

Baby-Led Weaning:
A Study of Infant Feeding Practices Using a US Sample

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Abstract

An infant feeding practice approach known as Baby Led Weaning (BLW) focuses on providing infants with finger and whole foods beginning at 6 months in the place of the traditional practice of spoon feeding purees and baby cereals. As the popularity of BLW grows, caregivers in the US have begun utilizing BLW with their own infants. The purpose of this study was to characterize current infant feeding practices used by a US sample, primarily focusing on the differences between BLW and TW (traditional weaning) in regards to mother demographics, family meal participation, and motor development. Participants were mothers (n = 172) of infants between the ages of 6 to 12 months who completed an online survey answering questions regarding their infant feeding practices, motor milestones, and demographics. Caregivers who indicated they were following a BLW approach (35.4%) were found to be approximately two years younger than TW's, and also worked fewer hours during the week, but there was no difference between their education or marital status. While the age of the infant at the introduction of family foods was the same for both groups, BLW infants showed more interest in the foods eaten by their families, and consumed a higher percentage of family foods as their meals on average. TW infants were found to meet two motor milestones before BLW's, which included crawling and standing up supported. These descriptive findings are a first step into understanding the use of BLW in the US, and provide a glimpse of current infant feeding practices used in some homes.

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Baby-Led Weaning:

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According to the World Health Organization (WHO), infants should be solely breastfed during the first six months of their life, before transitioning to complementary foods and supplemental breastfeeding during their first two years (World Health Organization [WHO], 2018). WHO recommends beginning weaning with infant rice and cereals and moving linearly through purees, chunks, and finger foods (WHO, 2018). The American Academy of Pediatrics (AAP) advises that infant's breast feed for the first four to six months of life before being introduced to complementary foods and supplemental feedings (Kleinman, 2000). In line with WHO, the AAP suggests a linear introduction of foods from pureed to whole (Kleinman, 2000). This linear progression of infant feeding is typically referred to as the traditional weaning (TW).

However, in recent years an infant feeding practice known as Baby Led Weaning (BLW) has emerged as an alternative to TW. BLW focuses on providing the infant with non-pureed, whole foods during meal times, while supplementing feedings with milk feedings, at approximately six months of age, as opposed to TW (Brown, 2015; Brown, Jones, & Rowan, 2017). Furthermore, BLW differs from TW practices in that it focuses on infant self-feeding, where the infant controls picking up the food and moving it to their mouths, as opposed to being fed by the caregiver (Brown & Lee, 2010; Brown & Lee, 2011a). During the typical BLW process, infants are provided a variety of foods in a non-pureed state that are easy to grasp (Brown, 2015; Brown & Lee, 2011b; Brown & Lee, 2013). Overall, BLW allows infants the autonomy to feed themselves, take control of how much they eat at meal times, self-wean off of breast or formula milk, and experience a wider variety of foods at a younger age (Brown, 2015; Brown & Lee, 2011a; Brown & Lee, 2013).

As BLW continues to increase in popularity, researchers have begun to examine this feeding practice to determine its effects on infants. While researchers are making strides in understanding the practice and its implications, most studies have been conducted in the United Kingdom, Europe, and New Zealand. Presently, BLW has begun to become more popular in the United States as an alternative to TW methods. While still far from being a mainstream practice, discussions about BLW is prevalent in online communities and blog groups, allowing caregivers to communicate their feeding practices and to offer one another advice and tips (Brown, 2015; Brown & Lee, 2010; Brown & Lee, 2011b). Research on this topic in the US would provide more insight about the choices parents make regarding infant feeding practices.

Demographics

One aspect of BLW research in the UK is largely focused on mother demographics and their overall knowledge of the BLW process. According to Brown and Lee (2010; 2015), mothers who implemented the practice were found to have higher levels of education, professional occupations, and a higher socioeconomic status when compared to TW's. This was further exemplified in the later article by Brown (2015), where she found that a majority (87.1%) of the women following a BLW approach had received an education of college or higher, as well as by Cameron, Heath, and Taylor (2012b), who also reported higher levels of education by BLW's. Brown (2010) and Cameron et al., (2012b) also found that mothers who chose a BLW approach were more likely to take a year off from work, as opposed to mothers following a traditional feeding method. These findings may imply that mothers of a higher educational or socioeconomic status may have better access to information regarding BLW, either through technology or access to literature, and may be better able to implement the practice due to more flexible hours that might come with a more professional career. As BLW is a more involved

feeding process, it is possible that mothers of a lower economic status with less flexible jobs may have difficulties utilizing the practice.

