

APPETITE SLUMP IN TODDLERS

DEFINITION

Characteristics of a child with a normal decline in appetite:

- It seems to you that your child doesn't eat enough, is never hungry, or won't eat unless you spoon feed her yourself
- Your child is between 1-5 years old
- Your child's energy level remains normal
- Your child is growing normally

Cause

Between 1-5 years of age, many children normally gain only 4-5 pounds each year even though they probably gained 15 pounds during their first year. Children in this age range can normally go 3-4 months without any weigh gain. Because they are not growing as fast, they need fewer calories and they seem to have a poorer appetite (this is called *psychological anorexia*). How much a child chooses to eat is governed by the appetite center in the brain. Children eat as much as they need for growth and energy. Many parents try to force their children to eat more than they need because they fear that poor appetite might cause poor health or a nutritional deficiency. This is not true; however, forced feedings interfere with the normal pleasure of eating and actually decrease a child's appetite.

Expected Course

Once you allow your child to be in charge of how much is eaten, the unpleasantness at mealtime and your concerns about her health should disappear in 2-4 weeks. Your child's appetite will improve when she becomes older and needs to eat more.

HELPING A POOR EATER REDISCOVER APPETITE

1. Put your child in charge of how much she eats. Trust your child's appetite center. The most common reason for some children never appearing hungry is that they have so many snacks and meals that they never become truly hungry. Offer your child no more than two small snacks of nutritious food each day, and provide them only if your child requests them. If your child is thirsty between meals, offer water. Limit the amount of juice your drinks to less than 6 ounces each day. Let your child miss one or two meals if she chooses and then watcher appetite return. Skipping a meal is harmless.
2. Never feed your child if she is capable of feeding herself. The greatest tendency of parents of a child with a poor appetite is to pick up the spoon, fill it with food, smile, and try to trick the child into taking it. Once your child is old enough to use

a spoon independently (usually 15-18 months), never again pick it up for her. If your child is hungry, she will feed herself.

3. Offer finger foods. Finger foods can be started at 8-10 months of age. Such foods allow your child to self-feed at least some of the time, even if she is not yet able to use a spoon.
4. Limit milk to less than 16 ounces each day. Milk contains as many calories as most solid foods. Drinking too much milk can fill kids up and dull their appetites.
5. Serve small portions of food - less than you think your child will eat. A child's appetite is decreased if she is served more food than she could possible eat. If you serve your child a small amount on a large plate, she is more likely to finish it and gain a sense of accomplishment. If your child seems to want more, wait for her to ask for it. Avoid serving your child any foods that she strongly dislikes (such as some vegetables).
6. Consider giving your child daily vitamins. Although vitamins are probably unnecessary, they are not harmful in normal dosages and may allow you to relax about your child's eating patterns.
7. Make mealtimes pleasant. Draw your children into the conversation. Avoid making mealtimes a time for criticism or struggle over control.
8. Avoid conversation about eating. Don't discuss how little your child eats in her presence. Trust your child's appetite center to look after her food needs. Also, don't praise your child for eating a lot. Children should eat to please themselves.
9. Don't extend mealtime. Don't make your child sit at the dinner table after the rest of the family is done eating. This will only cause your child to develop unpleasant associations with mealtime.
10. Prevention. By the time your child is 8-10 months old, start giving her finger foods. By 12 months of age, your child will begin to use a spoon, and she should be able to feed herself completely by 15 months of age.



CALL OUR OFFICE

During regular hours if:

- Your child is losing weight.
- Your child has not gained any weight in 6 months.
- Your child has associated symptoms of illness (such as diarrhea or fever).
- Your child gags on or vomits some foods.
- Someone is punishing your child for not eating.
- This approach has not improved mealtimes in your house within 1 month.
- You have other questions or concerns.

BREAST FEEDING

Babies who are breast fed have fewer infections and allergies during the first year of life than babies who are fed formula. Breast milk is also inexpensive and served at the perfect temperature. Breast feeding becomes especially convenient when a mother is traveling with her baby. Overall, breast milk is nature's best food for young babies.

