

BABIES LEADING THE WAY!



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Practice Issue:

Currently it is suggested that infants are to be fed pureed to mashed and finally to chopped foods which follows traditional complementary spoon-feeding practice (The Ministry of Health, 2012). Baby-led weaning encourages parents to move the infant from breast-feeding to chopped soft foods without the use of pureed or mashed foods.

Should more parents be educated about baby-led weaning?

Positives:

Healthy diet habits encouraged from a young age is likely to have positive impacts as the child ages (Thompson, Adair, & Bentley, 2013). Infants who follow baby-led weaning have a choice of how much they eat, and adapt the ability to recognise the feeling of being full. Baby-led weaning also encourages the infant to participate in family meal times, and (so long as the family meal is healthy) increases the likeliness of healthy diet choices, which can reduce the risk of obesity (Sonya L. Cameron, Anne-Louise M. Heath, & Rachael W. Taylor, 2012). Also, different textures and tastes introduced at a young age decreases the risk of fussiness in childhood. During infancy, the development of motor-skills is essential. Baby-led weaning encourages the infant to chew different textures, and gives opportunity to practice different ways to grip various shaped objects (Daniels et al., 2015).



Risks:

The risk of choking can be minimised and avoided by offering soft foods cut into sizes similar to the infant's fist, however, the risk has not been proven to be any higher than traditional spoon-fed infants.

Concerns regarding the lack of nutrients needs to be considered before a parent can commence baby-led weaning. Educating parents about good nutritional needs and how to provide these for an infant, can result in the child receiving more nutrients than spoon-fed infants.

Recommendations

Health care professionals should educate parents regarding complementary feeding.

If parents do choose baby-led weaning:

- education on healthy diet choices

Parents should offer soft foods that are chopped to fist-sizes.

Infants should share family meal times

Parents should encourage the infant to independently feed.

Rationale

The poster was chosen due to the information being provided is targeted to parents. This topic has many benefits for parents to consider. Parents are often busy, and don't have the time to search for information so a poster provided in local practices, which is easy to read and provides an overview of information for them to consider and take on board is the best way to get the information to reach this population. The parents can then either research the topic further by using other resources such as their GP or internet sources.

Using the PICOT model, I constructed what my literature research would be focusing on. The PICOT model contains the stages of a well-form clinical question (Schneider & Whitehead, 2016). The acronym stands for Patient, Intervention, Comparison, Outcome and Timeframe. Due to the topic baby-led weaning, timeframe has not been included.

Patient - infants aged 6 - 12 months.

Intervention - baby-led weaning.

Comparison - to traditional spoon-feed weaning.

Outcome – the desired outcomes include the infant reaching 12 months of age and is able to independently eat solids with healthy eating behaviours.

Schneider, Z., & Whitehead, D. (2016). Nursing and midwifery research: Methods and appraisal for evidence-based practice (4th ed.).