Family Meals

Family meal involvement has become a focus for some researchers who suggest that this practice may potentially lead to better mental health in teenagers and young adults, as well as better academic performance and family connectedness (Edwards & Pratt, 2016; Utter, Denny, Peiris-John, Moselen, Dyson, & Clark, 2017). It would be interesting to know how family meals are established in a household and whether different infant feeding practices promote the use of family meals. In one study, mothers discussed the inclusion of their infants in family mealtimes, stating that they felt the experience overall was positive due to allowing the child to participate in the family meal while saving time and funds (Brown & Lee, 2011b). Moreover, the practice could have potential positive outcomes for the family, due to mothers reporting that inclusion of the infant in their meal times leads to mothers to make more nutritious meals that would be beneficial to the whole family (Brown, 2013).

Researchers have also found that BLW includes a large focus on providing the infant foods from the family meal, encouraging family meal participation, and a larger array of foods that a child might not otherwise have been introduced to at that age, such as heavily spiced or ethnic foods (Brown et al., 2017; Brown & Lee, 2010; Brown & Lee, 2011b). This was further emphasized by Morison et al. (2016), who found that BLW was associated with higher rates of infant involvement in meal times, which translated to more BLW infants sitting with the family and being offered the same food. Cameron et al. (2012) found that mothers using a BLW method were more likely to include their infants in family meals, and felt less meal time stress in doing so. TW's were found to largely introduce baby cereals and purees to infants as their first

complementary food, while mothers using a BLW process were more likely to present finger foods as their first foods. BLW mothers were also found to introduce fruits and vegetables as first foods more often than TW's (Brown & Lee, 2010; Cameron et al., 2012a), although Morison et al. (2016) failed to find any difference between the amount of fruits and vegetables eaten by the two weaning styles.

Motor Development

In a self-report study by Brown and Lee (2011b), most mothers indicated a start to BLW at roughly six months of age or with the onset of developmental cues (sitting unaided, etc.). However, mothers interviewed by Cameron et al. (2012a) were found to have begun BLW when instructed, as opposed to waiting until they felt their child was developmentally ready. They also found that BLW was described as a weaning method where infants were offered non-pureed and finger foods at roughly six months. According to Brown and Lee (2010), TW's would offer complementary foods such as pureed foods and baby cereals earlier than BLW's. Due to the nature of the foods introduced, it is possible mothers felt more confident introducing pureed foods to infants earlier in their development, while mothers using the BLW style waited for developmental cues for food readiness before introducing them in a solid form. It is also interesting to consider whether the timing of the introduction of solids might have motor and cognitive implications for infants. Past research on texture and its effect on infant chewing skills have found that when provided a variety of textures to eat, infants develop better chewing skills and are more equipped to handle both larger pieces and harder foods (Da Costa, Remijn, Weenen, Vereijken, & Van Der Schans, 2017; Green, Simione, Le Révérend, Wilson, Richburg, Alder, Del Valle, & Loret, 2017). Movement involved in chewing can influence the strength of these muscles involved in speech. Taking this further, chewing has been found to potentially

elicit cognitive performance and increase alertness in adults (Hirano & Onozuka, 2014).

Analyzing how weaning style influences these milestones due to the nature of the food being used to wean will allow us to determine whether present feeding practices have the potential to influence cognitive and motor development. If the experience of chewing and processing food have cognitive benefits, then infants who have the opportunity to chew foods when developmentally appropriate may show cognitive advantages compared to their puree-slurping counterparts.

