

## **Weaning**

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## Types of Weaning

**Baby-led Weaning:** An approach to introducing solid foods that allows baby to control intake of solid foods by self-feeding from the very beginning of the process. Parents do not make purees or mash up food. They introduce self-feeding finger foods, which helps babies explore texture and taste and allows for a natural transition to solids. Baby may pick up or lick food before moving on to putting into mouth or eating. There is no spoon feeding unless baby holds spoon for self. “Until they’re one, it’s just for fun” – nutrition comes from breastfeeding so it’s okay to allow time for baby to feed self and explore food.

**Gradual Weaning:** “Gradual weaning allows you to gradually substitute other kinds of nutrition, affection and attention to compensate for the loss of nursing.” kellymom. In gradual weaning, mother encourages weaning by providing distractions and other nourishment in place of breastfeeding. This type of weaning is recommended when mother is ready to wean (or knows she will want/need to wean) but child is not ready or not expressing readiness signs. Gradual weaning is best if it is gentle, patient, flexible, and respectful of child’s needs.

**Partial Weaning:** A compromise between frequent nursing and weaning entirely in which you keep one (or more) feedings a day and eliminate the rest. One method of partial weaning is night weaning: eliminating nighttime nursing from time child goes to sleep for a period of at least seven hours.

**Child-led or Natural Weaning:** “Child-led weaning occurs when a child no longer has a need to nurse—nutritionally or emotionally,” kellymom. Though no two weanings are alike, generally children that are allowed to wean themselves gradually cut down nursing over a matter of months, slowly dropping feedings and then going longer and longer between feedings. “Natural weaning means allowing the child to outgrow nursing on his own timetable.” *How Weaning Happens* Before completely weaning, a child may go months (or years) nursing one to three times a day, typically at bedtime, waking, and nap. Benefits of natural weaning are: the transition is easy because it happens over time, the breastfeeding relationship is allowed to come to a satisfying conclusion because the child is able to fulfill and outgrow his needs, mother learns to trust child’s timetable and development, and the child feels a sense of control over her life. Child remains in a secure relationship with mother and attachment is not compromised through struggles with trying to get child to do something s/he’s not ready for. “Child [does] not have to give up nursing in anyone’s time but their own.” *Mothering Your Nursing Toddler*

**Sudden or Abrupt Weaning:** Stopping breastfeeding suddenly rather than gradually. This is usually mother-led unless there is an emergency involved. Possible challenges include engorgement, plugged ducts or mastitis, drastic hormonal changes, feelings of regret and sadness, exhaustion, and power struggles with child. Child may be aggressive, angry or have tantrums, unwilling or unable to accept substitutions for nursing, regress adopt a security object, have increased night waking, clingy and demand attention, and begin sucking on other things (fingers, toys, pacifier). The child may also exhibit anxious attachment and be afraid of separations from mother. Methods of abrupt weaning that can be particularly damaging to the child include weaning by desertion: leaving child with another caregiver including dad so that child not only loses milk, but mom also; the “spicy burrito” method of putting something spicy or bitter tasting on nipple; the fear method of painting (with lipstick or the like) a frightening image on the breast so that child will be too scared to want to nurse again; and crying it out.

