

Protocol #21

Weaning



Protocol #21: Weaning

Weaning is a process. Ideally, the process begins when it is mutually agreeable for both mother and baby. Like all other aspects of breastfeeding, it is most successful when it is baby-led.

Observation and Assessment

Signs of Natural Weaning (Baby-Led)

Assess the baby for:

- Gradual lack of interest in breastfeeding that takes place over a period of weeks or months, and generally occurs between the ages of 2 and 4 years.
- Absence of any other cause for breast refusal (*Protocol #9: Breast Refusal or Difficulty Achieving or Maintaining a Latch*).

Signs that are Commonly Mistaken as the Need to Wean (Mother-Initiated)

- Baby is teething.
- Mother is feeling overwhelmed with caring for the baby. Caring for a baby may be challenging regardless of the method of feeding.
- Mother develops mastitis (*Protocol #7: Mastitis*).
- Mother plans to return to work or school. If breastfeeding the baby or expressing breast milk at work is not feasible, the mother can still breastfeed her baby when she is home.
- Mother is prescribed a drug that is incompatible with breastfeeding. When there is a drug that is incompatible with breastfeeding, there is usually an alternative drug that can be prescribed (*Protocol #16: Drugs and Breastfeeding*).
- Mother or baby are ill/hospitalized. In the case of an ill baby, the anti-infective properties of breast milk will aid in the baby's recovery. If temporary weaning is medically indicated, the mother can express breast milk to maintain her breast milk supply until breastfeeding can be resumed (*Protocol #17: Indications for Supplementation or Cessation of Breastfeeding*).
- Mother is pregnant with no complications.

Signs of “Nursing Strikes” (NOT Weaning):

- Baby had been breastfeeding several times a day.

- Baby suddenly refuses to breastfeed (*Protocol #9: Breast Refusal or Difficulty Achieving or Maintaining a Latch*).

- Is usually temporary.

- Can occur at any age.

Suggestions

1. Assess whether the decision to wean is baby- or mother-initiated (see previous section on *Observation and Assessment*). If the decision is mother-initiated and she is sure that she wants to wean, then her decision should be respected.
2. Assess whether weaning is necessary (i.e., related to a medication that is not compatible with breastfeeding or to a procedure that may separate the mother and baby).
3. If the decision to wean is made, provide the mother with suggestions to facilitate the weaning process.

General Tips for Weaning

Encourage the mother to:

- Not offer the breast, but also not refuse to breastfeed.
- Postpone breastfeeding if she feels that the baby can wait. This is a useful technique to encourage weaning if the baby breastfeeds irregularly and the mother finds it difficult to gradually eliminate certain breastfeedings.
- Shorten the breastfeedings that she wants to eliminate before she actually stops.
- Change daily routines that trigger or usually precede a breastfeeding (e.g., avoid sitting in the place where breastfeeding usually occurs).
- Offer substitutions and distractions during the times when breastfeeding is anticipated (e.g., offering a snack, reading, singing, or going to the park before the child has a chance to think about breastfeeding). Ask other family members to help provide substitutions and distractions.

Gradual Weaning

Encourage the mother to:

- Eliminate breastfeeding gradually. Suggest she eliminate one breastfeeding at a time every so often until the selected or all breastfeeding(s) are eliminated over a period of time (several weeks, months or years). Begin by eliminating the breastfeeding(s) the baby is least interested in. Early morning and late night feedings are usually the most difficult for the baby to give up. If the baby is younger than 9–12 months, replace the eliminated breastfeeding(s) with artificial baby milk (iron fortified infant formula). If the baby is more than 9–12 months and is eating a variety of foods, the eliminated breastfeeding(s) can be replaced with appropriate food and beverages. A cup may be introduced at between 6–9 months of age (Best Start, 2011).
- Express only enough breast milk for comfort as needed (*Protocol #19: Expressing and Storing Breast Milk*). Avoid expressing breast milk unless absolutely necessary. This gradual approach will slowly decrease the mother's breast milk supply and minimize breast fullness and discomfort.
- Observe for signs of engorgement, plugged ducts, and mastitis (*Protocol #5: Engorgement; Protocol #6: Plugged Ducts; and Protocol #7: Mastitis*).