The purpose of this study is to learn more about the types of infant feeding practices currently being reported in the US. Furthermore, this study will distinguish between traditional and baby led feeding methods, providing an analysis of demographics for each group. Also, this study will extend the literature on BLW by investigating how infant feeding practices promote family meal participation. Finally, we will analyze the infant feeding practices to determine whether they predict motor milestones. We expect BLW to be used less frequently compared to TW methods and that a larger proportion of caregivers will begin weaning by offering infants pureed and mashed foods, with only a smaller portion proceeding straight to whole food pieces. We also expect that caregivers who report using the BLW method will have a higher socioeconomic status, as well as post-secondary educations. Regarding family meal participation, we expect that BLW's will have a higher percentage of infants participating in their meal times as opposed to TW's, and that BLW's will consume more family foods than infants being traditionally weaned. For motor implications, we hypothesize that all motor milestones that occur after the onset of weaning (approximately six months), will be met sooner by BLW's than TW's, while there will be no difference between the two weaning practices for milestones prior to weaning age. This is due to the assumption that BLW will invoke more

chewing by the infant at mealtimes, which might potentially lead to better brain development and motor coordination through the strengthening of muscles and brain stimulation.

Method

Participants

One hundred and seventy-five mothers between the ages of 19-43, of infants aged 6 to 12 months in the United States completed an online survey about infant feeding practices. Participants were informed that the purpose of study was to learn more about the development of child eating habits. Informed consent was obtained from all participants through a contract preceding the survey, in which participants were informed of their right to forego the study at any time.

Measures

Infant feeding survey. Based on previous research, we developed a survey that examined caregiver's demographics, infant feeding practices, setbacks of their weaning practices, outside influences on their weaning practices, and their overall satisfaction with infant feeding. Demographic questions for parents included their age, weight, height, socioeconomic status, level of education, marital status. Parents were also asked to provide information such as infant weight and height both at birth and six months of age, and any health problems. Participants described their experiences with their chosen infant feeding practice, their personal motivations behind their choice, and any complications they had experienced in regards to the practice. They also responded to survey questions regarding family meal times. Questions included the age the infant began eating family food, the frequency of eating family meals, infant interests in family meals, and whether the infant and family ate their meals together. Mothers were also asked to report on their infant's motor milestones, which included whether the infant

had reached the milestone, and the age at which they began the behavior. These milestones included pre-weaning behaviors, such as self-supporting the head and sitting up unaided, and behaviors that typically occur after weaning, such as crawling and standing with support. Most survey questions included were not used to address the hypotheses in the current study.

Defining infant feeding practices. For this study, BLW's were defined as those who reported spoon feeding their infant less than 10% of the time and only fed purees to their infant for less than 10% of their meals. These criteria were used as BLW focuses on infant self-feeding and the use of whole foods while weaning, meaning that those implementing this style should report relatively low amounts of both puree and spoon use. Anything reported as more than 10% defined the mothers as TW's. Participants were asked to determine the percentage of time they spoon fed their infant, as well as what percent of their infant's meals were pureed. Participants were given the following response choices for each: 100%, 90%, 75%, 50%, 25%, 10%, and 0%.

Procedure

In this study, participants were recruited through a variety of online resources, including blogs, social media sites, and forums. Participants were prompted on their respective online resource to complete the survey for monetary compensation if they fell within the desired guidelines set for the survey (legal guardians of infants between the ages of 6 to 12 months). Participants who chose to continue were asked to click a link provided that lead them to the survey site. Before beginning the survey, participants were asked to complete an informed consent form, where the details of the study, including the purpose, estimated time of completion, and contact information of the Principal Investigator were listed. Participants who chose to continue past this stage were understood to have given their informed consent to continue the study. Following this, participants completed the survey (114 items). At the

conclusion of the survey, participants were thanked for their time and provided contact information of the Principal Investigator if they had further questions.

Results

The study began with a total of 304 surveys, but after eliminating any questionnaires that had lower than 80% completion or were completed in less than five minutes, there were 175 surveys used for the analysis. All participants were asked to complete their demographic information at the end of the survey, see Table 1. There was a significant difference between the age of BLW mothers ($M = 30.56, SD = 4.82$) and the age of TW mothers ($M = 32.39, SD = 4.22$); $t(155) = -2.48, p < .05$. A large majority of the participants were the biological mother, and a similarly large proportion were White. In both the TW and BLW groups, most mothers had received a higher education and were with a significant other. As shown in Table 2, BLW and TW's mothers all worked average work weeks (approximately forty hours/week) during their infants first year. However, BLW's were working less hours per week at the time of their survey as opposed to TW's. At the time of the survey, BLW's were working on average 26.93 hours ($SD = 17.09$) while TW mothers worked an average of 33.28 hours per week ($SD = 14.52$); $t(125) = -2.18, p < .05$. Participants were also asked to provide demographic information of their infants, including their current age and height and weight at both birth and six months of age. Infants undergoing a BLW approach were found to have an average current age of nine and a half months ($M = 9.58, SD = 2.22$) while TW infants were eight and a half months on average ($M = 8.58, SD = 1.91$) at the time the survey was completed ($t(170) = 3.12, p < .05$). Caregivers following a BLW were found to have infants with an average height of 68.58 cm and weight of 6112.16 kg at six months of age, while TW's infants had a height of 65.65 cm and weighed

