

# Help yourself

What is Baby-led Weaning and how can it benefit young children's development?

**Sarah Ockwell-Smith** takes a closer look...

**B**aby-led Weaning (BLW) is simply introducing solids into a baby's diet in a baby-led way. This means babies lead when the weaning begins (usually around six months of age), control their own food intake and feed themselves finger foods from the very start of weaning, skipping the spoon-fed purée stage entirely.

BLW as we know it has only existed for 12 years, being introduced by health visitor and midwife Gill Rapley. Gill was working on her masters thesis, studying whether babies would move on to solid foods spontaneously, if given the chance. She quickly found that this did indeed happen; in addition, many parents reported their increased satisfaction with this method of weaning too. In 2008 Gill's book *Baby-led Weaning* was published and the method has grown steadily in popularity since. Despite much research backing the method, however, most parents still wean onto traditional purées from four months.

BLW can seem confusing and sometimes concerning to childcare workers, especially if they are used to caring for babies weaned using more traditional methods. For this reason, some background knowledge in BLW can really help to allay these concerns and, in addition, can really help early years practitioners to support families who have chosen this parenting method.

## The rationale

BLW works on a similar principle to breast-feeding. A breast-fed baby is in control of his food, he controls the speed at which he feeds, when he feeds, when he is satiated and when feeding stops. In addition, it is the baby that latches on to the breast and draws the nipple into his mouth. He is in control of all aspects of his nutrition. Being baby-led with solid food means allowing the baby to take control of when and how he eats. This control helps the child to grow with a much healthier relationship with food.

## RESEARCH & BENEFITS

**BABY-LED WEANING HAS GROWN IN POPULARITY BUT REMAINS MORE PREVALENT IN CERTAIN DEMOGRAPHICS...**

**T**here has been a fair amount of research conducted on BLW principles in the last decade. This growing body of research has found that families who use BLW are more likely to have a higher education, be married, be predominantly Caucasian and have breast-fed their baby. Those who BLW tend to introduce solids later, in line with the WHO and NHS guidelines of "around six months". BLW parents tend to have less anxiety about weaning and feeding their babies. From the baby's point of view, BLW has a positive impact upon their eating style. Those weaned using the BLW ethos tend to be less overweight in later life and have less of a preference for sugary foods.



BLW is all about **trusting** babies, waiting for them to be sufficiently **physically** developed, and giving them **control** over what, when and how much they **eat**

Although BLW is a natural extension of breast-feeding it is still possible to BLW formula-fed babies. Some mothers who are used to bottle-feeding to a schedule, however, can struggle a little with giving the baby control over their feeding. In addition it can be harder for formula-feeding parents to trust that the baby will take what he needs if they are used to seeing an empty bottle at the end of a feed. Breast-feeding mothers have always had to trust their baby will take the milk that he needs and therefore the transition can often be easier for breast-feeders, although by no means is this always the case.

BLW presumes that a baby is ready to move on to solids from a biological, physical and psychological perspective. This presumes that their digestive system is ready for solids, that they have sufficient head, neck and back control, that they have a sufficient ability to purposefully pick up and let go of items, and that they are at a period of their development where they are ready to experience something new.

## Readiness for weaning

During pregnancy the baby's main nutrition source is glucose, passed to them from the placenta. After they are born their nutrition comes in the form of a simple sugar carbohydrate (lactose) and protein from milk. During the first three to four months, a baby's easy-to-digest milk diet does not require them to use salivary amylase, an enzyme that enables the body to convert starch to sugar in the mouth and the small intestines that we adults rely upon to convert our food to energy. At birth a baby's amylase production is nil. This slowly increases over the first six months. Salivary amylase levels reach a comparison with an adult's by around five to six months of age. It is only at this point that babies can convert the nutrients found in starchy foods (e.g. rice, grains, fruit and vegetables) into energy. If they are weaned before this age, their nutrient absorption will be significantly poorer, and doing so can lead to digestive disturbances such as diarrhoea, constipation and stomach cramps.

In addition to digestive maturity, in order to wean a baby needs to have lost his tongue thrust reflex, develop his gag reflex and be able to sit

upright (with or without support). He should also have the ability to grasp and let go of foods. The tongue thrust reflex is simply the protrusion of the tongue in babies when they swallow. This reflex disappears at around six months of age and is a good indicator of readiness for solids. The gag reflex is a contraction of the back of the throat triggered by an object touching the roof of the mouth or back of the tongue, which allows the baby to gag and cough up any food that may otherwise cause him to choke. This is alarming to many parents when their baby begins to wean and they presume that they are choking; however, they can be reassured it is perfectly normal. The gag reflex begins to lessen around seven months onwards.

In order to prevent choking, a baby must also be able to hold their head and neck upright and be able to sit upright. A vertical position acts as protection for babies when they are eating solids. The ability to sit usually develops at around six months. Lastly, at around six months, most babies are capable of picking up larger objects with a simple palmar grasp and, importantly, are able to purposefully let go of them again, a skill that develops after the ability to pick something up. They are also able to purposefully move food to their mouth at this stage too. At around eight to 12 months babies develop a 'pincer grip' ability that allows them to pick up and feed themselves smaller objects such as raisins.

## Giving babies control

BLW is all about trusting babies, waiting for them to be sufficiently physically developed (which happens at around six months) and giving them control over what, when and how



## about the author

Sarah Ockwell-Smith is a parenting expert and mother of four. She is the author of *BabyCalm: A Guide for Calmer Babies and Happier Parents* and *ToddlerCalm: A Guide for Calmer Toddlers and Happier Parents*. Her third book, *The Calm Baby and Toddler Sleep Book*, will be released in 2015. Sarah is also the founder of GentleParenting - visit [gentleparenting.co.uk](http://gentleparenting.co.uk)

much they eat. BLW removes the need for feeding puréed food and, with some simple planning (watching salt content, nutritional levels and less-safe foods like honey and nuts), means that babies can eat the same food as the rest of the family, or indeed the toddlers at nursery. BLW allows a baby to enjoy the full sensory experience of eating and helps to grow lifelong healthy-eating habits and attitudes. As milk remains the primary source of nutrition until the end of the first year, it is normal for a BLW baby to eat less at meals than a more traditionally weaned baby. It is also normal for them to squidge, throw and mush their food and end up with more of it on them and the floor than in their mouth. This is all part of the learning process and has given rise to an unofficial BLW motto: "Food before one is just for fun."

For more information on Baby-led Weaning, including recommended first foods, visit [babyledweaning.com](http://babyledweaning.com) and [rapleyweaning.com](http://rapleyweaning.com) - the latter has some very useful leaflets that could be printed out and given to interested parents at your setting.

