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Abstract

Current UK Department of Health guidelines recommend that infants are introduced to complementary foods at around six months of age. Intake of complementary foods should be gradual; incorporating a range of tastes and be based around family foods. The infant should be 'developmentally ready'; able to sit up, grasp objects and chew. Introduction to complementary foods in the UK is typically via puree and spoon feeding although an alternative approach is growing in popularity. The baby-led weaning approach advocates bypassing purees and allowing infants to self feed foods in their solid form from the start of weaning. Research surrounding this method is sparse and it is not advocated in Department of Health literature but understanding, if not advocacy of the method is needed for health professionals faced with questions from parents. Here, 36 mothers of an infant aged 12 – 18 months who followed baby-led weaning completed a semi-structured interview examining their attitudes, beliefs and behaviours towards the approach. Key themes included following infant cues of readiness, hunger and satiety, exposure to textures and tastes and experiences, both positive and negative of following the method. The findings are considered in relation to Department of Health weaning guidelines and literature pertaining to the development of eating styles and weight gain in young children. Overall, the study offers an insight into this emerging method for child health practitioners raising questions as to the use or potential adaptation of key principles of the methods.

Key words; Baby-led weaning; Developmental readiness; Complementary foods; Appetite; Neophobia

Introduction

Current Department of Health recommendations in the UK advise that infants are introduced to complementary foods at around six months of age when signs of readiness for complementary foods are present (DoH, 2009). Advice states that infants may be ready to move onto complementary foods when they can sit up, put objects in their mouth to chew and grab objects with accuracy (DoH, 2009). Signs such as perceived hunger or night wakings which are often given as a reason for introducing complementary foods (Arden, 2010) are omitted as signs of readiness.

In the UK first complementary foods are typically pureed fruits or vegetables or baby rice which are primarily spoon fed (Seaman, D'Alessandro & Swannie, 1996). Department of Health guidelines do recommend giving infants cereals or mashed vegetables or fruits in this traditional form but also emphasise the suitability of fingers foods such as soft fruit or vegetables or toast that the infant can pick up and self feed. Ideally infants should be given family foods and emphasis should be placed on introducing the infant to tastes and textures rather than encouraging consumption of large amounts (DoH, 2009).

An alternative to current guidelines, known as baby-led weaning advocates offering infant foods only in their whole rather than puréed form and only allowing the infant to self-feed rather than being spoon fed (Rapley & Murkett, 2008). Emphasis is placed on the developmental readiness of the infant for introduction to complementary foods, suggesting that when the infant is physically able to self feed then they are ready. This typically occurs at around six months of age (Rapley, 2006). The method thus encourages similar concepts as current Department of Health Advice, but places a much greater emphasis on self feeding and non mashed or pureed foods (Sachs, 2011).

Based on the number of internet hits, the number of mothers choosing to follow a baby-led weaning approach appears to be growing, particularly in the form of online websites, message boards and Internet forums (Google: 314,000 hits as of 07/04/11). Research on baby-led weaning to date is

however sparse with little empirically documented or understood in terms of maternal and infant behaviour surrounding the method (Reeves, 2008). Inspection of the method suggests that despite its apparent alternative approach, the method may encourage mothers to follow recommended principles of a delayed and gradual introduction to complementary foods, developmental readiness, and offering family foods.

In an initial quantitative study we explored the behaviours associated with use of a baby-led weaning approach, contrasting maternal attitudes and experiences with those following a traditional approach (Brown & Lee, 2011a). Despite avoiding giving puréed or mashed foods, mothers choosing this method appeared to be following a weaning style closely tied to Department of Health principles of developmental readiness for complementary foods and guidance of introducing first foods. Mothers reported giving family foods, allowing the infant to self feed and placed an emphasis on variety of tastes rather than amount consumed. The current study explores these behaviours in more depth, examining the attitudes and reasoning of mothers following the baby-led method including decisions to introduce complementary foods, progress through this period and balancing solid meals with milk feeds. It examines maternal experiences, both positive and negative of using the method and considers how the method may potentially have longer term outcomes for infant health.

Materials and Methods

Participants

Approval for this study was granted by a Department of Psychology Research Ethics Committee. All applicable institutional and governmental regulations concerning the ethical use of human volunteers were followed during this research.

