

Weaning

(Many thanks to my good friend Debi Bocar who has generated most of the content seen here.)

I. Extended Breastfeeding & Weaning

A. Extended Breastfeeding

1. United States is generally thought of as breastfeeding more than about 6 months or so.
2. In other cultures, breastfeeding for 6 months

B. Weaning as Process

1. Weaning is a process rather than an event
2. Infant/child needs additional emotional & physical interactions during weaning— not separation or withdrawal!

C. Weaning in Context

1. Baby-led weaning
 - a. is less common here in the U.S., because the baby is allowed to suckle at the breast until he decides otherwise.
2. Mother-led weaning
 - a. is more common here in the U.S., because mothers often want to discontinue.
3. Nursing strikes are commonly misinterpreted as baby-led weaning.
4. (I personally make a distinction between “weaning” and “cessation.” When I say cessation, I mean that the mother breastfed for a few days, and then just stopped. To me, “weaning” is more deliberate on either the part of the baby or the part of the mother, whereas “cessation” is more along the lines of just dropping out. This is just a Marie-ism, but from a clinical standpoint, I think it really makes a difference.)

II. Biological and Cultural Perspectives

A. Biological Perspective: Mammals, Primates, and Weaning

1. Biology and Breastfeeding: behaviors of mammals, behaviors of other large primates.
2. Biologically, the human brain is still growing until about age 2. So from a biological standpoint, human milk is ideal for brain growth.

3. Biologically, the baby does not have a fully-developed immune system until about age 2, so it makes sense that continuation of breastfeeding is ideal.

B. Cultural Influences on Extended Breastfeeding and Weaning

1. Weaning age is culturally influenced^{1,2}
2. Cross-culturally, infants are weaned from 6 weeks to 3-6 years. Extended breastfeeding in US averages 2½ to 3 years. Range was 1 month to 7 years 4 months.²
 - a. Meaning of breastfeeding/feeding
 - b. meaning/value of breasts
 - c. sexuality child spacing
 - d. families
3. “Closet” breastfeeding
 - a. “Closet” breastfeeding may occur in non-supportive cultures settings
 - b. Mother limits location of feedings (may not feed outside the home)
 - c. Family avoids discussing topic with perceived non-supportive persons.

C. When should weaning occur?

1. No medical indications for specific weaning age
2. AAP recommends “breastfeeding continue for at least first 12 months, and thereafter for as long as mutually desired.”³
3. AAP and World Health Organization say exclusive breastfeeding until 6 months but breastfeeding should continue thereafter.
4. Innocenti Declaration recommends breastfeeding 2 years and beyond



III. Clinical Recommendations

A. Baby-led Weaning

1. Most ideal situation

B. Mother-led Weaning (Ideally, a gradual process)

1. Offer Breast and Offering Alternatives
 - a. **longer** feeding intervals, **shorter** duration of feeding sessions
 - b. substitution of bottles, cups, or foods
 - c. Offer other foods & liquids prior to infant's/child's cues for breastfeeding
 - d. Substitute solids and liquids for one breastfeeding every few days
 - e. Use positive techniques
 - (1) Anticipate hunger and thirst
 - (2) Offer loving forms of distraction
 - (3) Plan to spend extra play time
2. Change Status quo
 - a. Avoid feeding locations associated with breastfeedings
 - b. Wear clothing that makes breasts less accessible; keep breasts covered
 - c. Change bedtime and naptime rituals to not include feeding
 - d. Other family members may “put baby to bed” (books, stories, etc)
3. Consider using lactation suppressants and an analgesic
4. Other Considerations for Mother-Led Weaning
 - a. Beware of fullness, discomfort etc. as possible alerts of engorgement during weaning
 - b. Do NOT recommend binding the breasts. This is a set-up for development of plugged duct or mastitis!
 - c. Mother-led weaning is more difficult between 15 and 18 months As toddlers develop autonomy, they become resistant to maternal suggestions.)
 - d. Mothers may feel ambivalent about weaning (even if mother-led).
 - e. Fertility increases
 - f. May take Tylenol or Advil or some other analgesic to decrease the discomfort.
 - g. May express just enough milk to relieve some discomfort. I strongly encourage hand expression—NOT the pump—and only a little bit. I usually say 15 ml as a max, but I honestly don't have any evidence for that. It just helps mothers to get some sort of concrete parameter.