HOW OFTEN TO FEED

The baby should nurse for the first time in the delivery room. The second feeding will usually be at 4-6 hours of age, after he awakens from a deep sleep. Until your milk supply is well established (usually 2-3 weeks), nurse your infant whenever he cries or seems hungry ("demand" feeding). Thereafter, babies can receive adequate breast milk by nursing every 2-2½ hours. If your baby cries and less than 2 hours have passed, he can be rocked or carried in a front pack. If the baby is sleeping and more than 3 hours have passed since the last feeding during the day, wake him up. During the night, allow one 5 hour interval if the baby is sleeping, your baby will not gain adequately unless he nurses 8 or more times per day initially. The risks of continuing to nurse at short intervals (less than 1 hour) are that "grazing" will become a habit, your baby won't be able to sleep through the night, and you won't have much free time.

HOW LONG PER FEEDING

Nurse your baby 10 minutes on the first breast and as long as he wants on the second breast. Your goal is to have your baby nurse for a total of about 30 minutes at each feeding. It's common to need to stimulate your baby before he will take the second breast. Remember to alternate which breast you start with each time. Once your milk supply is well established (about 2-3 weeks after birth), 10 minutes of nursing per breast is fine when you are in a hurry (since your child usually gets over 90% of the milk in this time). However, try not to nurse for periods shorter than 20 minutes because it may give inadequate calories and lead to a need for more frequent feedings.

HOW TO KNOW YOUR BABY IS GETTING ENOUGH

In the first couple weeks, if your baby has 3 or more good-sized bowel movements per day and 6 or more wet diapers per day, he is receiving a good supply of breast milk (**Caution:** infrequent bowel movements are not normally seen before the second month of life.) In addition, most babies will act satisfied after completing a feeding. Your baby should be back to birth weight by 10-14 days of age if breast feeding is

going well. Therefore, the 2-week checkup by your baby's physician is very important. The presence of a letdown reflex is another indicator of good milk production.

THE LETDOWN REFLEX

A letdown reflex develops after 2-3 weeks of nursing and is indicated by tingling or milk ejection in the breast just before feeding (or when you are thinking about feeding). It also occurs in the opposite breast while your baby is nursing. Letdown is enhanced by adequate sleep, adequate fluids, a relaxed environment, and reduced stress (such as low expectations about how much housework gets done). If your letdown reflex is not present yet, take extra naps and ask your husband or friends for more help. Also, consider calling the local chapter of La Leche League, a support group for nursing mothers.

SUPPLEMENTAL BOTTLES

Do not offer your baby any routine bottles during the first 4-6 weeks after birth because this is when you establish your milk supply. Good lactation depends on frequent emptying of the breasts. Supplemental bottles take away from sucking time on your breast. If your baby is not gaining well, see your physician or a lactation specialist for a weight check and evaluation.

After your baby is 6 weeks old and nursing is well established, you may want to offer him a bottle of expressed milk or water once a day so that he can become accustomed to the bottle and the artificial nipple. Once your baby accepts bottle feedings, you can occasionally leave your baby with a sitter and go out for the evening or return to work outside the home. You can use pumped breast milk that has been refrigerated or frozen.

EXTRA WATER

Babies do not routinely need extra water. Even when they have a fever or the weather is hot and dry, breast milk provides enough water.

PUMPING THE BREASTS TO RELIEVE PAIN OR COLLECT MILK

Severe engorgement (severe swelling) of the breasts decreases milk production. To prevent engorgement, nurse your baby more often. Also, compress the area around the nipple (the areola) with your fingers at the start of each feeding to soften the areola. For milk release, your baby must be able to grip and suck on the areola as well as the nipple. Every time you miss a feeding, pump your breasts (for example, if you return to work outside the home). Also, whenever your breasts hurt and you are unable to feed your baby, pump your breasts until they are soft. If you don't relieve engorgement, your milk supply can dry up in 2-3 days.