As estimates of the frequency of baby-led weaning adoption in the general population are not available and use of the method is not main stream, participants were specifically targeted. An online advert was placed on a baby-led weaning forum asking for mothers from the UK to take part in an interview about their experiences. Snowball sampling was also employed whereby participants informed their peers of the research. It is recognised that this method may attract an elite self selecting sample and the limitations this places on the analysis and this is considered within the discussion.

Thirty six mothers with an infant aged twelve to eighteen months who had followed a baby-led weaning approach completed a semi structured interview. This age range was used to take into consideration the key period of introduction to complementary foods of 6 – 12 months postpartum where infants pass from their first tastes of complementary foods to eating a varied diet. Participants were identified as following a baby-led approach if they had used both spoon feeding and purees 10% or less of the time as used as an indicator in previous studies (Brown & Lee, 2011a; Brown & Lee, 2011b). Exclusion criteria included a low birth weight (<2500g), premature birth (<37 weeks) or significant health conditions which may affect nutrition or weight.

Measures

Participants completed a semi structured interview to explore their attitudes and experiences of following a baby-led weaning method (Appendix 1). The interview explored themes such as factors influencing decision to introduce complementary foods, experience of introducing complementary foods, typical diet and meal times and attitudes of others towards baby-led weaning.

Data analysis

Interviews were recorded with consent by Dictaphone and transcribed. All identifying information was removed. A simple qualitative descriptive approach (Sandelowski, 2010) was used. A content analysis was performed for each script. This entailed reading through each script to identify emerging themes. Themes were grouped into key themes and sub categories. For example one key theme was experience of introducing complementary foods. Data saturation principles were used with data collection continuing until it was felt that no new themes or ideas were emerging. These were confirmed by two independent coders with agreement found in over 90% of cases. The sample size exceeded recommended minimums (Bernard, 1995; Creswell, 1998).

Results

A wide range of participants responded. Mean age of the participants was 28.6 (SD: 5.62) and mean number of years in education of 14.27 (SD: 2.33). Indicators of demographic background including occupation, home ownership and family income can be found in Table one. A variety of themes were produced describing the mother's experiences, attitudes and beliefs surrounding following the method.

Introducing complementary foods

Mean age of infant at introduction to complementary foods was 25.08 weeks (range 22 to 32 weeks). 55.5% (n = 20) of mothers waited until at least 26 weeks to introduce complementary foods. Timing of introduction was closely tied to concepts of developmental readiness for complementary foods. All mothers were aware of recommendations to introduce complementary foods at six months postpartum and used this as a guide. However, mothers also reported looking to their infants for developmental signs such as being able to sit up unsupported, grasp items and bring food to their own mouth. Indeed, often the decision to start the process was led by the infant whereby the infant took food from the mother and started to eat it.

> ‘She took a piece of cucumber out of my hand and shoved it in her mouth so I took that as a sign she was ready.’

Traditionally infants are introduced to complementary foods by being spoon fed. Amongst this sample however, the infant was in control of selecting and bringing the food to their mouth rather than being actively fed. Foods were placed on the highchair tray, often in chunks which could easily be picked up and the infant would choose which to eat. Foods such as yoghurt were offered via a spoon loaded with the food and placed on the tray. Generally infants ate the same meals as the family, sometimes cut into shapes that the infant would find easier to pick up e.g. into chip form or so the food had a ‘handle’.

> ‘He’s always taken an interest in what we eat so it seemed strange to give him something different.’

An adult diet may not be suitable for an infant due to probable higher levels of salt, fats and additives. However in this sample, mothers discussed the idea of how they had adapted family meals and cooking styles to be lower in salt, sugar and fat. Variety was also increased as was nutrient content to ensure the infant was offered a balanced diet. This however is not necessarily the case of all who follow a baby-led method and is considered in the discussion.

> It has improved the quality of our family meals as I prefer him to eat healthy nutritious meals which means we have to do the same

Notably this change in meal content did not apply to flavours and spices in the food. Mothers freely added herbs and spices to food for flavouring seasoning in an adult fashion. Moreover their infants willingly accepted these foods eating meals such as curries and spices from a young age.

> ‘Ours seem to like curries and chillies as long as they aren’t too hot. There is very little food that isn’t suitable for smaller children.’