approximately 7248.41 kg. Based off this, BLW infants were taller and weighed less than TW infants, but this information was not significant (for weight: $t = -.898$, ns; for height $t = .720$, ns).

Infant feeding practices

To determine the style of weaning being implemented by caregivers, participants were asked to report the percentage of time their infants were spoon fed, as well as the percentage of foods the infant received that were pureed. As BLW is characterized by infant self-feeding and the use of whole finger foods, participants that reported that their infant consumed less than 10% of their foods in pureed forms and that they were spoon-fed less than 10% of the time were classified as baby lead weaners. Participants that reported more than 10% of foods as purees and more than 10% of feeding times spent spoon feeding were classified as traditional weaners. After splitting the data according to this variable, our study yielded 62 (35.4%) total BLW's and 113 (64.6%) traditional weaners. Twenty-nine participants self-reported as BLW's when asked if they were following a specific weaning, however, only 25 of those self-reported participants were found to be BLW's based on our defining factors.

Family Meals

Caregivers were asked to report their infant's involvement in in family meal times, as BLW has been reported to lead to more infant participation in family meals, see Table 3. There was no statistical significance between the ages at which infants began eating the same foods as the family. Both BLW's and TW's began eating the same foods as the family at approximately seven months of age. BLW's were found to show more interest in family foods as opposed to TW's. There was also a significant difference between BLW's and TW's regarding the percentage of family food the child was provided over the course of one day. BLW's were provided a much larger proportion of their meals as family foods, while TW's meals were only

the same as the family less than half of the time. Mothers were also asked to report how much of their infant's foods were commercially prepared. Overall, infants who were undergoing the BLW method were more likely to consume the same foods as the rest of the family, while TW infants were less likely to consume the same foods as their family members.

Infant feeding practices and Motor Milestones

Caregivers provided the months at which the infant achieved several milestones, see Figure 1. This study was primarily focused on motor milestones that occurred after the onset of weaning, but all milestones were address. Of milestones occurring before weaning, only one was statistically significant between the two groups. BLW infants were found to be able to support their own heads approximately half a month before TW infants. All other early milestones, such as tooth eruption and sitting unaided were not statistically significant. There were some significant differences for post-weaning infants, which included crawling and standing supported. TW infants were found to both stand up supported almost a month before BLW infants. There was no difference between the two groups in regard to walking unsupported, but the relatively low number of responses could potentially have played a role in these findings (n = 25).

Discussion

This study explored the emerging BLW infant feeding practice and sought to make comparisons between it and more conventional approaches to infant feeding. Overall, our initial research-based hypotheses were only partially supported. There was no difference between infant feeding groups regarding mother's education and marital status, but there were differences between their mean ages and hours spent at work per week. BLW infants both showed more interest in family foods during meal times and ate a higher percentage of family foods compared

to their TW counterparts. Lastly, TW's hit motor milestones that occurred after the onset of weaning earlier than BLW's. These mixed findings suggest a need for additional research regarding the various types of infant feeding practices.

Demographics

Based on the Brown and Lee (2010) method of identifying BLW using the measure of mothers reporting less than 10% spoon feeding and less than 10% puree use, roughly a third of our participants qualified as BLW's while the others were deemed TW. Our findings indicated that BLW mothers were younger than TW mothers, and at the time of the survey were working approximately six fewer hours per week. On average BLW mothers were two years younger than TW's. There were no differences between the educational, marital, and socioeconomic status of the two groups, indicating that mothers of both weaning practices potentially had similar resources and knowledge regarding their use of infant feeding practices. On average, both groups had attained a Bachelor's degree, were married, and started working within three months of the birth of their infant. In opposition to past findings, these results indicate that BLW mothers were not more highly educated or likely to be married, and that they were not staying home longer with their infants in the first year. Based on these demographic data, a majority of our findings are not supportive of past research regarding mother demographics based on weaning style, as it has been presented in the UK, England, and New Zealand.

