

From the Well Baby Clinic Weaning your baby or toddler

By Crystal Bedard RN MN IBCLC

Weaning is the gradual introduction of complementary foods either as a replacement for breast milk or with continued breastfeeding. From a medical perspective, the immunological and nutritional benefits of breastfeeding increase with the duration of exclusive breastfeeding. The American Academy of Paediatrics and World Health Organisation recommend exclusive breastfeeding for the first six months and continued breastfeeding following the introduction of solids for at least 12 months and longer, if mom and baby wish.

If you feel ready to wean your baby from the breast, it is best done as gradually as possible to prevent physical discomforts you may experience and distress to your baby. Sudden weaning can result in extreme discomfort, plugged ducts, mastitis and even breast abscesses. Hormone levels can drop suddenly resulting in mood swings and depression if weaning occurs too rapidly.

“Dry up” medication known as Parlodel is no longer recommended due to serious side effects. It is normal for many women to still have “small” amounts of milk present in their breasts several months or even years after weaning.

Planned weaning

Plan to eliminate one breast feed daily every 3 to 7 days depending on how you feel. This allows your milk supply to decrease slowly. If you feel comfortable and your breasts are not overly full, then proceed with eliminating another feed. Choose to drop the feed least important to your baby. Usually bedtime, naptime and the first feed in the morning are the last feeds to be discontinued.

Weaning a baby less than 9 months usually involves substituting a breastfeed with a bottle of formula. If your baby is nine months to a year old, drinking from a cup and eating solids, you may introduce other foods, fluids or formula.

Breastfeeding provides an emotional and physical closeness between you and your baby. Remember to provide your baby with extra attention and affection to help compensate during the weaning process.

If you do experience fullness or engorgement during weaning, there are several ways to deal with it.

- Allow your baby to nurse for a short period, pump or hand express to comfort level only. This will relieve discomfort and reduce the risk of mastitis.

- Wear a supportive bra but do not bind your breasts. This is an outdated practice.
- Apply chilled cabbage leaves inside your bra until they wilt.
- Take Paracetamol or Ponstan for pain relief if required.
- Be aware of the signs and symptoms of a breast infection, as you will be at greater risk during the process of weaning. If you develop a fever, redness or hard tender areas in the breast, contact your doctor.

Weaning Techniques for your toddler

- Don't offer but don't refuse. If your child is very insistent to feed, give a short feed only. Continue to drop one feeding at a time.
- Try to anticipate when your child may want a feed and provide a distraction or offer a substitute such as a snack, a walk or read a favorite book.
- Have your husband help with the weaning process. Suggest he get up with your child and provide breakfast to help distract and eliminate the morning breastfeed.
- Change your routine or schedule. If your child likes to feed more when at home, spend more time out and about during the weaning process.
- Avoid activities or objects that remind your child about breastfeeding i.e. avoid sitting in the favorite rocking chair where he would normally feed.
- Postpone feedings; your child may become busy and distracted with something else instead.
- Shorten feeding sessions.

Partial Weaning

Partial weaning is another viable option particularly for working mothers. You may not be able to express your breast milk at work or choose not to. Some women choose to breast feed once or twice a day (for example, in the morning and evening) and eliminate the rest. Other mothers choose to breastfeed when they are with their babies but offer formula, expressed breast milk or age appropriate solids when separated from their child. This can be more convenient for mom while the baby continues to receive the many nutritional and immunological benefits of breast milk.

References: Mohrbacher, N. and Stock, J. (1995), *The Breastfeeding Answer Book*, La Leche League International, Inc., Schaumburg, Illinois.

Kelly's Attachment Parenting <http://www.kellymom.com>

Becky's Breastfeeding Information Library www.breastfeed-essentials.com/info.html