Related to this, a popular belief was that following a baby-led approach would lead to a child who was less fussy and who would eat a wider variety of food

in the future. Participants believed that through offering the infant a range choices at this stage combined with allowing them to self feed would foster a healthy diet and approach to food later on.

> 'I think that is he is offered lots of tastes then that is what he will grow up expecting to eat. Start as you mean to go on.'

Milk feeds also still played an important role in the infant's diet. The majority of mothers were breastfeeding their infants although both breast and formula feeding mothers generally gave milk feeds on infant demand. The balance between solidfood and frequency and length of feeds varied from day to day.

> 'Some days she has lots of short milk feeds, other days she might not seem bothered and only have milk before bed. I let her lead'.

Finally, as well as eating family foods, sharing mealtimes with the infant was common. All mothers reported that their infant took part in family meal times or, if this was not feasible one parent would sit with the infant and eat a snack whilst the infant ate their meal. In some cases timing of meals was adapted to suit the infants natural hunger pattern. Commonly the infant sat at the family meal table in their highchair with food presented on their tray.

> 'She has eaten with us from around 7 months. We changed her routine so we could all eat together in the evening when her dad gets home'

Keeping track of energy and nutrient intake

Related to the types of food and how the infant ate was the concept of monitoring the amount the infant consumed. A common concern for parents is whether their child is eating healthily (Benton, 2004). However, too great a concern can impact negatively on children's eating behaviour and weight for older children (for a review see Ventura & Birch, 2008). Mothers who report highly controlling their child's intake of food, through restricting items or pressurising the child to eat are more likely to have children who display problematic eating styles and issues with weight. Although maternal concern for child weight and diet can lead to her controlling her child's diet, the

relationship has been shown to be bi-directional with maternal control impacting upon child eating style and weight (Faith & Kerns, 2005; Faith et al, 2004). Generally a responsive feeding style is considered positive.

Overall mothers described a feeding style low in control with regard to the amount of food the infant was consuming with many reporting that they were drawn to the method because they believed it would allow the infant to control what they chose to eat. Many stated that their infant went through phases where sometimes they ate very little but they were happy to allow the infant chance to balance their appetite in this way, often because they were still breastfeeding their infant and noted that at times when appetite for food was low, the infant might consume more milk.

> I take the view that she is capable of eating so if she hasn't eaten she isn't hungry. She knows better than I do how hungry she is.

> He goes through phases of eating lots and nothing at all so I have relaxed more as I've noticed it evens out over the week'

Indeed, a common idea was that allowing the infant to control their own intake of food at this early stage would allow them greater control and self regulation as an adult, hopefully leading to a healthier diet and lower risk of overweight.

> Babies are in control of the amounts they eat. I am hoping this will produce an adventurous eater who knows when to stop!

Some added however that this low concern had developed over time. They described how at the start of weaning they were more concerned about their infant's intake of food but this lessened as the infant became more skilled and they realised that the infant was healthy and gaining weight. Some even accredited the method with teaching them to become more relaxed about their infants intake of food, to recognise that the transition to complementary foods is not simply a linear process whereby food intake will increase each and every week and to allow their infant to be in control of their own appetite.

> I did worry at first and tried to keep track of it all but it all got a bit much. I try not to worry now. He is getting lots from breast milk anyway so I'm happy.'

Greater awareness was however discussed regarding the variety of nutrients the infant consumed. Mothers were concerned that their infant ate foods that were low in salt, sugar and fat, ate from a variety of food groups and were offered high levels of fruits and vegetables. However there was an awareness that it was the general pattern of what the infant ate that was important and that over the course of a few days the infant would eat a wide variety of foods.

> 'I try to keep a rough tally of how much salty food and whether she has had her five portions of fruit and veg but it's only an approximate idea.'

Overall the concept of allowing the infant control over what they were eating and trusting them to balance and self regulate both the amount of food and the type of foods the infant ate ran throughout the data. Mothers were relaxed about food and the weaning process affording their infant trust to know what they needed.

Experience of following a baby-led approach

Mothers discussed their experiences of following a baby-led approach and their reasoning behind choosing the method. Primarily the method 'just made sense' to mothers, seeing it as the most natural and enjoyable way to introduce complementary foods to their infant.

> If someone had a spoonful of food and was pushing it towards my mouth with me having no ability to move away I would hate it even if I knew it was something lovely on the spoon – why would I do that to my baby?

