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# Baby-led weaning: A thematic analysis of comments made by parents using online parenting forums

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## Abstract

**Background:** Baby-led weaning (BLW) centres on making the baby an active partner, rather than a passive recipient of complementary feeding. Key features of BLW include self-feeding foods in their natural form, eating with the rest of the family and consuming family foods. This differs from traditional weaning (TW) where parents initially spoon feed purees, alongside finger foods, before graduating to more textured food. Previous research, however, has suggested parents may not fully adhere to one weaning style. The present study aimed to explore how the meaning and interpretation of BLW may contribute to the weaning style used.

**Methods:** Messages and responses posted on three UK parenting forums, and relating to complementary feeding, were analysed using an interpretive thematic approach.

**Results:** The characterisation of BLW by parents was varied, although they described BLW having an ethos which included trusting the baby, role modelling, developing confidence with food and sharing the social aspects of mealtimes. BLW also offered an alternative to those actively seeking something different or a default for those whose baby refused purees or spoon feeding. BLW felt like a natural progression, with low parental effort for some, and a source of anxiety, stress, choking risk and mess for others. Many parents struggled to find a process (what to eat and when) within BLW that they could follow. Finger foods were used synonymously with BLW, but many mixed/blurred aspects of both TW and BLW.

**Conclusions:** The interpretation of BLW varies considerably between parents and a broader definition of BLW may be required, along with guidance on the process and purpose of BLW.

## KEYWORDS

baby-led weaning, complementary feeding, infant nutrition, parenting, parenting forums, traditional weaning

## Key points

- Parents commonly described baby-led weaning (BLW) as having an 'ethos' that included trusting the baby, role modelling, developing confidence with food and sharing the social aspects of mealtimes.
- For those who had a positive experience of BLW, it was a natural progression to solid food.

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- For those who had a negative experience or avoided BLW, it was a source of anxiety, stress, choking risk and mess.
- Some parents turned to BLW as a default, when their baby refused purees or spoon feeding.
- Many parents struggled to find a process (what to eat and when) within BLW, that they could follow.
- Continued signposting to guidance, along with consistent messaging around the purpose of weaning is required.

## INTRODUCTION

The World Health Organisation (WHO) recommends that infants start to receive complementary foods, in addition to breast milk, at around 6 months of age.<sup>1,2</sup> In the UK, traditional weaning (TW) is the standard process of complementary feeding promoted to parents. When following TW, infants are initially spoon-fed purees, before moving on to mashed and finger foods to enable exploration of different textures.<sup>3</sup> By 12 months of age, infants should be eating the same foods as the rest of the family.<sup>2,3</sup> Alternatively, a baby-led approach to weaning (BLW) can be used, where the baby self-selects and self-feeds finger foods only, from 6 months of age, avoiding pureeing and spoon-feeding by an adult.<sup>4-6</sup> The baby becomes an active partner, rather than a passive recipient of feeding.<sup>7</sup> Both types of weaning encourage the baby to sit in on family mealtimes. BLW, however, also encourages consumption of the same food eaten by the rest of the family from 6 months. Food should be in its whole form, although it may be modified, for example, cutting foods into graspable chunks, adding salt to a dish only after the baby's portion has been removed, avoiding foods which may cause choking or pose a risk of food poisoning (e.g., honey).<sup>3-8</sup> Evidence suggests several possible benefits of BLW including earlier self-feeding, less food fussiness, greater enjoyment of food and decreased likelihood of overweight in childhood, as a result of lower maternal control and the infant learning to self-regulate food intake.<sup>8-12</sup> The evidence base for BLW is building, but many existing studies are small and there is no data on the prevalence of BLW in the UK.<sup>12</sup> Families may adhere to some, but not all, characteristics of BLW.<sup>13</sup> Many families identify with 'predominantly' following either TW or BLW, suggesting that the methods are 'mixed' to create a style of weaning that fits in with their values, understanding, mealtimes and diet.<sup>3,13</sup> Because mixing purees and spoon feeding with self-feeding and the baby sitting in on family meals is the TW method, it is likely that the principles and meaning of BLW could be misunderstood by parents.<sup>3</sup>

