"Does baby know best?": Benefits and harms of baby-led weaning for transitioning to solid foods

Clinical Question: What impact does baby-led weaning have on infant growth, iron intake, and choking?

Bottom Line: Transitioning infants to solid foods using a baby-led weaning approach (with parental education) results in up to 0.7kg less weight gain at 12 months than traditional spoon feeding. This is of unknown clinical significance. There is no difference in iron intake or choking episodes.

Evidence:

- Systematic review of 10 observational studies and 1 randomized controlled trial (RCT).\(^1\) Observational data too heterogeneous to combine.
  - Focusing on RCT: 206 children, baby-led weaning versus traditional spoon feeding, starting at 6 months of age (multiple publications with multiple outcomes):\(^2\)\(^-\)\(^8\)
    - No significant difference BMI at 12 or 24 months.\(^3\)
    - No significant difference in:
      - Dietary iron intake, hemoglobin, or ferritin.\(^4\)
      - Choking events.\(^5\)
    - Limitations: Open-label study, intervention group had 8 additional educational contacts, written materials, cook-books, and complementary packets of iron-fortified cereal.\(^2\)
- RCT not included in above systematic review, 280 children, 5-6 months of age.\(^9\) After 12 months:
  - World Health Organization child growth standards:
    - Baby-led weaning: 98% normal weight, 2% "underweight" (2 standard deviations below the mean).
    - Spoon Feeding: 87% normal weight, 13% "overweight" (more than 1 standard deviation above the mean).
  - Spoon-fed babies gained 0.7kg more weight than baby-led.
Clinical significance unknown.
  - No significant difference in:
    - Dietary iron intake, hemoglobin or ferritin levels.
    - Choking episodes.
  - Limitations: Open-label study; baby-led weaning group had 4 additional group training meetings and 6 home visits.

Context:
- Baby-Led Weaning is an alternative approach to transitioning to solid foods which promotes infant self-feeding.
- Key features include infant participation in family mealtimes and offering baby-fist sized strips of food, so babies feed themselves when they begin solid food, at around 6 months of age.9
- Theories supporting baby-led weaning suggest improvement in family dynamics, decreased parental stress and improved relationships with food though no high-quality evidence supports this.1
- Family physicians may be asked to provide guidance on baby-led weaning, including knowing when to start solids, foods with higher choking risks (examples: nuts, grapes, raw vegetables, raw apples, and anything cut into “coin” shape) and to continue breast or formula-feeding during this transition.5

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References:

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