Positive experiences

Overall following the method was considered to be simple, convenient and fitted in easily with family lifestyle and mealtimes. Mealtimes were viewed as easier and less stressful due to allowing the infant to participate rather than simply being fed. This both reduced cost and time and made mealtimes more pleasurable as the infant could feed themselves rather than needing to be

spoon fed by someone trying to eat their own meal. Mothers also viewed their infant as having a better experience due to eating foods in their natural rather than processed forms.

> I think it saves a lot of time and money being able to feed the baby what the rest of the family is enjoying and they feel included in mealtimes. You can all eat a meal while it's hot rather than having to feed the baby with a spoon instead of eating your own meal'

Related to this mothers did not have to worry about following a plan to introduce foods to their infant, worrying about amounts eaten or whether the infant could handle lumpier foods, which overall led to a simpler experience for all. The idea that the approach was more convenient and simpler to adopt when out and about was also raised by a number of mothers.

> I've seen puree feeding mums stress out about how many spoonfuls their little one has or hasn't eaten or that they're fussy about eating lumps etc – I'm so glad I didn't go through that.

Challenges

Although mothers were positive about the method and described a simple and inclusive approach to introducing complementary foods, a number of challenges or difficulties in terms of following the method were also raised. Primarily these concerns centred on the idea of mess and waste of food, although mothers also discussed how they dealt with these issues.

Mess

Mothers did see the mess involved in baby-led weaning as a challenge, particularly in the early months when the infant was experimenting with handling food and self feeding. Food would be squashed, spread about and dropped on the floor with infants often needing a bath after a meal. This could be particularly problematic in public or in family or friends homes when social norms expected the infant to be fed 'neatly'. This aspect was often a criticism from others, making meals awkward at first.

> I have some brilliant photos of those first few months. He got more in his hair than in his mouth which was time consuming. I couldn't just let him eat like that and run out the door and sometimes I did wonder whether it would have been easier to just spoon it in for him.

However, mothers also discussed how they adapted their approach to keep mess to a minimum through using large, long sleeved bibs and covering the floor under the highchair. Certain foods were recognised as less messy and easier to eat in public. The level of mess also reduced as the infant became more skilled and coordinated.

> We soon learnt what he would eat up immediately and what he seemed to particularly like smearing about. And what stained and what didn't. And what you would be picking out of your carpet for months on end. Those foods were not given at Grandma's!

Waste

A related issue was the idea of waste when the infant dropped foods off their highchair or decided not to eat items. This could be disheartening and problematic financially. Some mothers described how they were reluctant to give more expensive foods, despite wanting to give a range of tastes as the infant would drop them on the floor and still be hungry.

> He really likes raspberries but they are very expensive. When he was first starting he did eat some but he also threw some, squashed some and smeared some in his hair. It was very hard not to get tense and think that's £1 you just wasted…£1.50…£2.00. When you are on a tight budget it is hard.

As with the concept of mess however, mothers noted how the factor of waste was something that diminished over time, both as a consequence of the infant becoming more skilled at feeding and secondly as the infant moved to eating portions of the family meal rather than special items of food. Eating a small portion of the family meal was seen as a cost effective method which meant that food wasted was not viewed so negatively.

> It was hard with food being wasted but now we just cook a tiny bit extra of what we eat so really we weren't cooking anything different

Choking

A common anecdotal criticism of the baby-led weaning method is that the infant is at higher risk of choking. Many had considered this as a possibility and were wary at first. They worried about the infant not being able to chew certain foods or swallowing them too quickly and choking. This was exacerbated by others being anxious and critical to normal gagging sounds.

> 'When I first heard of the method I thought no way. How can a baby eat solid food and not choke? He gagged on milk sometimes so solids? So I was a bit wary and would sit there closely watching him and was a bit limited with what I gave him'.

> 'My mother was very anxious and used to hover and squeak and make things very tense. She would grab foods away from her or rush and grab her if she gagged'.

However, over time, mothers became more relaxed and could distinguish between the action of gagging to move food and actual choking. They did not feel in hindsight that their infants were of greater risk of choking.

> 'She used to gag really badly at first and bring up all of her previous milk feed which spooked me a bit. I made a point of going on a first aid course as even though I knew gagging was normal and gagging is not choking it made me feel a bit better'.