For women returning to work, a breast pump is can be useful to have. Ask our staff or the hospital's lactation consultant where to rent or purchase one.

Collect the breast milk in plastic containers or plastic bottles because some of the immune factors in the milk stick to glass. Pumped breast milk can be saved for 48 hours in a refrigerator or up to 3 months in a freezer. To thaw frozen breast milk, put the plastic container of breast milk in the refrigerator (it will take a few hours to thaw) or place it in a container of warm water until it has warmed up to the temperature your baby prefers.

SORE NIPPLES

Clean a sore nipple with water after each feeding. Do not use soap or alcohol because they remove natural oils. At the end of each feeding, the nipple can be coated with some breast milk to keep it lubricated. For cracked nipples, apply 100% lanolin (no prescription necessary) after feedings.

Sore nipples are usually due to poor latching on and a feeding position that causes undue friction on the nipple. Position your baby so that he directly faces the nipple without turning his neck. At the start of the feeding, compress the nipple and areola between your thumb and index finger so that your baby can latch on easily. Throughout the feeding, hold your breast from below so that the nipple and areola aren't pulled out of your baby's mouth by the weight of the breast. Slightly rotate your baby's body so that his mouth applies pressure to slightly different parts of the areola and nipple at each feeding.

Start your feedings on the side that is not sore. If one nipple is extremely sore, temporarily limit feedings to 10 minutes on that side.

VITAMINS/FLUORIDE FOR THE BABY

Breast milk contains all the necessary vitamins and minerals except Vitamin D and fluoride. All full term babies and all premature babies need 400 units of Vitamin D each day. Vitamin D supplements are recommended for all breast feeding infants. From 6 months to 6 years of age, children need fluoride to prevent tooth decay; 0.25 mg of fluoride drops should be given each day if it is not in your drinking water. In the United States, this is a prescription item that you can obtain from your child's physician.

VITAMINS FOR THE MOTHER

A nursing mother can take a multivitamin tablet if she is not following a well-balanced diet. She especially needs 400 units of Vitamin D and 1200 mg of both calcium and phosphorus each day. A quart of milk (or the equivalent in cheese or yogurt) can also meet this requirement.

A MOTHER'S MEDICATION

Almost any drug a breast-feeding mother consumes will be transferred in small amounts into the breast milk. Therefore, try to avoid any drug that is not essential, just as you did during pregnancy.

Some commonly used drugs that are safe for you to take while nursing are Acetaminophen, Ibuprofen, penicillins, Erythromycin, cephalosporins, stool softeners, antihistamines, decongestants, mild sedatives, cough drops, nose drops, eye drops, and skin creams. Aspirin and sulfa drugs can be taken if your baby is more than 2 weeks old and not jaundiced. Consult your physician about all other medications. Take medications that are not harmful immediately after you breast feed your child so that the level of medication is lower in the breast milk at the next time of feeding.

BURPING

Burping is optional. The only benefit is to decrease spitting up after feeds. Air in the stomach does not cause pain. If you burp your baby, burping 2 times during a feeding and for about 1 minute is plenty. Burp your baby when switching from the first breast to the second and at the end of the feeding.

CUP FEEDING

Introduce your child to a cup at approximately 6 months of age. Total weaning to a cup will probably occur somewhere between 9-18 months of age, depending on your baby's individual preference. If you discontinue breast feeding before 9 months of age, switch to bottle feeding first. If you stop breast feeding after 9 months of age, you may be able to go directly to cup feeding.



CALL OUR OFFICE

During regular hours if:

- Your baby doesn't seem to be gaining weight adequately.
- Your baby has less than 6 wet diapers per day.
- During the first month, your baby has less than 3 bowel movements per day.
- You suspect your baby has a food allergy.
- Your breasts are not full (engorged) before feedings by day 5.
- You have painful engorgement or sore nipples that do not respond to recommended treatment.
- You have a fever (also call your obstetrician).
- You have other questions or concerns.