Abrupt Weaning

If weaning is due to an incompatible medication, a medical procedure, or separation, encourage the mother to:

- Express only enough breast milk for comfort as needed (*Protocol #19: Expressing and Storing Breast Milk*). Avoid expressing breast milk unless absolutely necessary. Inform the mother that she will gradually express less breast milk at fewer intervals until her breast milk supply dries up within a couple of weeks.
 - Observe for signs of engorgement, plugged ducts, and mastitis (*Protocol # 5: Engorgement; Protocol #6: Plugged Ducts; and Protocol #7: Mastitis*).
 - Apply a cold wet cloth to the breasts after expressing to provide comfort and reduce swelling.
 - Wear breast pads, if necessary, for leaking.
 - Wear a firm bra for support. Avoid bras with underwire.
- Eat and drink a balanced diet according to *Eating Well with Canada's Food Guide* (Health Canada, 2007).
 - Drink when thirsty. There is no need to restrict fluid intake.
 - Avoid binding the breasts as this has not been proven to be effective. Binding may increase breast discomfort as well as the risk of plugged ducts and mastitis.
 - Avoid drugs used to decrease breast milk supply (e.g., bromocriptine). These drugs can have serious side effects such as strokes and seizures.
 - Consult her primary health care provider or breastfeeding expert to discuss alternative medications compatible with breastfeeding or a plan for temporary cessation that includes expression and discarding of breast milk.

Nursing Strikes

To encourage the baby to return to the breast, suggest that the mother:

- Give the baby more eye-to-eye contact.
- Clothe the baby in a diaper only to promote skin-to-skin contact.
- Breastfeed in a quiet, relaxed place with few distractions.
- Initiate breastfeeding before the baby is stressed and crying (see early feeding cues in *Protocol #3: Signs of Effective Breastfeeding*).
- Write down a record of changes in both diet and activities. This may help to show if there has been an illness, teething, or a different food, clothing, or product used.
- Express some breast milk for comfort if her breasts are too full. Offer expressed breast milk from a cup.
- Relax. Be patient. Be reassured that the baby will usually resume breastfeeding in a few hours or days.

General Principles

Weaning begins when the baby is introduced to sources of foods other than breast milk and completely ends with the last breastfeeding. Babies are developmentally ready to begin the introduction of complementary foods at about 6 months of age. Foods other than breast milk that are introduced before 6 months will compromise the mother's

breast milk supply and may deprive the baby of nutrients. Breast milk feedings should not be replaced prematurely by foods such as infant cereals or other “first foods” as these may displace breast milk, resulting in inadequate energy and nutrient intake and depriving the baby of some of the long-term benefits of breastfeeding. Early use of complementary foods may interfere with the bioavailability of iron in breast milk and may increase the risk of iron deficiency anemia (ADA & DC, 2000). For the healthy term infant there is no nutritional or developmental advantage from introducing other foods before 6 months.

Ideally, weaning is a joint decision shared by the mother and baby and is based on the nutritional and developmental needs of the baby. In North America, weaning commonly takes place during the first year and tends to be mother-led. Historically, this mother-led weaning occurred when the mother returned to work or school routines. Weaning that is naturally initiated by the baby will usually occur between the ages of 2 and 4 years and will take place over a period of weeks or months (Dettwyler, 2004).

If the baby is less than a year old and is refusing to breastfeed, it is unlikely that this is natural weaning (see *Nursing Strikes* above and *Protocol #9: Breast Refusal or Difficulty Achieving or Maintaining a Latch*).

Although breastfeeding beyond a year has not been common practice in Western society, later breastfeeding continues to provide benefits to both the mother and baby. The importance of breastfeeding includes:

- For the baby, reduced risk of:
 - Sudden infant death syndrome
 - Gastrointestinal, ear, and respiratory infections during infancy and childhood
 - Diabetes
 - Childhood obesity (TPH, 2010)
- For the mother, reduced risk of:
 - Diabetes
 - Breast cancer
 - Ovarian cancer (TPH, 2010)

There are three types of weaning:

- Partial
 - Selected breastfeeding session(s) are replaced with other sources of foods.
 - Partial weaning can be reversed and the mother can return to more frequent breastfeedings at a later time.
- Complete
 - All breastfeedings are replaced with other sources of foods.
- Temporary
 - Occasionally breastfeeding may be interrupted temporarily, such as when either the mother or child is ill or separated. Breast milk is expressed manually or by pump (see *Protocol #19: Expressing and Storing of Breast Milk*). If breastfeeding is interrupted due to an incompatible medication or procedure, breast milk should be discarded.

There are two methods of weaning:

- Gradual
 - Weaning takes place over a period of time (several weeks, months, or years).
 - Least traumatic for both the mother and baby and minimizes complications (e.g., plugged ducts, mastitis).
- Abrupt
 - Weaning occurs immediately.
 - May be more traumatic for both mother and baby.
 - Increases the risk of complications (e.g., plugged ducts, mastitis, and depression due to the sudden drop in prolactin levels).
 - May be necessary due to medical reasons (*Protocol #17: Indications for Supplementation or Cessation of Breastfeeding*).

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