### Weaning at Different Ages

Age	Possible Reasons to Wean	Alternatives To Weaning	Weaning Strategies
Newborn to introduction of solids	<ul style="list-style-type: none"> <li>• Breastfeeding not going well: Pain, cracked nipples, premature baby, weak suck, low milk supply, acid reflux/allergies/sensitivities</li> <li>• Mom going back to work</li> <li>• Lack of support</li> </ul>	<ul style="list-style-type: none"> <li>• You're both still learning. Hang in a little longer. Go to LLL meeting, contact a LLL leader, or see a lactation consultant.</li> <li>• Consult medical practitioner about elimination diets and/or medication for allergies/sensitivities</li> <li>• Have partner/family read breastfeeding books.</li> <li>• Pump</li> <li>• Surround yourself with breastfeeding women; go to LLL or AP meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Determine with doctor/caregiver what should be given as breast milk replacement.</li> <li>• Wean gradually to bottle (starting with one bottle a day in place of breast milk). After two or three days, substitute a bottle for the next feeding you're going to eliminate. Repeat until you've partially or completely weaned.</li> <li>• May offer pacifier or baby's thumb</li> </ul>
Solid foods to one year	<ul style="list-style-type: none"> <li>• Child distracted</li> <li>• Child is biting</li> <li>• Refusal to nurse</li> <li>• Lack of support</li> <li>• Mom going back to work</li> </ul>	<ul style="list-style-type: none"> <li>• Find quiet places to nurse</li> <li>• Look for biting signs and stop nursing before biting; keep finger on breast near corner of baby's mouth; say "no biting" or "biting hurts mama;" give baby full attention so they're not biting to get your attention; don't give huge reaction that they're trying to get again, offer a teething toy; check for decreased milk supply</li> <li>• Investigate possible causes of nursing strike (see Is it a Nursing Strike or Self Weaning?)</li> </ul>	<ul style="list-style-type: none"> <li>• Replace feedings with a bottle</li> <li>• Consider dropping one feeding every 1-2 weeks so weaning takes a couple of months.</li> <li>• Increase amount of solids</li> <li>• Distract and redirect</li> <li>• Find new ways to touch that don't remind baby of nursing</li> <li>• Teach sleep associations besides nursing</li> </ul>
1 year olds	<ul style="list-style-type: none"> <li>• Frequent nursing</li> <li>• Night waking</li> <li>• Belief milk no longer serves nutritional purpose</li> <li>• Social pressure</li> <li>• Pressure from partner</li> <li>• Fertility/desire to get pregnant</li> </ul>	<ul style="list-style-type: none"> <li>• Eliminate feedings most difficult for mom</li> <li>• Limit nursing</li> <li>• Understand immunities are more concentrated in milk</li> <li>• Seek out mothers nursing older babies</li> <li>• Address partner's possible concerns: Desire to be more involved in child's life, wants more intimacy with mom, protective of exhaustive or resentful mom</li> </ul>	<ul style="list-style-type: none"> <li>• Be available to child in ways other than breastfeeding.</li> <li>• Offer solid food before nursing.</li> <li>• Distraction, substitute interesting activities with mom</li> <li>• Gradually wean (see suggestions for Ways to Encourage Weaning)</li> </ul>
2+ year olds	<ul style="list-style-type: none"> <li>• Mother's health</li> <li>• Pregnancy: breasts too tender, milk tastes different to child</li> <li>• Mother burnout: not enjoyable, restlessness, resentment.</li> </ul>	<ul style="list-style-type: none"> <li>• Changing annoying nursing triggers</li> <li>• Partially wean/limit nursing, night wean</li> <li>• Teach alternative terms for nursing and nursing manners including not pulling up one's shirt or fiddling with mom's body while nursing</li> </ul>	<ul style="list-style-type: none"> <li>• See Ways to Encourage Weaning</li> <li>• Go slowly, watching child for signs of distress.</li> </ul> <p>Note: It is not a measure of child's maturity if they wean at three or later</p>

### **Child's Readiness Signs for Weaning (from *How Weaning Happens*, p. 42)**

1. Child is at least 1 year old
2. Child gradually showing less interest in nursing
3. Child is eating a variety of foods
4. Child is secure in relationship with mother
5. Child accepts other ways of being comforted besides nursing
6. Child can be reasoned with (at least part of the time) to not nurse at certain times or places
7. Child sometimes falls asleep or goes to sleep without nursing
8. Child shows little anxiety when gently encouraged not to nurse
9. When offered a choice, child prefers to read, play, or do something else with mom other than nurse

### **Is it a Nursing Strike or Child-Led Weaning?**

Children rarely self-wean before 18 – 24 months. If a child suddenly refuses to nurse, check for any of these possible causes of a nursing strike:

- ✓ Child's sick or hurt: teething, ear infection, injured mouth, thrush
- ✓ Change in mother's diet/taste of milk
- ✓ Development of an allergy or sensitivity to something in mother's milk
- ✓ Diminished milk supply
- ✓ Too many bottles, pacifiers, or supplements
- ✓ Change in mother's smell: soap, perfume, laundry detergent, lotion
- ✓ Changed nursing patterns due to job, childcare, school, routine; nursing has been put off
- ✓ Stress: company, moving, vacation, crisis
- ✓ Strong reaction from mom to being bitten and child is frightened

### **Signs Mom is Ready for Weaning/Change in Breastfeeding Relationship (from *Adventures in Tandem Nursing*, p. 174)**

