

Breastmilk or solids? Weighing up the issues

Parents who are following BLW sometimes have questions or concerns if their baby seems to rely on milk feeds and doesn't eat very much solid food, especially when they get to around a year old.

For example:

- How quickly should milk feeds be phased out?
- Does a greater reliance on breastmilk (or formula) lead to slower weight gain?
- Will cutting down the milk feeds help my baby eat more solid food?

For simplicity, I'll assume that the 'milk' in question is breastmilk, since breastmilk has more intrinsic value for the infant than formula in terms of protection from infection etc., but much of what follows may well apply to formula feeding as well.

(Please note: I'm not in a position to offer individual advice for babies I have never met, and would not seek to override the advice of health professionals regarding babies whose health may be a genuine cause for concern, so this is a general discussion.)

Background – why do people expect weaning to happen quickly?

For many years babies were started on solid foods at four months of age (or even younger) and the transition to family meals was actively controlled by their caregivers. Parents were encouraged to cut out milk feeds and increase the amount of solid food eaten by the baby according to a pre-determined schedule. Pureed or mashed food would be spoon fed to babies and they were encouraged to drink lots of cow's milk. The aim was to completely replace breastmilk (or formula) with a mixed diet of solid food and cow's milk by the first birthday. At the same time, a huge rise in formula feeding led to a lack of confidence in breastfeeding and how it works. Formula allowed parents to control their babies' intake from the moment of birth, in a way that was impossible (and undesirable) with breastfeeding. All of this made artificially controlling the transition to solid foods easy because:

- the quantity of formula taken at each feed could be cut down at a rate decided by the caregiver
- the baby could be encouraged to take more solid food than he or she really wanted (because mouthfuls of puree are difficult to spit out and tend to be swallowed quickly, with no need to chew)

So the pace of weaning was put firmly in the hands of their carers, rather than of babies themselves, and the transition to solids was artificially speeded up so that it was over and done with much more quickly than would happen naturally.

The upshot of all this is that many parents, grandparents and professionals are concerned when they see a baby of around a year old eating very little solid food. A one-year-old relying mainly on milk feeds, with just a few tastes of other foods, may appear to be 'abnormal', and a possible indication that something is 'wrong'. If that baby is self-feeding, as in BLW, they assume that the answer is to take control and manage his feeding for him, whether by

introducing purees (or mashed foods) and spoon feeding, or by actively reducing feeds of breastmilk or formula – or both – even though there is no evidence that this does anything to improve a baby's health.

What about nutrition?

There is no rationale for pushing solid foods at the expense of breastmilk. No solid food comes close to the concentration of nutrients in breastmilk, so, mouthful for mouthful, breastmilk will always provide better total nutrition than any other food. Seeking to replace breastmilk in a child's diet risks them being *less* well nourished, not more. (This is the reason many societies give breastmilk to sick or elderly people who can't manage large quantities of other foods.) All that babies need, once they're over six months, is access to small amounts of other foods – *in addition to breastmilk* – to make sure they're getting enough micro-nutrients. Of these, iron (and zinc) are probably the most important. However, the amounts of actual food needed to supply these needs are extremely small, especially if red meat is included. (Note: An individual baby's stores of iron can be affected by the timing of the cutting of the umbilical cord at birth. If it is left to finish pulsating, the baby gets the maximum amount of iron possible, making it likely that his stores will last well beyond six months.)

As explained above, the rush to replace breastmilk is a throwback from when we didn't know much about its constituents, and when we didn't understand how inadequate cow's milk is as a substitute. In the light of more recent evidence of the value of breastmilk it's clear that, rather than preventing them from eating other foods, breastmilk provides an important *safety net* for a child whose appetite for other foods is small. Put another way, if a child isn't thriving on a diet of breastmilk with other foods, the thing that it makes least sense to replace is the breastmilk! Plus, there are reported cases of babies who were later found to have digestive problems or allergies, and whose intake of breastmilk turned out to be crucial to their survival and well-being. We need a very good reason to deny babies access to their mother's breast at any age.

Many health practitioners believe that spoon feeding will increase the baby's intake of solid food *in addition* to their milk but this simply doesn't work if the baby is breastfed. Provided they are allowed to feed whenever they want, breastfeeding babies are always in charge of their milk intake; it's impossible to persuade them to continue feeding at the breast when they've taken all their body tells them they need. This natural appetite control means that, if their tummy is already full of solids, *they will take less breastmilk to compensate*. So, like it or not, the solid food will *replace* breastmilk, not add to it. This will reduce, not increase, the baby's overall nutrition. (Note: This approach *can* be made to work with formula feeding because it's possible to encourage the baby to go on feeding beyond the point where they would naturally stop. Unfortunately, this also teaches them to routinely ignore signs of fullness and is one possible reason why formula feeding is linked to obesity.)

What about weight?

As well as providing energy, most of what babies eat and drink goes into maintaining their body systems and growing new cells. Some weight gain is, of course, expected as babies grow but

what is recognised nowadays as 'normal' weight gain is less than it used to be. We no longer believe that 'bigger is better' where babies are concerned. However, we have a legacy of attaching huge importance to weight that is hard to move away from. In addition, weighing has wrongly been seen as a good way to assess whether breastfeeding is 'working', meaning that there has been an unwarranted additional focus on weight for breastfed babies.

It's important to bear in mind that weight gain is rarely regular or constant, and that the overall pattern over a period of weeks or months is more meaningful than one or two weights taken in isolation. Some babies and toddlers' weight slows down for a while to compensate for an earlier period of rapid gain. Plus, if there weren't some naturally small (and some naturally large) babies, the centile lines on the weight charts wouldn't be where they are.

Weight is only one guide to a child's health. Equally important observations are length, head circumference, muscle tone, appetite, bowel habits, temperature, colour and energy levels. Any one of these may temporarily give rise to concern but *on its own* rarely indicates anything sinister, although it may trigger a need to undertake further investigations. In particular, length and head circumference can often be better indicators of a child's growth than weight: if both these are on target then it's unlikely there's anything wrong.

Babies are weighed primarily to pick up any illnesses that might otherwise have gone unnoticed (like digestive disorders, growth hormone deficiencies and heart defects). Given the calorie content of breastmilk, it is very unlikely that a baby whose appetite for solid food is small but who is feeding well and frequently at the breast will *not* be getting all the nourishment they need. The response to any concern about weight should therefore be to compare it with other observations and, if necessary, investigate further, not to use the weight as a reason to attempt to swap breastmilk for solid food. If there are any suspicions that an individual baby's gentle ('slow') weight gain may be due to an underlying illness, then those suspicions should be acted upon – because whatever it is won't go away just by forcing the baby to eat more.

In summary, we need to adjust our expectations about what babies should be eating in the last part of their first year and the first few months of their second and, unless there is good reason to suppose otherwise, we should assume that those who choose to eat only small amounts of solid foods are simply letting their parents know that breastmilk is doing a great job. They will phase out breastfeeding when they are ready. Meanwhile, all we need to do is carry on including them in healthy, relaxed family mealtimes so they can make their own decisions about when they feel ready to share those meals more fully.

Gill Rapley, August 2017