	Instructions	Comments
Cabbage Leaves		
Sage (<i>Salvia officinalis</i>)	¼ teaspoon qid x 3 days.	Mixes best with vegetable juice, e.g., V8.
Sage, as a tea	1 tablespoon in 1 cup water	Steep 5-15 min; take 2-6 cups/day.
Sage, taken whole	“Paste” into small hunk of a sticky sandwich.	Swallow whole if you hate the taste.
Sage, as a tincture	30-60 drops of tincture, 3-6 times a day	
Peppermint essential oils		Have heard of this, but cannot locate any “real” evidence.
Peppermint tea	Quarts!	Tea is too weak; you’d probably need to drink quarts for it to work, but there was one report where it did work!
Peppermint candies	Altoids® Curiously Strong Peppermints	You’d probably need to have a lot!
Fresh, crushed jasmine flowers (<i>Jasminum sambac</i>)		Supposedly apply these to the breast. I’ve only read about this but don’t know
Pseudoephedrine	Up to 120 mg every day. (Found in Sudafed, Actifed.)	Can decrease milk by as much as 24%.
Estrogen-containing OC		

Other herbs that I’ve heard can decrease milk supply but for which I have no empirical or scientific evidence. Just passing this in case someone asks you.

- Black Walnut
- Chickweed
- Herb Robert (*Geranium robertianum*)
- Lemon Balm
- Oregano
- Parsley (*Petroselinum crispum*),
- Peppermint (*Mentha piperita*)
- Periwinkle Herb (*Vinca minor*),
- Sorrel (*Rumex acetosa*)
- Yarrow

C. Risks of Abrupt Weaning

1. Infant reactions to abrupt weaning can include grieving, rage, withdrawal, depression
2. Maternal consequences include engorgement, obstructed ducts/mastitis, breast abscess, grieving, depression

D. Factors that May Impact Continuation vs. Weaning

1. “Going back to work”
2. “She has teeth”
3. “My mother says she is too big for that.”
4. “My boyfriend says that any baby who is old enough to ask for it shouldn’t be getting it.
5. (Pretty much, you name it, I’ve heard it!”

E. Individual Exercise: Nursing Strikes vs. Weaning

Compare and contrast.

	Nursing Strike	Infant-led Weaning
Pace	Abrupt	Gradual
Onset	After 6 months; baby is well and happy	Rarely occurs before 9 months
Underlying Association	Infant illness (URI, Discomfort, including teething. Stress, including family stress or lifestyle change	

IV. Summary

A. Extended breastfeeding

1. Is usually thought of as breastfeeding past 6 months or 1 year here in the US.
2. The nutritional and immunological benefits of breastfeeding continue to be conferred upon the baby.

B. Weaning

1. Influenced by biological and cultural perspectives, weaning is a gradual process that does not occur at a specific age.
2. Most mothers need help deciding when to wean, how to wean, and what foods to give when weaning
3. Weaning can occur deliberately or unintentionally; easily or with difficulty; baby-led or mother-led.
4. Abrupt weaning is rarely necessary, and should be avoided
5. Nursing strikes are often mistaken as a sign that the baby wants to wean.

C. Finally...

1. Through this learning program, you should be better able to help parents make informed decisions about weaning.

V. Something to Ponder...

There is a wonderful poem called “Wean Me Gently” written by Cathy Cardell. It is posted on the LLLI web site.

VI. References

1. Dettwyler KA. Beauty and the Breast: The cultural context of breastfeeding in the United States. In: Stuart-Macadam P, Dettwyler KA, eds. *Breastfeeding: Biocultural Perspectives*. New York: Aldine De Gruyter; 1995:167-215.
2. Kendall Tackett KA, Sugarman M. The social consequences of long-term breastfeeding. *J Hum Lact*. 1995;11(3):179-183.
3. Gartner LM, et al. Breastfeeding and the use of human milk. *Pediatrics*. 2005;115(2):496-506.

Wean Me Gently

*I know I look so big to you.
Maybe I seem too big for the needs I have.*

*But no matter how big we get,
We still have needs and they are important to us.*

*I know that our relationship is growing and changing,
But I still need you.*

I need your warmth and closeness,

*Especially at the end of the day
When we snuggle up in bed.*

Please don't get too busy for us to nurse.

*I know you think I can be patient,
Or find something to take the place of a nursing:
A book, a glass of something,*

But nothing can take your place when I need you.

*Sometimes just cuddling up with you,
Having you near me is enough.*

*I guess I am growing and becoming independent,
But please be there.*

*This bond we have is so strong and so important to me.
Please don't break it abruptly.*

*Wean me gently, because
I am your mother, and my heart is tender.*