HEALTH BASICS

Weaning

Weaning is the gradual introduction of solid foods alongside breast milk or formula

WHAT IT IS
Gradually introducing solid foods during infancy

WHERE IT COMES UP
Infant feeding plans and routine health visits

WHY IT MATTERS
Supports nutrition, growth, and eating skills

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A pediatric clinician, dietitian, or health visitor

HOW IT IS CHECKED
Growth measurements and a feeding review

Overview

Weaning usually means introducing foods other than breast milk or infant formula. These are often called solid foods or complementary foods. "Complementary" means they are added to milk feeds rather than immediately replacing them.

Most babies are ready to begin at around 6 months. Readiness matters more than choosing an exact date. A baby may be ready when they can hold their head steady, sit upright with support, bring objects to their mouth, and swallow food instead of pushing it straight back out.

Weaning is not a disease or diagnosis. It is a normal stage of feeding and development.

The word can also mean gradually stopping breastfeeding. In medical settings, clinicians may use "weaning" for slowly reducing a medicine, oxygen, or breathing support. This article focuses on introducing foods during infancy.

Babies born early, babies with feeding or swallowing difficulties, and babies with certain medical conditions may need an individual plan. Their readiness may be considered using their corrected age, which accounts for how early they were born.

How it works

At first, eating is mainly about learning. Your baby is getting used to new tastes, textures, smells, and movements. Breast milk or infant formula remains an important source of nutrition throughout the first year.

You can begin with smooth, mashed, lumpy, or soft finger foods. There is no single required order. Some families mainly spoon-feed, while others use baby-led weaning, in which the baby picks up appropriately prepared food. Many families combine both approaches.

Offer food while your baby is awake, sitting upright, and supervised. Start with small amounts and follow their signals. Turning away, closing the mouth, or losing interest may mean they have had enough. Pressuring a baby to finish can make meals stressful.

Textures can gradually become thicker and lumpier as eating skills develop. Soft finger foods should be large enough to hold and soft enough to squash easily between your fingers. Appropriate textures help babies practise chewing and moving food around their mouth, even before they have many teeth.

Include a range of foods over time. Iron-rich foods are especially important because a baby's stored iron falls during later infancy. Suitable options include meat, fish without bones, eggs, beans, lentils, tofu, and iron-fortified infant cereals.

Common allergenic foods include egg, peanut, cow's milk, wheat, soy, sesame, fish, shellfish, and tree nuts. They can usually be introduced in age-appropriate forms from around 6 months. Introduce them one at a time so that a reaction is easier to identify. Once tolerated, keep offering them as part of the usual diet.

Whole nuts and spoonfuls of thick nut butter are choking hazards. Nut butter can be thinned or spread lightly, and nuts can be finely ground.

Why it matters for your health

Weaning adds nutrients and energy as a baby grows. It also supports the development of hand-to-mouth coordination, chewing movements, and experience with different food textures.

A varied diet can provide iron, zinc, protein, healthy fats, and vitamins. No single food supplies everything a growing baby needs, so variety becomes more important over time.

Repeated exposure can help a baby become familiar with foods. A baby may reject a new taste or texture at first without having an allergy or intolerance. Calmly offering it again on another day is often reasonable.

Drinks matter too. Breast milk or correctly prepared infant formula should remain the main drink until 12 months. Small amounts of water can be offered in an open or free-flow cup with meals from around 6 months. Cow's milk may be used in cooking from around 6 months, but it should not replace breast milk or formula as the main drink before 12 months.

Food also becomes part of family routines. Eating together, when practical, allows babies to watch other people eat and helps meals become a social activity.

What can go wrong

Choking occurs when food blocks the airway. It is different from gagging. Gagging is usually noisy and may involve coughing, watering eyes, or pushing food forward. Choking may be silent because the baby cannot breathe or cough effectively.

Foods with a hard, round, sticky, or coin-like shape are common choking hazards. Examples include whole grapes, whole nuts, popcorn, hard raw vegetables, chunks of meat or cheese, sausages cut into rounds, and spoonfuls of thick nut butter. Food should be prepared in a shape and texture suitable for the baby's skills.

A food allergy is an immune reaction to a food. Possible signs include hives, swelling, vomiting, coughing, wheezing, or a sudden change in alertness. Food intolerance is different and does not involve the immune system.

Foodborne illness can result from contaminated or undercooked food. Avoid unpasteurized milk products and raw or undercooked eggs, meat, fish, and shellfish unless they meet local safety standards. Wash hands, clean preparation surfaces, and store food safely.

Honey should not be given before 12 months because it can contain spores that cause infant botulism, a rare but serious illness. Added salt is also unsuitable for babies because their kidneys are still developing. Sugary foods and drinks can contribute to tooth decay and may displace more nutritious foods.

Poor growth, iron deficiency, constipation, and feeding difficulties can sometimes become concerns during this stage. These are separate health issues, not features of weaning itself. Routine growth measurements and a discussion about what your baby eats can help identify whether further assessment is needed.

What you can do

Before starting, check whether your baby can sit upright with good head control and can swallow food. If you are unsure about readiness, ask a pediatric clinician, dietitian, or health

visitor.

Practical steps include:

Babies with severe eczema, an existing food allergy, or a previous immediate reaction to food may need advice before peanut or other allergenic foods are introduced. A clinician may recommend an allergy assessment or supervised introduction. There is no routine allergy test needed for every baby.

Seek routine medical advice if your baby regularly coughs or chokes during feeds, struggles with textures, repeatedly vomits, refuses most food and milk, appears to have pain when eating, or is not following their expected growth pattern. These concerns may lead to a feeding, swallowing, nutrition, or allergy assessment.

Call emergency services if your baby cannot breathe, cry, or cough effectively; becomes blue, grey, or limp; or has facial or tongue swelling, breathing difficulty, or collapse after eating. Begin age-appropriate choking first aid if needed and if you know how.

- Keeping a simple record of newly introduced allergenic foods
- Asking whether your baby needs vitamin or iron supplements
- Learning infant first aid from a recognized training provider
- Preparing food in soft, age-appropriate shapes
- Continuing breast milk or correctly prepared infant formula
- Bringing feeding concerns to routine growth and development visits

Common questions

Does weaning mean stopping breastfeeding?

Not necessarily. When discussing infant foods, weaning usually means adding complementary foods. Breastfeeding can continue for as long as you and your child wish. If you choose to stop, reducing feeds gradually may be more comfortable than stopping suddenly.

Is baby-led weaning better than spoon-feeding?

Neither method is required. Safe food preparation, supervision, adequate nutrition, and responding to your baby's cues matter more than the label used. A mixed approach is also reasonable.

Does a baby need teeth before starting solids?

No. Babies can manage soft foods with their gums. Food texture and shape should still match their developmental skills.

Should I delay allergenic foods?

Current guidance does not support routinely delaying common allergenic foods beyond the time a baby is ready for complementary foods. Introduce them in safe forms and one at a time. Seek individual advice if your baby has severe eczema, an existing allergy, or a previous reaction.

What if my baby eats very little at first?

Small amounts are common because early meals are partly for learning. Continue usual milk feeds and offer food without pressure. Discuss persistent feeding difficulty or growth concerns at a routine health visit.

Can I add baby cereal to a bottle?

Do not add cereal or other food to a bottle unless a qualified clinician has recommended it for a specific medical reason. It does not reliably help babies sleep and may create feeding or choking risks.

Sources

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