Nationally, BLW is still perceived to be a minority activity and is not always promoted by health professionals, as a result of the lack of a reliable evidence base.<sup>12</sup> Because of this, parents may turn to

the internet for information and support.<sup>8,9,12,14</sup> BLW is a frequently discussed topic on many parenting forums<sup>9</sup> and parenting forums have been widely used to recruit parents following BLW.<sup>8,9,13,15,16</sup> Web-based communications platforms have become an increasingly popular option for discussing the challenges of parenthood, with 34%–59% of parents reporting that they find parenting information on social media and 20% using parenting forums<sup>15-18</sup> and, as such, these digital spaces offer a novel source of unsolicited data regarding parental perceptions and experience of BLW.<sup>15,18</sup>

The use and nature of baby-led weaning<sup>19</sup> and the experiences and feelings of mothers using BLW<sup>9</sup> have been explored in previous studies using qualitative interviews with parents. Because the meaning of BLW may not be clear or consistent between individual families, the present study aims to explore the meaning and individual characterisation of baby-led weaning amongst parents using UK-based parenting forums.

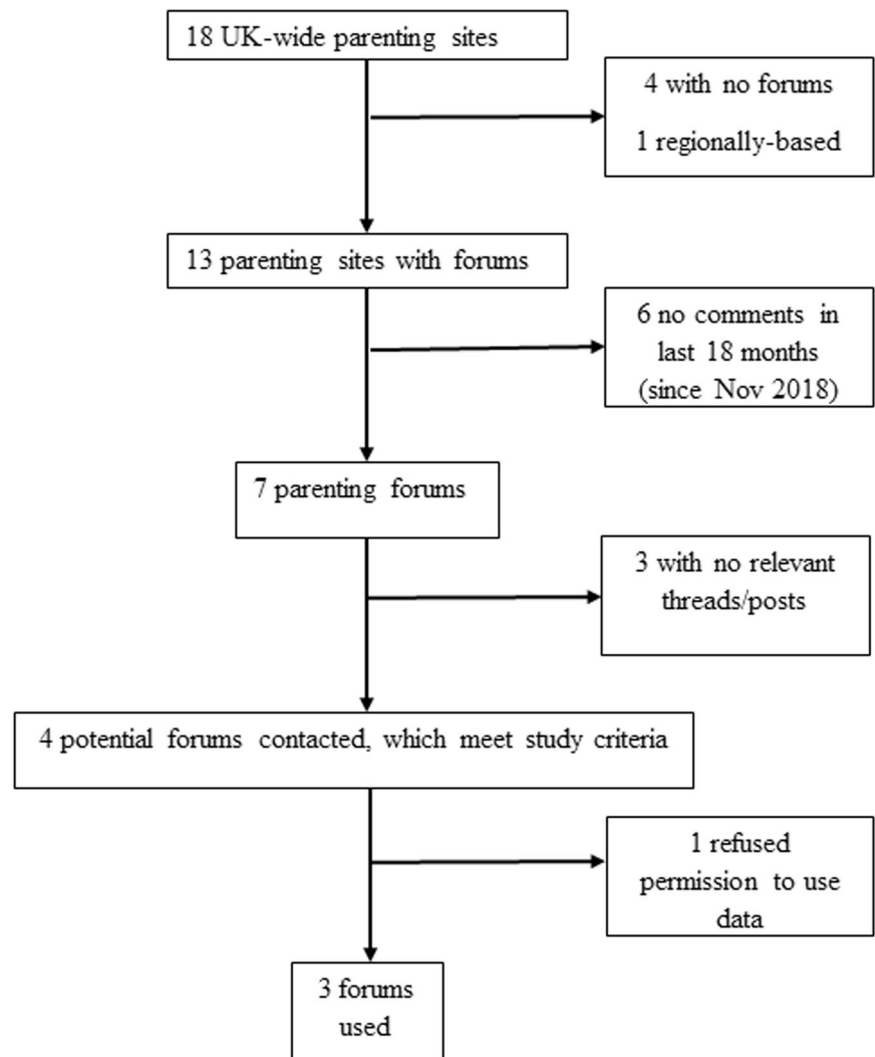
## METHODS

Parenting forums were identified by typing 'UK parenting forums' into Google on 22 May 2020. Researchers aimed to collect data posted within the last 6 months.