- You feel yourself withdrawing from your nursing child.
- You hear an irritated tone in your voice when you say, "Yes."
- You feel you have no choice when it comes to nursing.
- You are prone to snapping at your child while breastfeeding.
- You are getting exasperated enough to consider weaning on the spot.
- You feel tied down or desperate for freedom.
- You want your body back.
- You feel resentful of nursing, martyred, ambivalent.
- You want a sense of yourself other than as "mom"

### **Alternatives to Weaning**

"Setting limits that take your own feelings into account can keep breastfeeding positive. ... Particularly if nursing is for comfort, the emotional quality of the exchange is of great importance. ... you are protecting your child from the mixed messages and resentment that can build up when you say yes, but really mean no." *Adventures in Tandem Nursing*, p. 175. You might limit nursing (see Ways to Encourage Weaning) and find that with less nursing, you don't feel the need to wean (at least not right now). Be aware of and honest about your own needs. Take time for yourself to get out of the house, exercise, take a bath, read, go on a date with your partner or friends, do something you haven't made time for since you had a baby: a movie, lunch date, time to write in a journal. Get enough sleep whether it's taking naps with your child, having one day every weekend that's your designated sleep in day, or making yourself go to bed early enough to get eight hours a night rather than staying up to have time to yourself while your child is asleep. Make time for something that you love or that defines you outside of being a mom. Additionally, putting yourself in your child's shoes may help you manage to nurse awhile longer.

## Weaning Recommendations

- Wean gradually.
- Night wean before day weaning so you can teach new sleep associations while nursing is still a daytime option.
- Watch your baby for signs of distress
- Don't wean by desertion. Taking away the milk and the mama all at once is traumatic.
- If abrupt weaning is unavoidable, offer baby lots of emotional support and take care of mama's physical and emotional health.
- Even if the weaning process is a struggle, sad, or stressful for all involved, this does not negate the positive breastfeeding history you have and it doesn't mean the child will emerge damaged in some way. *Adventures in Tandem Nursing*
- Wean your child without rejecting him. If you are pushing her away, saying no, or turning away each time your child wants to nurse rather than being able to receive her with joy and enthusiasm, it will interfere with the acceptance she feels from you.
- If weaning is non-negotiable, continue to be loving presence. Remember that your child may not be happy about weaning, but you can still affirm her feelings, be reassuring, empathetic, and affectionate, and find other ways to cuddle and touch. Assure your child that the bond between you exists no matter what.
- If you are weaning because you've received medical advice to do so, see "Weaning for Medical Reasons" in *How Weaning Happens* for possible alternatives and weaning strategies.

## Weaning Challenges

- Fourteen – eighteen months is a high-need stage. If you can wait until 18 – 24 months (or older), your child will be old enough to understand the difference between day and night
- Takes time and energy. You may need to spend an hour playing instead of two minutes nursing. "Mothers who have actively weaned little ones who were nursing more than two or three times a day talk about a time of being very involved in the weaning process, with little energy left for other things," *Mothering Your Nursing Toddler*, p. 268.
- May take 2 months to a year for gradual weaning
- If child nurses to sleep and nursing is eliminated, getting child to sleep may be a challenge.
- Comforting and feeding a sick child is made easier by nursing.
- Regression may be caused by teething, illness, vacation, change in routine
- If you have a high need/spirited child, weaning may need to come later. In *The Fussy Baby*, Dr. Sears writes that many of the high need children in his practice wean at the end of the second year or later. He also notes that high need babies turn into high need children. Not having nursing as a comforting or grounding tool for these children may make the high need child even needier.
- If your child weans/initiates weaning before you were ready, you may need to find your own closure. Even if mother is ready, she may still need support of family and friends after losing the intimacy of the nursing relationship.
- If child wants to resume nursing after weaning, oftentimes, the request is for reassurance that s/he could if s/he wants to. Child may have forgotten how to latch on. If child persists in asking, s/he may really have continued need to nurse. S/he will pick up nursing at the stage appropriate for her age rather than reverting to newborn or baby frequent nursing.

## Determining That Weaning Won't Work (Now)

"When weaning is keeping you busy for more than an hour or two each day or night, it is time to reevaluate your decision to wean. What do you hope to gain by weaning? Is weaning going to be worth what you are going to have to expend of yourself to bring it about now? What is the atmosphere in your home while all this is going on?" *Mothering Your Nursing Toddler*, p. 282.