In summary mothers in this successful baby-led weaning sample described an approach towards the introduction of complementary foods that despite differences in surface behaviour (exclusive self feeding, absence of pureeing) appeared to be associated with recommended practices such as a delayed and gradual introduction to complementary foods. Infants were allowed to explore different tastes and textures with mothers following infant cues of developmental readiness. Overall mothers found it a simple and straightforward experience but recognised that there could be challenges to overcome.

Discussion

This paper provides an insight to the experiences, attitudes and decisions of mothers who successfully followed a baby-led weaning approach. Mothers in the sample described how they introduced their infants to complementary foods, how this balanced alongside milk feeds and was conducted in relation to family meals. Concepts of developmental readiness for complementary foods, promotion of infant self regulation of appetite and a gradual transition from milk to a solid diet were raised. Overall the findings give an important illustration into this approach to infant feeding which could prove useful for health professionals working to support parents during this period.

Before the findings are discussed the issue of sample must be raised. Here we present a self selecting sample of mothers who successfully followed a baby-led weaning approach. Clearly, the method was positive for this group as they both chose to start and continue using the method. Mothers who struggled or decided against the method are not sampled. Therefore the results are not intended to be representative of the outcomes of following such a method, but an exploration into how the method can work, the choices that are being made and the reasoning behind these. Mothers in the sample also displayed very positive and healthful behaviours towards their infant, which would be likely to vary in a population sample. A baby-led approach does not necessarily involve healthy foods and positive feeding behaviours and this needs to be recognised. However, the results are an important insight for those working with parents during this period. Although the method is not yet recognised by the Department of Health in their literature, anecdotally the method is growing in popularity and is likely to be encountered in practice. This paper is intended to illustrate how the method can work and to raise questions about its' potential outcomes and impacts.

Mothers discussed their experiences of introducing complementary foods to their infant. Although baby-led weaning is often seen as a separate and alternative approach to introducing complementary foods, this research shows that there are indeed a number of parallels between this method and

traditional approaches as has previously been discussed in the literature (Sachs, 2011). Department of Health Guidance (2009) on introducing complementary foods places emphasis on an introduction at around six months, a gradual introduction of tastes and textures based around family foods and looking for signs of readiness for complementary foods. Although the key tenets of baby-led weaning of not giving pureed foods and allowing the infant to self feed are not reflected in this guidance, it appears that this method may naturally fit more closely than expected with recommendations, encouraging a positive approach to introducing complementary foods.

A responsive feeding style was apparent in the sample echoing findings that mothers following a baby-led approach use lower levels of control over their infants' intake of food than mothers using traditional methods (Brown & Lee, 2011b). Infants were allowed to control intake of energy intake and were offered a wide variety of textures and tastes which reflect key elements of encouraging a responsive, healthy eating style in infants and young children (Ventura & Birch, 2008). Mothers voiced the idea that allowing self feeding would enable the infant to regulate their own appetite, which in turn would have long term consequences for future appetite control and weight gain. Although evidence for this is only anecdotal (Rapley, 2003), numerous studies have shown that mothers who exert high levels of control over their child's intake of food are more likely to have children who have eating and weight issues, although the majority of these studies have been conducted in children over the age of twelve months (for a review see Ventura & Birch, 2008). Potentially this 'hands-off' approach may have positive long term consequences for infant ability to self regulate appetite.

Current Department of Health guidelines recommend that complementary foods are introduced from around six months (DoH, 2009), although many mothers in the UK start before this date (Bolling, Grant, Hamlyn & Thornton, 2007). Here, mothers typically waited until close to six months to introduce complementary foods, but used this as a guide in conjunction with signs that their infant was developmentally ready to self feed e.g. sitting up well, grasping food and bringing it to their own mouths. This is in contrast to

common reasons given for introducing complementary foods such as the infant becoming unsettled, feeding frequently or waking at night (Arden, 2010; Alder, Williams, Anderson, Forsyth, Florey & Van der Velde, 2004). In this baby-led sample it was often the infant who directed the weaning process by simply taking food from the mother's hand or plate, meaning that the introduction of first foods was 'baby-led'. Indeed by its very nature of allowing the infant to self select and feed different foods, the method does not lend itself to an early introduction of complementary foods, as the infant would be physically incapable of coordinating the process.