Results from this study also provide insight into the implementation of BLW compared to TW. To begin, there was no difference between BLW and TW in regard to when infants received their first complementary food. Both BLW and TW infants received their first food at approximately five and a half months of age, occurring sooner than the six-month period suggested by the WHO (2018). However, it is possible that mothers of both weaning types began

weaning due to infant indications, such as being able to sit unsupported. In regards to BLW, first foods are whole finger foods, which typically leads mothers to introduced complementary foods later when an infant is developmentally mature enough to support their head. Mothers who use TW introduce pureed foods that are spoon-fed, and as they are typically soft foods, they can usually be introduced to infants sooner. The fact that first foods were introduced about the same time indicates that BLW mothers did not necessarily delay the introduction of solid foods.

Findings from this study indicated, as expected, that TW's first foods were most often purees and baby cereals, while BLW's offered first foods to their infants in the form of chunks. In line with this, infants following a BLW approach began eating food with their fingers at approximately six and a half months, while infants undergoing TW did so at seven months. BLW infants' first foods were found to be predominantly vegetables and fruits, while TW infants had baby cereals or fruit. In the current study, BLW mothers reported to be younger. This could imply that younger women, perhaps with fewer children or with more time, may be better able to implement the practice as opposed to those older than them. There was also a significant difference between the hours BLW and TW mothers were currently working. BLW mothers reported working less hours, which could imply that they may have the time to implement BLW, which might be more time consuming compared to TW. There was not a difference in the number of hours each group worked during their infants first year as was seen in past research. As this was a US study, it is possible that most mothers felt forced back to work after maternal leave.

Family Meals

A focus of this study was to learn more about infant feeding practices relate to participation in family meals. Our findings revealed that BLW infants showed a greater

propensity for wanting to eat the same foods as the family, but there was not significant difference between TW's and BLW's regarding the age at which they were first fed family foods, which fell at roughly seven months. With TW, infants are more likely to eat purees and cereals early on that are made for them alone, and not necessarily encouraged to eat foods consumed by the family. Furthermore, TW mother's often have to focus on preparing to separate meals, where one caters to the infant's nutritional needs while the other is for the family. With BLW, baby foods and cereals are bypassed all together and whole, non-pureed foods are offered to the infant. As a result of this, mothers are able to provide infants with foods directly from the family meal that are appropriate and able to be grasped by the infant, leading them to save time and resources. Furthermore, as infants are eating the same foods as the family, that are able to participate more in family meals, can be exposed to a wider variety of foods and flavors, and mothers often tailor their meals to their infants, meaning healthier meals for the whole family.

Research concerning family meals and BLW has predominantly focused on the mother's attitude towards the practice. This study sought to conceptualize BLW and TW regarding how infants actively participate in family meals. While infants in both groups began eating the same foods as the family at approximately the same age, BLW infants were found to show a higher interest and desirability of family foods, and they were found to eat these family foods at a higher rate than their TW counterparts. Due to this, it is possible that BLW leads to more family meal involvement by the infant, and that the infants may be exposed to a wider variety of spices, textures, tastes, and foods in general. Furthermore, as past research has found that participation in family meals is linked to lower rates of depression in teenagers and better emotional development, it is possible that early introduction to family meals could have a positive impact on infants that could affect them into the future.

Motor Milestones

Another focus of this study was to learn more about the relationship between infant feeding practices and infant's motor development. Essentially, due to the nature of BLW, infants should develop better chewing skills through their early introduction to larger pieces of food, which should potentially improve motor and cognitive skills. While these skills across the infant's first year were surveyed, the primary focus of this study was to focus on motor skills that might be affected after the infant has begun weaning. Overall, the results were unexpected and reflected the opposite of what was hypothesized. First, results showed that BLW infants held up their head's a half month before traditional weaners. This milestone was obviously not influenced by the infant feeding method given that it occurs early in the development, but it suggests that BLW infant may be marked by a cognitive advantage from the beginning. It is likely that a parent would be more willing to use this feeding practices if their infant was healthy and developmentally capable of holding up their head and reaching for food. In fact, the infant's introduction to first foods could have been influenced by the display of some readiness for weaning. However, given the pattern of the other milestones, BLW precocity was not supported. TW's began crawling approximately a month before BLW's, with TW infants crawling at seven months and BLW's at eight. Furthermore, BLW infants reportedly stood up unsupported at eight months of age, as opposed to TW infants, who were able to do so at approximately seven months of age. One explanation for these surprising findings could point to the age differences of the two different groups of infants. It is possible that since the BLW infants were approximately a month older at the time their mothers completed the questionnaires that the retrospective reports of cognitive milestones were not accurate.