FORMULA FEEDING

Breast milk is best for babies, but breast feeding isn't always possible. Use an infant formula if:

- You decide not to breast feed.
- You need to discontinue breast feeding and your infant is less than 1 year of age.
- You need to occasionally supplement your infant after breast feeding is well established.

Note: If you want to breast feed but feel your milk supply is insufficient, don't discontinue breast feeding. Instead seek help from your physician or a lactation nurse.

COMMERCIAL FORMULAS

Infant formulas are a safe alternative to breast milk. They have been designed to resemble breast milk and fulfill the nutritional needs of your infant by providing all known essential nutrients in their proper amounts. Most formulas are derived from cow's milk. A few are derived from soybeans and are for infants who may be allergic to the type of protein in cow's milk. Bottle feeding can provide your child with all the emotional benefits and many of the health benefits of breast feeding. Bottle fed babies grow as rapidly and are as happy as breast fed babies. A special advantage from bottle feeding is that the father can participate. Use a commercial formula that is iron fortified to prevent iron deficiency anemia, as recommended by the American Academy of Pediatrics. The amount of iron in iron-fortified formula is too small to cause any diarrhea or constipation. Don't use the low-iron formulas.

Most commercial infant formulas are available in three forms: powder, concentrated liquid, and ready-to-serve liquid. Powder and ready-to-serve liquids are the most suitable forms when a formula is occasionally used to supplement breast milk.

PREPARING COMMERCIAL FORMULAS

The concentrated formula powders are mixed 1:1 with water. Two ounces of water are mixed with each level scoop of powdered formula. Never make the formula more concentrated by adding extra powder or extra concentrated liquid. Never dilute the formula by adding more water than specified. Careful measuring and mixing ensure that your baby is receiving the proper formula.

If you use tap water for preparing formula, use only water from the cold water tap. If the water hasn't been used for several hours, let the water run for 2 minutes before you use it. (Old water pipes may contain lead-based solder, and lead dissolves more in warm water or standing water.) Fresh, cold water is safe. If you make one bottle at a time, you don't need to use boiled water. Just heat cold tap water to the

preferred temperature. Most city water supplies are quite safe. If you have well water, either boil it for 10 minutes (plus one minute for each 1000 feet of elevation) or use distilled water until your child is 6 months of age. If you prefer to prepare a batch of formula, you must use boiled or distilled water and closely follow the directions printed on the side of the formula can. This prepared formula should be stored in the refrigerator and must be used within 48 hours.

HOMEMADE FORMULAS FROM EVAPORATED MILK

If necessary, you can make your own formula temporarily from evaporated milk. Evaporated milk formulas carry some of the same risks as whole cow's milk. This formula needs supplements of vitamins and minerals. It also requires sterilized bottles because it is prepared in a batch. If you must use it in a pinch, mix 13 ounces of evaporated milk with 19 ounces of boiled water and 2 tablespoons of corn syrup. Place this mixture in sterilized bottles and keep them refrigerated until used.

WHOLE COW'S MILK

Whole cow's milk should not be given to babies before 12 months of age because of increased risks of iron deficiency anemia and allergies. The ability to drink from a cup doesn't mean you should switch to cow's milk. While it used to be acceptable to introduce whole cow's milk after 6 months of age, studies have shown that infant formula is the best food during the first year of life for babies who are not breast fed. Skim milk or 2% milk should not be given to babies before 2 years of age because the fat content of regular milk (approximately 3.5% butterfat) is needed for rapid brain growth.

TRAVELING

When traveling, use powdered formula for convenience. Put the required number of scoops in a bottle, add cold tap water, and shake. A more expensive alternative is to use throwaway bottles of ready-to-use formula. This product avoids problems with contaminated water.

FORMULA TEMPERATURE

During the summer, many children prefer cold formula. In winter, most prefer warm formula. By trying various temperatures, you can find out which your child prefers. If you do warm the formula, be certain to check the temperature before giving it to your baby. If it is too hot, it could burn your baby's mouth.