Of the 18 forums identified (Figure 1), four were websites without active forums, on closer inspection one was a local rather than national site, six had received no new comments in the last 6 months and three had no posts related to weaning/solid foods/complementary feeding. Permission was sought to capture data from the administrators of the four forums meeting the study criteria. Three provided consent to do so.

All threads related to weaning were identified by manually searching the sites using relevant keywords (weaning, complementary feeding, infant feeding, solids, solid food, baby-led weaning, baby-led, BLW). Most sites also had sections dedicated to infant feeding and introduction of solid foods from which threads relating to weaning were identified. All the posts within each thread were copied and pasted into a Word document (Microsoft Corp.). All identifying features such as

FIGURE 1 Search and selection process for identifying relevant UK parenting forums



names, location, avatar pictures and pictures of participants or their children were removed from the posts before data were imported into Nvivo, version 12.6.<sup>20</sup> This is similar to previous studies<sup>15,18</sup> and in line with guidelines for conducting research where internet users have posted on publicly accessible forums but may not have considered that their data could be used for research.<sup>16,21</sup>

Usernames were replaced by pseudonyms; for example, F2T5P6 indicating forum 2, thread 5, poster 6, similar to a study which collected data from similar sources.<sup>18</sup> Data were analysed using an interpretative thematic approach, allowing themes related to the study aim to emerge.<sup>22,23</sup> This methodology is compatible with the research philosophy of critical realism, where it is accepted that an individual's approach to weaning is constructed from their individual and subjective experience of reality. The Word document, containing all the posts, was read four to five times by each of two researchers, who independently coded relevant sections of the posts until no further codes or relevant sections

were revealed by re-reading. Codes were grouped into initial sub-themes independently by each researcher. Initially, 27 different codes were identified, grouped into 10 sub-themes by researcher one and 13 sub-themes by researcher two. Sub-themes such as eating together, eating the same food as the rest of the family, combining weaning styles, BLW being easier, using BLW as a last resort, anxiety/stress were common between both researchers. The themes and sub-themes were discussed and developed over three meetings, until consensus was reached. Data were collected following ethical approval by Sheffield Hallam University Ethics Review (ER34389238). Informed consent was not granted by individuals, but permission was sought from the administrators/owners of the forums selected to take part in the study. Verbatim quotes used to illustrate the findings were paraphrased to aid anonymity of both posters and forums.<sup>21</sup> One of the participating forums asked to be quoted as a source (Mumsnet; <https://www.mumsnet.com>) but the other sites remain anonymous, consistent with the study protocol.

## RESULTS

The themes extracted from the data explore the characterisation and meaning of BLW as defined by the parents; we have tried to avoid formal definitions in the construction of themes following what parents think and feel, even where this might diverge from more accepted definitions of BLW.

### THEME 1: AN ALTERNATIVE APPROACH

The view that BLW was something different and viewed as an ‘alternative’ approach to TW was prevalent even where the conceptualisation of BLW quite clearly differed between parents. Most conversations did not focus exclusively on BLW, and the conversation threads were initiated by parents seeking guidance and advice about weaning in general or how to use BLW as an alternative when TW had ‘failed’. Some parents were frustrated with the weaning process, with their baby rejecting food or feeling as if they were not doing it right. In these instances, the threads were used as a forum to test out their idea to try an ‘alternative’ approach or seek validation to try something different. For some parents, the ‘alternative’ was a step too far and BLW was associated with negative weaning experience. (Table 1)

#### A conscious decision or actively seeking something different

Where parents expressed an intention to use BLW or stated they had followed BLW by choice, this was categorised as a conscious decision to follow a more baby-led approach. These decisions were associated with confidence in the weaning process, experience with older children or actively seeking an alternative approach. Parents were often emphatic in their support for BLW, promoting the benefits as they saw them, encouraging first time parents to ‘give it a try’ and have patience with the weaning process. These parents had prior weaning experience, had sometimes read up on a baby-led approach and were actively advocating the benefits of BLW:

