.

## **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 a mother and baby want to continue. At times, a mother and baby may not agree on when to stop. But if either wants to stop, it is time.

**If your baby initiates weaning,** you may be sad. You 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.

**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 for your baby and will be more comfortable physically for you. It may help to have a plan and gradually decrease the number of feedings per day. If you are willing to nurse one day, but not the next, it may confuse your child. (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. You are a smart girl who likes to do so many fun things now. You may nurse, but only at bedtime. That will be our special time every day.” Nurse willingly at bedtime. But don't offer it, let her ask for it.

## **Why do I feel a bit uncomfortable about nursing a toddler?**

Many people in our culture are not used to seeing babies breastfeed. This is changing as more mothers are breastfeeding, and for a longer time period. If you get comfortable breastfeeding your newborn, it will be easier to nurse for 6 months, which is the first goal set by the U.S. Surgeon General. Mothers who nurse for 6 months often find it easy to nurse for 12 months. Nursing beyond 12 months is an individual decision.

### **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 your baby's doctor, other parents, your WIC peer counselor or dietician, your lactation consultant or La Leche League. ***The Baby Book*** by Dr. William Sears and Martha Sears, RN, is a good resource for information on introducing solids, weaning your baby, and feeding your toddler.

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