AMOUNTS AND SCHEDULES

Newborns usually start with 1 ounce per feeding, but by 7 days they can take 3 ounces. The amount of formula that most babies take per feeding (in ounces) can be calculated by dividing your baby's weight (in pounds) in half. Another way to calculate the ounces per feeding is to add 3 to your baby's age (in months) with a maximum of 8 ounces per feeding at 5 or 6 months of age. The average amount (ounces) of formula a baby needs in 24 hours is the baby's weight in pounds multiplied by 2. The maximum amount recommended per day is 32 ounces. Overfeeding can cause vomiting, diarrhea, or excessive weight gain. If your baby needs more than this and is not overweight, consider starting solids.

In general, your baby will need 6-8 feedings per day for the first month, 5-6 feedings per day from 1 to 3 months, 4-5 feedings per day from 3 to 7 months, and 3-4 feedings per day thereafter. If your baby is not hungry at some of the feedings, the feeding interval should be increased.

LENGTH OF FEEDING

A feeding shouldn't take more than 20 minutes. If it does, you are over feeding your baby or the nipple is clogged. A clean nipple should drip about 1 drop per second when the bottle of formula is inverted.

FORMULA STORAGE

Prepared formula should be stored in the refrigerator and must be used within 48 hours. Prepared formula left at room temperature for more than 1 hour should be discarded. At the end of each feeding, discard any formula left in the bottle, because it is no longer sterile.

EXTRA WATER

Babies do not routinely need extra water. They should be offered a bottle of water twice daily, however, when they have a fever or when the weather is hot and dry.

BURPING

Burping is optional. It doesn't decrease crying. Although it may decrease spitting up, air in the stomach does not cause pain. Burping two times during a feeding and for about 1 minute is plenty.

VITAMINS/IRON/FLUORIDE

Commercial formulas with iron contain all of the baby's vitamin and mineral requirements except fluoride. (**Note:** All soy-based formulas are iron fortified.) In the United States, the most common cause of anemia in children under 2 years old is iron deficiency (largely because iron is not present in cow's

milk). Iron can also be provided at 4 months of age by adding iron-fortified cereals to the diet.

From 6 months to 16 years of age, children need fluoride to prevent dental caries. If the municipal water supply contains fluoride and your child drinks at least 1 pint each day, this should be adequate. Otherwise, fluoride drops or tablets (without vitamins) should be given separately. This is a prescription item that can be obtained from your child's physician. Added vitamins are unnecessary after your child has reached 1 year of age and is on a regular balanced diet, but continue the fluoride.

CUP FEEDING

Introduce your child to a cup at approximately 4 to 6 months of age. Total weaning to a cup will probably occur somewhere between 9 and 18 months of age, depending on your baby's individual preference.

BABY-BOTTLE TOOTH DECAY: PREVENTION

Sleeping with a bottle of milk, juice, or any sweetened liquid in the mouth can cause severe decay of the newly erupting teeth. Prevent this tragedy by not using the bottle as a pacifier or allowing your child to take it to bed.

SOLID (STRAINED) FOODS

AGE FOR STARTING SOLID FOODS

The best time to begin using a spoon to feed your child is when he can sit with some support and voluntarily move his head to engage in the feeding process. This time is usually between 4 and 6 months of age. Breast milk and commercial formulas meet all your baby's nutritional needs until 4 to 6 months of age. Introducing strained foods earlier just makes feeding more complicated. Research has shown that it won't help your baby sleep through the night.

TYPES OF SOLID FOODS

Cereals are usually the first solid food introduced into your baby's diet. Generally these are introduced at 4 months of age in formula-fed infants and 6 months of age in breast-fed infants.

Start with rice cereal, which is less likely to cause allergies than other cereals. Barley and oatmeal may be tried 1 or 2 weeks later. A mixed cereal should be added to your baby's diet only after each kind of cereal in the mixed cereal has been separately introduced.