Is this your first baby? It is better for your baby's health not to rush weaning if possible. I know it is hard to wait though, when you want your baby to reach that next exciting milestone (F1T5P41)

Some viewed BLW as being a more natural or a better transition from breastfeeding; sometimes these parents had been introduced to the approach through breastfeeding support networks:

I only read up about BLW after meeting another mum at a breastfeeding support group. Her baby was eating some finger food – this looked much easier than the purees I was planning to use (F1T5P56)

The view that BLW would be ‘easier’ to follow was mentioned several times, either as a transition from breastfeeding or just easier in general, very few threads explored this further, other than a reference to easing the burden on food preparation and fitting with family routines:

Based on what I have read, it may be easier to use baby-led weaning (F1T5P55)

There was an ethos aligned with BLW that some parents subscribed to: they were seeking or adopting an alternative even when the description that followed within the conversation thread described weaning practices that closely mirrored traditional approaches.

#### BLW by default

Where parents described adopting BLW by ‘default’ the inference was that it wasn't a conscious decision but something that evolved through baby's reaction to the traditional weaning. Their baby had ‘rejected’ pureed first foods and spoon feeding, and baby-led the way:

Neither of my first two children would eat purees, so I ended up doing BLW by default (F1T3P12)

Sometimes this approach led to parents to feel unprepared or unfamiliar with what BLW entailed; they were therefore accessing the discussion forums for guidance and advice:

I had planned to use a more traditional approach, but she preferred feeding herself. I would have liked to have been more prepared for BLW! (F1T9P1)

Where a difficult experience with traditional weaning led to an unintentional adoption of BLW, the parents' characterisation of BLW was sometimes less clear (see Theme 2). For some self-feeding and fingers foods appeared to characterise BLW, with little further explanation of the baby-led approach they had followed:

I started weaning at just over 6 months but it was stressful and really messy. My daughter enjoyed chewing finger foods and did not want to be spoon fed, so we were following BLW after 6 weeks or so (F1T33P16)

TABLE 1 Quotes used in the thematic analysis.