Strengths of this study include a relatively detailed survey of questions encompassing a wide variety of infant feeding topics. The use of online recruitment strategies enabled us to target young families that are typically difficult to reach through traditional recruitment practices.

Limitations include a relatively small sample, the use of self-report data, and the use of survey questions that have not been psychometrically validated. Furthermore, as this is a study regarding infant care, it is possible that participants self-reported more positively about themselves or inaccurately recalled past information whether about themselves or their infant.

Conclusion

The purpose of this study was to learn more about infant feeding styles as they are practiced within the US. With a primary focus on traditional and baby-led weaning, this study sought to characterize the mothers implementing the practices and determine how weaning style influenced family meal participation by the infant. Another aspect we were interested in studying involved delving into how weaning style may influence an infant's brain development. In the future, more researchers in the US should be encouraged to explore this topic. There should be a larger emphasis on obtaining a more varied group of participants and on developing a more easily answered and accessible survey. Future research should also delve further into how weaning style influences family meals, looking both at the variety of foods offered to the two groups of infants and perhaps looking longitudinally at how family meal participation influences the infant's emotional development as they age. There could also be a study that focuses primarily on the infant during a family meal, to see how the weaning style influences the family dynamic and meal. Lastly, future research should investigate the potential links between weaning style and both cognitive and motor development. Although our study failed to support our hypothesis that BLW could lead to better motor development, a more in-depth study could better

quantify the effects weaning style may have on infant development, and could potentially lead to a better understanding of how feeding infants may affect them in the long term.

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Table 1

Caregiver Demographics by Weaning Style

		Baby Led Weaning (n = 62)	Baby Led Weaning (%)	Traditional Weaning (n = 113)	Traditional Weaning (%)
Age	≤ 19	1	1.6%	0	0.0%
	20-24	5	8.0%	2	1.8%
	25-29	15	24.2%	23	20.4%
	30-34	26	42.0%	46	40.7%
	35 ≥	10	16.0%	29	25.8%
	Did not answer	5	8.1%	13	11.5%
Education	High School	4	6.5%	2	1.8%
	Associates	3	4.8%	6	5.3%
	Technical/Vocational School	4	6.5%	5	4.4%
	Bachelor's	14	22.6%	33	29.2%
	Master's	20	32.3%	21	18.6%
	Ph.D.	8	12.9%	28	24.8%
	MD	0	0.0%	0	0.0%
	JD	0	0.0%	3	2.7%
	Other	5	8.1%	2	1.8%
	Did not answer	4	6.5%	13	11.5%
Marital Status	Married	52	83.9%	89	78.8%
	Single	0	0.0%	0	0.0%
	Widowed	0	0.0%	1	0.9%
	Divorced	0	0.0%	0	0.0%
	Separated	0	0.0%	0	0.0%
	Remarried	0	0.0%	0	0.0%
	Live with Significant Other	5	8.1%	10	8.8%
	Did not answer	5	8.1%	13	11.5%

Table 2

Caregiver Employment Demographics by Weaning Style

		Baby Led Weaning Total (n = 62)	Baby Led Weaning Percent	Traditional Weaning Total (n = 113)	Traditional Weaning Percent
Currently Employed	Yes	36	58.1%	82	72.6%
	No	21	33.9%	19	16.8%
	Did not answer	5	8.1%	12	10.6%
Current Work Hours/Week Only applicable if currently employed	≤ 10	10	16.1%	11	9.8%
	11-20	6	9.6%	7	6.2%
	21-30	2	3.2%	6	5.4%
	31-40	21	33.8%	49	43.4%
	41-50	3	4.8%	9	8.0%
	51 ≥	0	0.0%	3	2.7%
	Did not answer	20	32.3%	28	24.8%
Hours/Week During Child's First Year	≤ 10	6	9.7%	17	15.1%
	11-20	4	6.4%	8	7.1%
	21-30	5	8.0%	13	11.6%
	31-40	21	33.8%	38	33.6%
	41-50	2	3.2%	11	9.8%
	51 ≥	0	0.0%	0	0.0%
	Did not answer	24	38.7%	26	23.0%