Infants typically participated in family mealtimes and were offered family foods from the start of weaning which fits with previous findings (Brown & Lee, 2011a). This was perceived as positive as the infant could participate in mealtimes as a member of the family, not needing to eat a special diet or be spoon fed whilst others tried to eat their meals. Studies with older children show that eating together as a family is associated with increased nutrient intake (Cooke, Wardle, Gibson, Sapochnik, Sheiham & Lawson, 2004) and improved psychosocial well being (Franko, Thompson, Affenito, Barton & Striegel-Moore, 2008). However for many families, mealtimes can be a source of frustration for parents due to issues with picky eating, food refusal and disruptive behaviour (Black & Hurley, 2007). These negative interactions during mealtimes can be associated with a lower nutrient intake (Menella, Jagnow & beauchamp, 2001). Moreover, parental modelling of positive eating patterns (Wardle, Cooke, Gibson, Sapochnik, Sheiham & Lawson, 2003; Addessi, Galloway, Visalberghi & Birch, 2005) are associated with children eating a more varied diet. Here families following a baby-led weaning approach are involving their infant in family mealtimes from the start, in an enjoyable way, potentially setting them up for future positive eating patterns.

In terms of diet, portions of the family meal were usually offered, perhaps adapted in shape for infants to grasp the item. This included foods high in flavours, spices and seasoning as per the adult meal. Mothers believed that this exposure would encourage the infant to develop a wider range of food preferences and eat a more varied diet as an adult. Evidence shows that

eating habits often become established during childhood and extend into adulthood (Benton, 2004). Infants who are exposed to a wide variety of tastes during weaning are more likely to accept new tastes as an older toddler than infants who are exposed to less (Addessi et al, 2005). Potentially this approach may be associated with lower future levels of picky or fussy eating.

Mothers also recounted their experiences of following a baby-led approach which offers a useful insight into both the positive events and challenges that mothers might face in choosing the method. Positively, baby-led weaning was seen as an enjoyable and simple method of weaning. Mothers described few battles with the infant over food and perceived mealtimes to be enjoyable. This is in contrast to studies exploring the experiences of mothers using traditional methods who often report anxiety, confusion or other negative emotions surrounding introducing complementary foods to their infant (Arden, 2010; Anderson et al, 2001; Alder et al, 2004). However, difficulties were also faced, often exacerbated by others lack of knowledge or negative reactions. Concepts such as mess and waste created challenges for finances and time. Mothers also reported concerns at the start of weaning regarding whether their infant was consuming sufficient energy and nutrients and the risk of choking. Within this sample these issues were overcome with mothers describing how they adapted to their infants and how all these factors and concerns diminished over time. Examples of how mothers overcame these problems were noted which may be of use in health practice.

Overall, the paper describes an interesting, insightful and useful overview into the experience of mothers successfully following the method. Three key questions however arise. Firstly, on the surface level, the baby-led approach is described here as both incorporating positive behaviours and choices in relation to introducing complementary foods and infant diet and as suggesting that the method may increase the likelihood of healthy choices and outcomes for the infant. This could well be true. The method may encourage mothers to delay weaning until around six months, offer healthy choices to their infant and allow their infant to regulate their own intake of energy and nutrients. However, it is also likely that the self selecting, well educated and informed

nature of the sample may impact upon these findings. It is a possibility that if mothers in this sample had followed traditional methods of introducing complementary foods they would still have done so at around six months, still looked to their infant for signs of readiness and still offered healthy choices. However, mothers did explicitly state that they felt that following the method had improved their choices and family diet and had encouraged them to give the infant greater control. A longitudinal intervention study with a population based sample of mothers directed to follow a baby-led approach may give greater insight into what choices are made. Do all mothers following a baby-led approach do so healthily? Are these positive behaviours seen for all families? How much can outcomes be explained by maternal background, attitudes and choices and how much by the method? Without the right knowledge and guidance there is considerable opportunity for the method to be misused e.g. giving unsuitable foods in terms of nutrients, allergens or size, seeing it as an opportunity not to interact with the infant during meal times or failing to monitor intake to an extent that if feeding issues occur they are not noted (Wright, Cameron, Tsiaka et al, 2011).