<b>Theme 1: BLW is an 'alternative' approach</b>	
<i>Describes parents' perceptions that BLW is something different and seen as an alternative to traditional weaning approaches. Some parents are enthusiastic advocates of BLW whilst others have adopted BLW by default. For some parents the 'difference' is what makes them reject BLW</i>	
A conscious decision or actively seeking something different	<ul style="list-style-type: none"> <li>• F1T5P56: I only read up about BLW after meeting another mum at a breastfeeding support group. Her baby was eating some finger food – this looked much easier than the purees I was planning to use</li> <li>• F1T5P20: We started weaning our first daughter when she was 6 months. We weaned our second daughter when she was 5 months old, under medical advice. Once she reached 6 months, we started using baby-led weaning.</li> <li>• F2T7P2: Once she reaches 6 months old, I'm going to give my baby a little bit of tap water and try BLW. I'm not sure how to manage the formula milk and tap water – maybe just a bottle morning and night?</li> <li>• F1T1P1: BLW is completely new to me and I would love to hear more about it. My other child is eight now and we followed traditional weaning with him</li> <li>• F1T18P1: My baby has rejected spoon feeding so we will be using BLW, despite my fears about choking</li> <li>• F1T5P1: I am going to research baby-led weaning as I had never heard about it before</li> <li>• F1T5P55: Based on what I have read, it may be easier to use baby-led weaning</li> <li>• F1T55P1: The more I hear about baby-led weaning, the better it sounds!</li> <li>• F1T9P1: There seems to be an ethos surrounding baby-led weaning. I think if you are breastfeeding, this follows on more naturally</li> <li>• F1T5P61: There are support groups, on social media. I found BLW made everything more straightforward</li> <li>• F1T5P50: BLW helps with appetite regulation, you don't need to spoon feed and babies really enjoy it. You can avoid pouches, you just need to be careful of the amount of salt and sugar in their food</li> <li>• F1T14P1: I need some advice! I want to follow BLW so my son can have what we are eating. Should I wait or should we start now and take it slowly? I feel like I should try and get him used to digesting food before we try BLW</li> <li>• F1T9P14: I read that he will probably consume the same amount of breastmilk up until 12 months old, and that we shouldn't try and reduce his milk feeds. When he is 6 months old, we are going to give BLW a go</li> </ul>
BLW by default	<ul style="list-style-type: none"> <li>• F1T3P12: Neither of my first two children would eat purees, so I ended up doing BLW by default</li> <li>• F1T9P1: I had planned to use a more traditional approach, but she preferred feeding herself. I would have liked to have been more prepared for BLW!</li> <li>• F1T33P21: We only did BLW because DS wouldn't take anything from a spoon. Prior to 6 months, I don't think he actually ate anything, but I let him take food off my plate and play with it</li> <li>• F1T38P2: Food before 1 is just for fun! Milk was his main food and my DS was a healthy weight, although he did not eat 3 meals a day for the first 6 months. We tried spoon feeding but he wouldn't be fed like that, so we did BLW by default!</li> <li>• F1T33P16: I started weaning at just over 6 months but it was stressful and really messy. My daughter enjoyed chewing finger foods and did not want to be spoon fed, so we were following BLW after 6 weeks or so</li> <li>• F2T1P4: I hadn't planned to do BLW and it made me nervous. My son loved it though, and was quickly eating 3 meals a day. He really didn't like purees</li> </ul>
'Not for everyone' – too much mess and stress	<ul style="list-style-type: none"> <li>• F1T37P14: We avoided choking hazards, such as nuts and stuff like honey. We spoon fed some stuff. We felt baby-led weaning was a bit restrictive, so they only had we had some of the time</li> <li>• F1T19P1: I am really terrified that BLW might cause choking or gagging. When I was little, food got stuck in my throat and I don't want this to happen to my little one. Baby-led weaning makes me feel very nervous, although I know this sounds silly ...</li> <li>• F1T37P4: I found BLW created a lot of mess and wasted food. I spent a lot of time preparing food, which the baby did not eat. They weren't really eating anything. Although it looked like fun, I wouldn't start off with BLW next time</li> <li>• F1T6P4: Baby-led weaning is not for everybody, stick to the purees</li> <li>• F2T3P1: When my father was a kid, his brother almost choked, and he used to scare me with that story when I was young. There is no way I'd try BLW, especially with my first baby</li> <li>• F1T4P1: My baby cried when I gave her broccoli. I wanted to try BLW but she only stopped crying when I took it away</li> </ul>

(Continues)



TABLE 1 (Continued)