Table 3

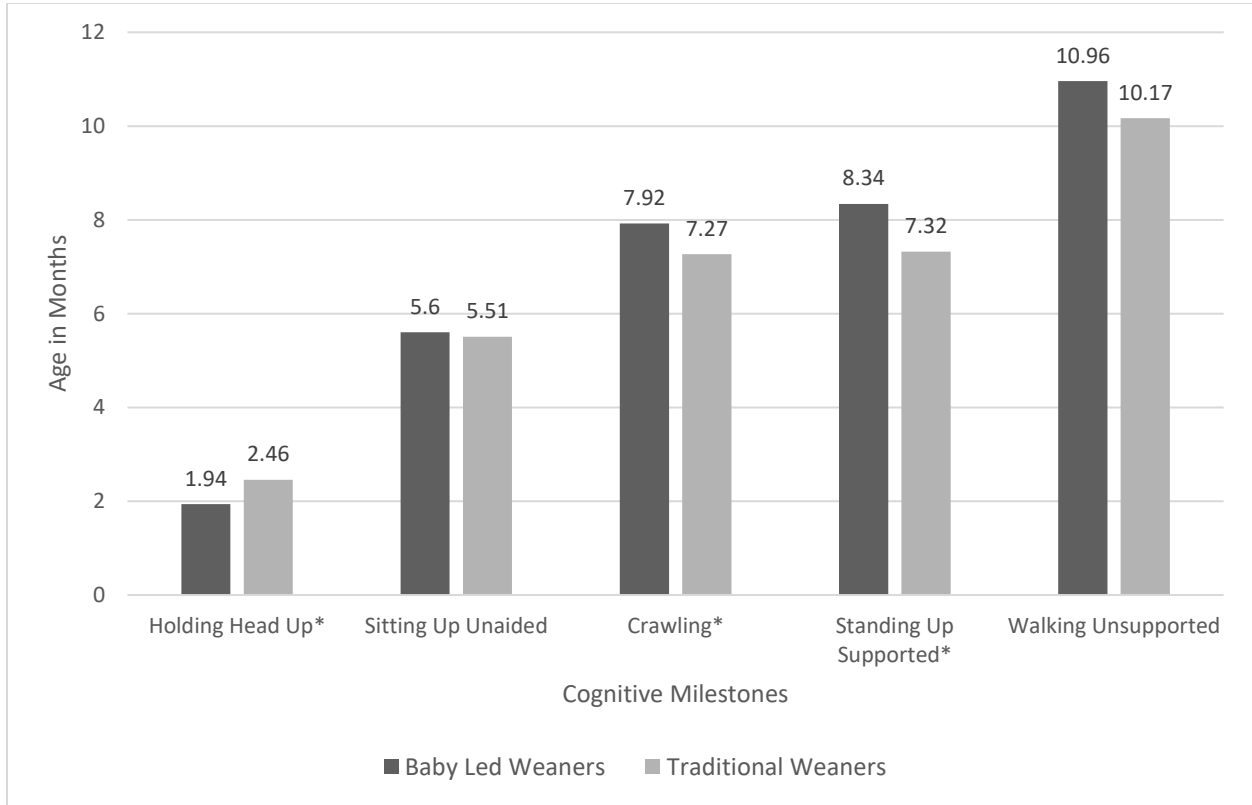
Difference between Weaning Style and Family Food Survey Questions

	Baby Led Weaning (n = 62)		Traditional Weaning (n = 113)		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
% of Time Child Wants to Eat Family Foods	84.35	23.88	66.65	34.23	3.58	163	**
% of Family Foods Eaten by Child on Average Day	79.76	29.99	43.21	35.52	6.83	169	**
Age Child Began Eating Family Foods (mon)	7.04	1.60	7.31	1.62	-.951	125	ns

Note ** = $p < .01$

Figure 1

Mean Age in Months of Cognitive Milestones by Weaning Style



Note * = $p < .05$