Strained or pureed vegetables and fruits are the next solid foods introduced to your baby. Although the order of foods is not important, introduce only one new food at a time and no more than 3 per week. If your infant doesn't seem to like the taste of cereals, start with a fruit (such as bananas).

Between 8 and 12 months of age, introduce your baby to mashed table foods or junior foods (although the latter are probably unnecessary). If you make your own baby foods in a baby-food grinder or electric blender, be sure to add enough water to get a consistency that your baby can easily swallow.

Although there is controversy about them, egg whites, wheat, peanut butter, fish, and orange juice may be more likely to cause allergies than other solids and should be avoided until 1 year of age (especially in infants with allergies).

SPOON-FEEDING

Spoon-feeding is begun at 4 to 6 months of age. By 8 to 10 months of age, most children want to try to feed themselves and can do so with finger foods. By 15 to 18 months of age, most children can use a spoon independently for foods they can't pick up with their fingers, and the parent is no longer needed in the feeding process.

Place food on the middle of the tongue. If you place it in front, your child will probably push it back at you. Some infants get off to a better start if you place the spoon between their lips and let them suck off the food. Some children constantly bat at the spoon or try to get a grip on it during feedings. These

children need to be distracted with finger foods or by having a spoon of their own to play with.

FINGER FOODS

Finger foods are small bite-sized pieces of soft foods. Most babies love to feed themselves. Finger foods can be introduced between 9 and 10 months of age or whenever your child develops a pincer grip. Since most babies will not be able to feed themselves with a spoon until 15 months of age, finger foods keep them actively involved in the feeding process. Good finger foods are dry cereals (such as Cheerios or Rice Krispies), slices of cheese, pieces of scrambled eggs, slices of canned fruit (peaches, pears, or pineapple) or soft fresh fruits, slices of banana, crackers, cookies, and breads.

SNACKS

Once your baby starts eating 3 meals a day or at 5-hour intervals, small snacks will often be necessary to tide him over to the next meal. Most babies go to this pattern between 6 and 9 months of age. The mid-morning and mid-afternoon snack should be a nutritious, non-milk food. Fruits and dry cereals are recommended. If your child is not hungry at mealtime, the snacks should be made smaller or eliminated.

TABLE FOODS

Your child should be eating the same meals that you do by approximately 1 year of age. This assumes that your diet is well balanced and that you carefully dice any foods that would be difficult for your baby to chew. Avoid foods such as raw carrots that could be choked on.

IRON-RICH FOODS

Throughout our lives we need iron in our diets to prevent anemia. Certain foods are especially good sources of iron. Red meats, fish, and poultry are best. Some young children will eat only lunch meats, and the low-fat ones are fine. Adequate iron is also found in iron-enriched cereals, beans of all types, egg yolks, peanut butter, raisins, prune juice, sweet potatoes, and spinach.

VITAMINS

Added vitamins are unnecessary after your child has reached 1 year of age and is on a regular balanced diet. If he's a picky eater, give him one chewable vitamin pill per week.

WEANING: NORMAL

DEFINITION

Weaning is the replacement of bottle or breast feedings (nipple feedings) with drinking from a cup and eating solid foods. Weaning occurs easily and smoothly unless the breast or bottle has become overly important to the child.

HOW TO PREVENT WEANING PROBLEMS

Children normally develop a reduced interest in breast and bottle feedings between 6 and 12 months of age if they are also taking cup and spoon feedings. If a child hasn't weaned by the age of 12 to 18 months, the parent often has to initiate it, but the child is still receptive. After 18 months of age, the child usually resists weaning because he has become too attached to the breast or bottle. If your child shows a lack of interest in the breast or bottle at any time after 6 months of age, start to phase out these nipple feedings.