## Ways to Encourage Weaning

- **Don't offer, don't refuse:** Mom stops offering nursing, but will do so at child's request.
- **Track child's eating:** provide tempting food options before s/he has asks to nurse, make sure to have prepared food and drink in car and at home so child isn't asked to wait for food and to not nurse, and be careful not to offer food as a bribe or unhealthy food as a substitution for nursing.
- **Know child's schedule:** be sure to encourage a nap or bedtime before child is overtired.
- **Distractions and substitutions:**
  - provide sufficient creative, physical and social outlets in your child's play: read, go on play-dates, do physical activity, do projects and art activities, cook, etc.
  - involve children in daily chores/helping child feel useful
  - give total focused attention from mom
  - stay home more if child is sensitive and outside world triggers nursing need for comfort or go out for opposite temperament
  - find new ways to touch child: hugging, massage, holding hands, rubbing back, drawing on back, fun play: airplane, tickling, somersaults, child sitting on lap with back to your chest while you read
  - \* Note: distraction will be nearly impossible if your child sees your bare breasts. Neither distraction nor substitution is very effective once child has asked to nurse.
- **Delay nursing:** "Yes, later."
- **Involve dad/partner:** increased attention during day, take over bedtime routine, put child back to sleep.
- **Stay on your feet:** don't sit still long enough for child to want to nurse.
- **Change routines:** get out of bed before child in morning, move nursing chair out of notice, use vacation or house-guests to eliminate a nursing session as child is busy/off-schedule.
- **Limits to nursing:** "Toddler nursing does not have to be about nursing on-demand in all situations." *How Weaning Happens* p. 106. You can:
  - restrict nursing to certain times or places
  - stop nursing in public
  - initiate timed nursing—to a count of 10 or length of time it takes to sing ABC song
  - only nurse in certain places at home
  - nurse only a certain number of times a day (can give tokens/something child trades in for nursing so child feels some control over the process)
  - cut back one nursing at a time: say to before bed, upon waking, before nap, then gradually cut each of those
  - give 15 minutes of undivided attention for each missed nursing session
  - eliminate nap for older children phasing it out anyway, thus removing need for pre-nap nursing
- **Talk about the change of function for breasts:** they are retiring, milk will be all gone. Note: put messages about weaning into I messages i.e. "I want to get up in the morning and eat because I'm hungry" rather than "You nurse too long in the morning." *How Weaning Happens* p. 48.
- **Plan for weaning/discuss weaning plans:**
  - "Let's stop nursing after your birthday" or "When do you think you'd like to stop nursing?"
  - You might set a date with child and depending on child's age, do countdown on calendar
  - Plan a weaning graduation party, outing to a special place, or gift to celebrate milestone
  - Write a letter to child about your nursing relationship to give the child at a later date
  - Find something to commemorate the event for mother and/or for child
- **Give up:** Sometimes taking the pressure off gives child room to get ready to wean on own

## Strategies for Nighttime Weaning

- Jay Gordon Method: a ten day method of gradually weaning from nighttime nursing
- Introduce concept of day and night to child by talking about light and dark or the sun and moon. You can say, “Milk (or whatever word you have for nursing) is sleeping and will wake up when it’s light outside” or “Nighttime is for sleeping and daytime is for eating.”
- Explain goal of sleeping through the night to the child. S/he may not know this is something for which you are striving. You might say, “If we sleep all night long, then we’ll have lots more energy to play in daytime.”
- Nurse a lot in the daytime since you won’t be nursing at night.
- Make sure child gets good meal and maybe even another snack before bedtime.
- Keep cup of water and banana or other no-prep no-mess food by bed for middle of the night waking.
- Break latch before child goes to sleep so child learns that s/he can go to sleep without nursing.
- Teach other sleep associations besides nursing.
- Create distance between milk and the child: pillow or father between mother and child, cover up/pajamas.
- Let father/partner take over nighttime: bedtime routine, night wakings
- Increase daytime touch.
- Soothe baby back to sleep without nursing: rubs on back, walking around room, being worn in a carrier, verbal soothing (shhh, singing lullaby), calming music

## Nighttime Weaning Resources

“31 Ways to Get Your Child to Go to Sleep and Stay Asleep Easier”

<<http://www.askdrsears.com/html/7/T070300.asp>>

*The Baby Sleep Book* “Thirteen Tips for Getting Baby to Nurse Less at Night” and “Twenty-Three Nighttime Fathering Tips,” by William and Martha Sears. Boston: Little Brown & Company, 2005. 149-55, 166-84. Tips for curbing frequent night nursings and for getting both parents involved in nighttime parenting.

