EVIDENCIAS EN PEDIATRÍA
Toma de decisiones clínicas basadas en las mejores pruebas científicas
www.evidenciasenpediatria.es

Associated commentary

Is baby-led weaning an advisable approach?

Leis Trabazo R
Unit of Paediatric Gastroenterology, Hepatology and Nutrition. Department of Paediatrics. Hospital Clínico Universitario de Santiago. CiberObn. Santiago de Compostela. Working group on Paediatric Nutrition of the SEGHNP. Spain.

Correspondence: Rosaura Leis Trabazo, mariarosaura.leis@usc.es

Reception date: March 24, 2017 • **Acceptance date:** March 30, 2017
Publication date: April 5, 2017

Evid Pediatr. 2017;13:27.

HOW TO CITE THIS ARTICLE

Leis Trabazo R. ¿Es el baby-led weaning un patrón recomendable? Evid Pediatr. 2017;13:27.

This article is available at http://www.evidenciasenpediatria.es/EnlaceArticulo?ref=2017;13:27
 • ISSN: 1885-7388

Is baby-led weaning an advisable approach?

Leis Trabazo R
Unit of Paediatric Gastroenterology, Hepatology and Nutrition. Department of Paediatrics. Hospital Clínico Universitario de Santiago. CiberObn. Santiago de Compostela. Working group on Paediatric Nutrition of the SEGHNP. Spain.

Correspondence: Rosaura Leis Trabazo, mariarosaura.leis@usc.es

In recent years, there has been a considerable growth in the body of research demonstrating the significant role of nutrition in the first thousand days of life, including the foetal period and therefore the diet of pregnant women. The type and method of nutrition during this period are essentially determined by the development and maturation of the digestive tract, urinary system and central nervous system, and they seem to have an impact on nutrition at later ages. A critical moment during this period is weaning, or the introduction of the complementary feeding necessary to meet nutritional requirements starting at age 6 months, although milk, especially breast milk, continues to be the main food.[1]

Traditionally, foods have been introduced progressively in the diet of the infant, allowing some time to elapse between the introduction of different foods, and in pureed form.[1] However, since the World Health Organization proposed delaying the introduction of complementary feeding from age 4 to age 6 months in 2002, there has been an increasing tendency to let the child self-feed from the family diet that is known as baby-led weaning (BLW). The parents provide the food, but it is the children that decide what to eat, in which amount, and at which pace. Thus, the "finger foods" approach considers purees and spoon feeding obsolete.[2,3]

Recent studies show that the BLW approach is adopted more frequently by mothers that breastfeed, with a higher educational attainment or that do not return to work before 12 months post partum. It also seems to be a strong predictor of weaning at the recommended age. Parents that practise BLW perceive it as being healthier, cheaper and more satisfying to the child. However, many health care professionals, while considering that it may offer benefits such as promoting the self-regulation of energy intake, greater acceptance of new foods—as it seems to be associated with a higher duration of breastfeeding and thus with exposure to a broader range of flavours—and a decreased risk of obesity and its comorbidities, they also believe that it carries an increased risk of choking and insufficient intake of energy and micronutrients, especially iron. There is also evidence that the types of food consumed in each method do vary. A diet based on spoon-fed purees entails a higher intake of cereals, and these are enriched with micronutrients, thus decreasing the risk of nutritional deficiencies. We ought to note that this risk would be greater in children with special needs (born preterm, picky eaters, with developmental delays, ill, etc).[2-5]

On the other hand, the traditional approach to minimising the risk of choking involved the mashing of foods prior to their ingestion by the infant.[2] What seems clear is that strict BLW cannot be put into practise until age 6 months, as it requires the infant to sit upright, grab foods with the hand and perform the necessary oral movements for their chewing and swallowing. Nevertheless, there are foods that should not be offered due to their hardness, and families should have healthy diets for infants to partake in. Many unanswered questions still remain, and we need well-designed randomised trials with large enough samples.[3]

The article "La alimentación complementaria a demanda con soporte parental educativo no incrementa el riesgo de sofocación"[6] in *Evidencias en Pediatría* reviews a randomised clinical trial in 206 healthy infants that assessed the risk of choking and gagging in baby-led introduction to solids (BLISS). It is worth noting that a high number of foods that posed a risk of choking were offered in both the spoon-fed and the BLISS groups. Infants in the BLISS group whose parents were educated on how to minimise the risk of choking did not experience more episodes than infants fed by conventional methods. For all of the above, while further research is still needed, self-feeding of hand-held foods, especially starting at 6 months and without placing the food in the infant's mouth, while the infant is in an appropriate position (sitting upright), under the supervision and control of an adult, and having educated the family on which foods should not be offered, could allow taking advantage of the potential benefits of this approach without increasing the risk of choking.

REFERENCES

1. Agostoni C, Decsi T, Fewtrell M, Goulet O, Kolacek S, Koletzko B, *et al*. Complementary feeding: a commentary by the ESPGHAN Committee on Nutrition. J Pediatr Gastroenterol Nutr. 2008;46:99-110.
2. Cameron SL, Anne-Louise M. Heath AL.M, Taylor RW. How feasible is baby-led weaning as an approach to infant feeding? A review of the evidence. Nutrients. 2012;4:1575-609.
3. Cichero JA. Introducing solid foods using baby-led weaning vs. spoon-feeding: a focus on oral development, nutrient intake and quality of research to bring balance to the debate. Nutrition Bulletin. 2016;41:72-77.
4. Morison BJ, Taylor RW, Haszard JJ, Schramm CJ, Williams Erickson L, Fangupo LJ, *et al.* How different are baby-led weaning and conventional complementary feeding? A cross-sectional study of infants aged 6-8 months. BMJ Open. 2016;6:e010665.
5. Daniels L, Heath ALM, Williams SM, Cameron SL, Fleming EA, Taylor BJ *et al*. Baby-Led Introduction to SolidS (BLISS) study: a randomised controlled trial of a baby-led approach to complementary feeding. BMC Pediatr. 2015; 15:179.
6. Díaz Cirujano AI, Molina Arias M. La alimentación complementaria a demanda con soporte parental educativo no incrementa el riesgo de sofocación. Evid Pediatr. 2017; 13:19.