You can tell that your baby is ready to begin weaning when he throws the bottle down, takes only a few ounces of milk and then stops, chews on the nipple rather than sucking it, refuses the breast, or nurses for only a few minutes and then wants to play. The following steps encourage early natural weaning at 9 to 12 months:

1. **Keep formula feedings to 4 times per day or fewer after your child reaches 6 months of age.** Some breast-fed babies may need 5 feedings per day until 9 months of age. Even at birth, feedings should be kept to 8 times daily or fewer.
2. **Give older infants their daytime milk during meals with solids.** Once your child is having just 4 milk feedings each day, be sure 3 of them are given at mealtime with solids rather than as part of the ritual before naps. Your child can have the fourth feeding before going to bed at night.
3. **After your baby is 4 to 6 weeks old and breast feeding is well established, offer a bottle of expressed breast milk or water daily.** This experience will help your baby become accustomed to a bottle so that you can occasionally leave him with a sitter. This step is especially important if you will be returning to work or school. The longer after 2 months you wait to introduce the bottle, the more strongly your infant will initially reject it. If you wait until 4 months of age, the transition period may take up to 1 week. Once bottle feedings are accepted, you will need to continue them at least 3 times weekly.
4. **Hold your child for discomfort or stress instead of nursing him.** You can comfort your child and foster a strong sense of security and

trust without nursing every time he is upset. If you always nurse your child in such situations, your child will learn to eat whenever upset. He will also be unable to separate being held from nursing, and you may become an "indispensable mother."

5. **Don't let the bottle or breast substitute for a pacifier.** Learn to recognize when your baby needs non-nutritive sucking. At these times, instead of offering your child food, encourage him to suck on a pacifier or thumb. Feeding your baby every time he needs to suck can lead to obesity.
6. **Don't let the bottle or breast become a security object at bedtime.** Your child should be able to go to sleep at night without having a breast or bottle in his mouth. He needs to learn how to put himself to sleep. If he doesn't, he will develop sleep problems that require the parents' presence during the night.
7. **Don't let a bottle become a daytime toy.** Don't let your child carry a bottle around as a companion during the day. This habit may keep him from engaging in more stimulating activities.
8. **Don't let your child hold the bottle or take it to bed.** Your child should think of the bottle as something that belongs to you; hence, he won't protest giving it up, since it never belonged to him in the first place.
9. **Offer your child formula or breast milk in a cup by 6 months of age.** For the first few months your child will probably accept the cup only after he has drunk some from the bottle or breast. However, by 9 months of age your child should be offered some formula or breast milk from a cup before breast or bottle feedings.
10. **Help your baby become interested in foods other than milk by 4 months of age.** Introduce solids with a spoon by 4 months of age to formula-fed babies and by 6 months to breast-fed infants. Introduce finger foods between 8 and 10 months of age, when he develops a pincer grip. As soon as your child is able to eat finger foods, include him at the table with the family during mealtime. He will probably become interested in the foods that he sees you eating and will ask for them. Consequently, his interest in exclusive milk feedings will diminish.

WEANING PROBLEMS

DEFINITION

Breast or bottle feeding can be considered prolonged after about 18 months of age, but delayed weaning is not always a problem. The older toddler who only occasionally nurses or drinks from a bottle does not necessarily need to be pressured into giving up the bottle or breast. Delayed weaning should be considered a problem only if it is causing one or more of the following types of harm:

- Refusal to eat any solids after 6 months of age
- Anemia confirmed by a routine screening test at 1 year of age
- Tooth decay or baby-bottle caries
- Obesity from overeating
- Daytime withdrawal and lack of interest in play because the child is always carrying a bottle around
- Frequent awakening at night for refills of a bottle
- Inability to stay with a babysitter because the child is exclusively breast fed and refuses a bottle or cup

If any of these criteria apply to your baby, proceed to the following section. Otherwise, continue to breast or bottle feed your baby when she wants to be fed (but less than 4 times each day) and don't worry about complete weaning at this time.