Dr Jay Gordon’s Sleep Method <<http://www.drjaygordon.com/development/ap/sleep.asp>>. Offers a concrete plan for rapid nighttime weaning.

“Getting Your Baby to Sleep” <<http://sonyasf.wordpress.com/2008/10/07/getting-your-baby-to-sleep/>> Explanation of why sleep associations are important and list of possible alternatives to nursing as primary sleep association.

*No Cry Sleep Solution* or *No Cry Sleep Solution for Toddlers and Preschoolers* by Elizabeth Pantley. NY: McGraw Hill. Provides research about child sleep patterns and strategies for helping child sleep through night.

## Weaning Resources

*Adventures in Tandem Nursing: Breastfeeding Through Pregnancy and Beyond* by Hilary Flower. NY: LLLI, 2003. Of all the research I've done on weaning, this book was the most valuable resource. Whether you are ever planning on having another child, chapter 10, "Changes in Breastfeeding" will help you evaluate readiness for weaning, negative feelings you have about nursing or struggles with your child, how to but back with empathy. It offers very loving solutions for both mother and child. Also, be sure to read the anecdotes on pages 291-7, especially if you have a high need child.

*Baby Led Weaning* - <<http://babyledweaning.com/>>. A method for introducing solids to babies, called weaning because once anything besides breast milk is introduced, child has begun weaning. This source explains what baby-led weaning is and how it works.

*The Breastfeeding Book: Everything You Need to Know about Nursing Your Child from Birth Through Weaning.*" by William and Martha Sears. Boston: Little Brown & Company, 2000. 238-248. The chapter on "Toddler Nursing and Natural Weaning" explores benefits and challenges of toddler nursing, examines why mothers continue to breastfeed, methods for weaning, and nursing during pregnancy.

*The Breastfeeding Cafe: Mothers Share the Joys, Challenges, and Secrets of Nursing* by Barbara L. Behrmann. NY: U. of Michigan P, 2005. If you want to read many first-hand accounts of weaning, this is the book for you. As with the rest of the book, the information on weaning is like sitting around with your mama buddies and having them tell you the truth about how challenging and emotional weaning can be. Their stories offer great ways to encourage weaning, especially creating rituals to celebrate the milestone of weaning.

"FAQ on Nursing Strikes." <<http://www.llli.org/FAQ/strike.html>>.

*The Fussy Baby: How to Bring Out the Best in Your High-Need Child* by William Sears, M.D. New York: Signet, 1990. 118-20. After speaking with many mamas who have spirited children, I wanted to test out a theory that weaning a high-need child may require special strategies. The 1990 edition of this book offers more than the later editions about weaning, though it's only three pages. Basically, he says weaning a high-need child will be ever harder.

*How Weaning Happens* by Diane Bengson. NY: LLLI, 1999. Bengson thoroughly examines all types of weaning, reasons or perceived reasons to wean, and the child and mother's emotional reactions to weaning. Though there's a definite bias toward child-led weaning, Bengson offers strategies for how to wean partially, gradually, naturally or abruptly and even breaks strategies down by age. The section on weaning for medical reasons including possible alternatives is a useful resource. Whether you want to wean your child by a certain age or you're planning to breastfeed until your child decides to stop, *How Weaning Happens* is worth a cover to cover read.

Kellymom.com: <<http://www.kellymom.com/index.html>> Search "Weaning"

*La Leche League International.* < <http://www.llli.org/>> Search "Weaning."

*Mothering Your Nursing Toddler* by Norma Jane Bumgarner. NY: LLLI, 2000; 249 - 90. Part four on weaning includes chapters on natural weaning, particularly harmful methods of weaning, recommended techniques, and "making the Best of Nursing or Weaning." She offers practical advice with an understanding of the emotional impact of weaning on both child and mother.

*Natural Age of Weaning* by Katherine Dettwyler <<http://www.kathydettwyler.org/detwean.html>>

“Weaning and Mothers' Feelings.” <<http://www.llli.org/NB/NBNovDec98p164.html>>. Examines reasons mom may want to wean and offers counter-arguments and alternatives.

*The Womanly Art of Breastfeeding* edited by Judy Torgus and Gwen Gotsch. NY: LLLI, 1997. 241-56. Chapter 14, “Weaning Gradually, With Love” looks at physical and emotional benefits of nursing, has an insightful anecdote about why a toddler was still nursing so frequently, and has a general section on methods of weaning.