Secondly and related to this, what are the outcomes of following a baby-led approach? As described above, there is the possibility that infants following a baby-led approach might become more appetite responsive, accept a wider variety of tastes and textures and have healthier weight gain trajectories. Firstly, any variation between baby-led and traditionally weaned infants needs to be established. Potentially due to low levels of control and a wide variety of foods being offered outcomes for the method could be positive. However, literature pertaining to the method states that the baby-led method may encourage these outcomes (Rapley, 2006; Rapley & Murkett, 2008). Have mothers in the sample internalised these messages and as a consequence recognise them in their infants' behaviour? Secondly, can these potential outcomes be explained by the attitudes, education and beliefs of mothers choosing to follow a baby-led approach rather than the method itself? And finally, if differences do arise, how much is attributed to the tenets of self feeding and avoidance of purees. Might elements such as low maternal control and food choices have a greater impact e.g. might an infant spoon fed

responsively on a variety of home cooked tastes have similar outcomes? Should health professionals be focussing on the method of weaning or the underlying principles of responsive feeding and developmental readiness?

Finally, the current sample have clearly had a positive experience of following a baby-led approach and have done so through to the second year. Further research needs to explore the outcomes for those who struggle with and choose to stop following a baby-led approach. Why might some mothers stop using the method? Do they find it incompatible with their lifestyle (e.g. mess, waste) or are they persuaded by others to follow traditional methods? Conversely, do mothers who wish to have greater control over their infant's intake of food or who have infant's who are fussy eaters move towards spoon feeding. Without a longitudinal study this may skew any associations between method and outcomes.

However, overall this paper presents an interesting illustration of mothers successfully following a baby-led weaning method. It gives insight for health professionals into the reasoning mothers may use for choosing the method, their behaviours and experiences of doing so including ideas for overcoming difficulties. Moreover, it raises a number of questions for the potential impact of the method upon infant health and development and more generally, the importance of responsive feeding and developmental readiness during the weaning period. Further research needs to explore the method in more depth, examining the occurrence of these behaviours in a wider, non self selecting sample and following up their impact upon later diet, eating style and weight.

Key Messages

- Key behaviours associated with a baby-led approach included following developmental signs for readiness to introduce complementary foods, a gradual move from a milk to solid based diet and emphasising tastes, textures and variety of foods.

- Mothers described both positive and challenging elements to the method. The approach was seen as simple, straightforward and common sense but could raise concerns at least initially regarding mess, waste and intake of food.

- Further research is needed to examine potential outcomes of the baby-led approach. Mothers in this sample believed it may encourage healthy eating patterns and weight as the infant is in control of intake and presented with a variety of tastes and textures.

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726 **Table 1. Sample distribution by Demographic Factors**

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Indicator	Group	N	%
Age	≤ 19	1	2.7
	20 – 24	5	13.8
	25 – 29	6	16.5
	30 – 34	13	35.7
	35 ≥	11	20.3
Education	No formal	1	2.7
	School	5	13.8
	College	12	33.3
	Higher	18	49.5
Marital Status	Married	24	66.6
	Cohabiting	9	25.0
	Single	3	8.3
Home	Owned	22	61.1
	Rented	12	33.3
	Council	1	2.7
	Other	1	2.7
Maternal occupation	Professional & managerial	14	38.8
	Skilled	8	22.2
	Unskilled	5	13.8
	Other	9	25.0

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Appendix One: Interview schedule

1. When did you first introduce solid foods to your baby? Why did you make the decision to do this?
2. Can you describe a typical meal time for your baby? Do you ever use spoon feeding or purees?
3. Can you describe a typical days worth of meals including milk feeds, timings, locations etc?
4. Does your baby eat family foods? How does this work?
5. Does your baby join in family meal times? How does this work?
6. What do you do if you need to feed your baby when they you are out and about?
7. Do you try and keep track of what your baby eats – in terms of amount or nutrients? Does this concern you at all?
8. Are you following any type of weaning 'plan'?
9. How would you describe your experience of weaning your baby? What has been positive? Difficult?
10. How have other people reacted to your choice?
11. How do you think BLW compares with traditional methods?
12. How do you deal with the practical aspects – the mess, food perhaps being dropped on the floor?
13. Do you ever worry that your baby will choke when they are feeding themselves?
14. Overall has following BLW been a positive or negative experience?
15. What made you decide to follow baby-led weaning?
16. Do you think there are any short or long term benefits for your baby to follow baby – led weaning? What?