HOW TO ELIMINATE EXCESSIVE BREAST OR BOTTLE FEEDINGS

To decrease breast or bottle feedings to a level that won't cause any of the preceding side effects, take the following steps:

1. **Reduce milk feedings to 3 or 4 per day.** When your child comes to you for additional feedings, give him extra holding and attention instead. Get your child on a schedule of 3 main meals per day plus 2 or 3 nutritious snacks.
2. **Introduce cup feedings if this was not done at 6 months of age.** Cup feedings are needed as substitutes for breast or bottle feedings, regardless of the age at which weaning occurs. The longer the infant goes without using a cup, the less willing he will be to try it. Starting daily cup feedings by 5 or 6 months of age is a natural way to keep breast or bottle feedings from becoming too important.
3. **Immediately stop allowing your child to carry a bottle around during the day.** The companion bottle can interfere with normal development that requires speech or two-handed play. It can also contribute to problems with tooth decay. You can explain to your child that "it's not good for you" or "you're too old for that."

4. **Immediately stop allowing your child to take a bottle to bed.** Besides causing sleep problems, taking a bottle to bed carries the risk of causing tooth decay. You can offer the same explanations as in the above paragraph.
5. **Once you have made these changes, you need not proceed further unless you wish to eliminate breast or bottle feedings completely.** Attempt total weaning only if your family is not under stress (such as might be caused by moving or some other major change) and your child is not in crisis (from illness or trying to achieve bladder control, for example). Weaning from breast or bottle to cup should always be done gradually and with love. The "cold turkey" or abrupt withdrawal approach will only make your child angry, clingy, and miserable. Although there is no consensus about the best time to wean, there is agreement about the appropriate technique.

HOW TO ELIMINATE BREAST FEEDING COMPLETELY

1. **Offer formula in a cup before each breast feeding.** If your child refuses formula, offer expressed breast milk. If that fails, add some flavoring he likes to the formula. If your child is older than 12 months, you can use whole milk. Some infants won't accept a cup until they've nursed for several minutes.
2. **Gradually eliminate breast feedings.** First, eliminate the feeding that is least important to your child (usually the midday one). Replace it with a complete cup feeding. About once every week drop one more breast feeding. The bedtime nursing is usually the last to be given up, and there's no reason why you can't continue it for months if that's what you and your child want. Some mothers prefer to wean by decreasing the length of feedings. Shorten all feedings by 2 minutes each week until they are 5 minutes long. Then eliminate them one at a time.
3. **Relieve breast engorgement.** Since the breast operates on the principle of supply and demand, reduced sucking time eventually reduces milk production. In the meantime, express just enough milk to relieve breast pain resulting from engorgement. (This is better than putting your baby to the breast for a minute, because she probably won't want to stop nursing.) Remember that complete emptying of the breast increases milk production. An Acetaminophen product may also help relieve discomfort.
4. **If your child asks to nurse after you have finished weaning, respond by holding her instead.** You can explain that the milk is all gone. If she has a strong sucking drive, more pacifier time may help.

HOW TO ELIMINATE BOTTLE FEEDING COMPLETELY

1. **Offer formula in a cup before each bottle feeding.** Use whole milk if your child is 1 year of age or older.
2. **Make the weaning process gradual.** Eliminate one bottle-feeding every 3 or 4 days, depending on your child's reaction. Replace each bottle-feeding with a cup-feeding and extra holding.
3. **Eliminate bottle-feedings in the following order: midday, late afternoon, morning, and bedtime.** The last feeding of the day is usually the most important one to the child. When it is time to give up this feeding, gradually reduce the amount of milk each day over the course of a week.
4. **After you have completed the weaning process, respond to requests for a bottle by holding your child.** You can explain that bottles are for babies. You may even want to have your child help you carry the bottles to a neighbor's house. If your child has a strong need to suck, offer a pacifier.



CALL OUR OFFICE

During regular hours if:

- Your child is over 6 months of age and won't eat any food except milk and won't drink from a cup.
- Your child has tooth decay.
- You think your child has anemia.
- This approach to weaning has not been successful after trying it for 1 month.
- Your child is over 3 years old.
- You have other questions or concerns.