<p><b>Theme 1: BLW is an ‘alternative’ approach</b>  <i>Describes parents' perceptions that BLW is something different and seen as an alternative to traditional weaning approaches. Some parents are enthusiastic advocates of BLW whilst others have adopted BLW by default. For some parents the ‘difference’ is what makes them reject BLW</i></p>	
	<ul style="list-style-type: none"> <li>F2T4P1: My baby aspirated milk when she tiny and she couldn't breathe. It happened a few times so I am much too scared to try BLW</li> <li>F1T38P8: I would suggest just going with what you are comfortable with. I went for a more traditional approach. At every meal I used spoon feeding and purees, but also offered finger foods. I introduced different tastes and textures and gradually decreased the amount of puree, so he was eventually eating just solid foods. Although I wanted to do BLW originally, he wasn't eating and wouldn't try the food</li> </ul>
<p><b>Theme 2: Blurred Boundaries</b>  <b>Describes parents mixed characterisation of BLW; for some the introduction of finger foods characterises BLW for others BLW is something they ‘add on’ when weaning has been established or to help them cope with the weaning process</b></p>	
BLW means finger foods	<ul style="list-style-type: none"> <li>F1T9P4: I tried BLW and my baby will eat a few finger foods like banana, but mostly he ignores finger foods</li> <li>F1T7P5: My son likes messy foods like soup but we do a mix of spoon feeding and BLW, to prevent too much mess</li> <li>F2T3P1: I cannot see how my baby would eat some finger foods at her age. Things like pieces of meat or toast ...</li> <li>F1T16P7: I use spoon feeding when I am in a hurry or want to avoid the mess, I do BLW otherwise</li> <li>F1T27P1: My baby gagged and was sick when I gave her some soft-boiled vegetables. Although I know this is OK, it put me off using BLW foods</li> <li>F1T37P1: My son really took to eating pieces of vegetables, and seems to enjoy them, so BLW is the way forward for us</li> <li>F1T12P2: Try BLW. You can offer a mixture of finger foods (which do not have to be soft) – just keep trying</li> <li>F1T27P6: Porridge fingers are a really good baby-led weaning recipe, which both my children enjoyed: 3 tablespoons of milk, mixed with 3 tablespoons of porridge oats (rolled oats) and 1–2 cubes of fruit puree from the freezer (you can make your own)</li> <li>F1T14P1: I introduced baby-led weaning at 6 months of age (for example carrot sticks and broccoli) and was prepared for most food to end up on the floor. I give him foods to hold and taste and he takes tiny nibbles from them</li> </ul>
Mix and match approach	<ul style="list-style-type: none"> <li>F1T14P1: I am going to try and add a few BLW bits, but otherwise, stick to what I am doing</li> <li>F1T5P59: I didn't do smooth purees with DD1 but used a combination of BLW and mashed foods, from 6 months</li> <li>F1T14P1: I am doing a mixture of traditional and baby-led weaning</li> <li>F1T12P6: You can do both baby-led and classic weaning, there is no need to label it. Sometimes let your baby feed herself and other times, use a spoon</li> <li>F1T34P6: My DD is 10 months and she has food from a pouch first, and then we do baby-led weaning. That way, I know she has had something to eat and it is much quicker, although it keeps her busy while we eat our meal</li> <li>F1T9P12: I've stopped stressing as much, since using a mixture of BLW and spoon feeding! I wish he would eat more homemade food though, and fewer pouches, as they are so expensive!</li> <li>F1T38P6: I give my baby some finger foods on their tray, but I also do some spoon feeding. It is a mixture of traditional and baby-led</li> <li>F2T1P3: Food before one is just for fun, so don't worry about it, maybe he just isn't ready. My DS wouldn't really eat until around 12 months old and we did a mixture of puree and BLW. Maybe have a go at BLW?</li> <li>F1T6P7: I would stick with either baby-led or a traditional approach. Baby-led is letting the baby feed themselves – no purees. Traditional weaning gradually introduces more textured food. Each approach requires different skills so babies may be confused if you switch between them</li> </ul>
What to eat and when to start	<ul style="list-style-type: none"> <li>F2T3P5: My friend's baby was exclusively breastfed until 12 months and my baby was EBF until 8 months as she wouldn't eat food. They all become interested in food at different times, which is normal There is no need for them to have eat particular foods by a certain age</li> <li>F2T7P7: The suggestion is not to drop milk feeds until they are at least 12 months old, unless your baby fills up on food and decides to drink less milk. BLW is good to start with, if your baby is not really hungry</li> </ul>

TABLE 1 (Continued)

<p><b>Theme 2: Blurred Boundaries</b>  <b>Describes parents mixed characterisation of BLW; for some the introduction of finger foods characterises BLW for others BLW is something they 'add on' when weaning has been established or to help them cope with the weaning process</b></p>	
	<ul style="list-style-type: none"> <li>• F2T4P2: Once you get started, you will quickly start to feel more confident with BLW. I would try some stewed (well cooked) apple, some pasta shapes, cooked carrot batons or peeled cherry tomatoes. Pieces should be small and manageable</li> <li>• F2T1P2: Maybe your baby is not eating because she doesn't like purees? Maybe try real food and use BLW, if she is 6 months!?</li> <li>• F2T1P1: My baby might be too young for BLW, but I would like to give her family foods, what do you think?</li> <li>• F1T13P1: Does anyone have any recommendations for a BLW cookbook? I thought BLW would be great as our baby could just have some of what the grown ups were having. But now I am finding some issues, like, whether I really need to steam vegetables every day, or whether I do this one day and keep them in the fridge until I need them, then reheat them? Do I have to omit stock cubes from the foods we like, e.g. spaghetti bolognese? Because it is too salty?</li> <li>• F1T9P1: Should I offer an alternative, if baby rejects the food I have provided? I am doing BLW</li> <li>• F1T37P10: Once you baby is 6 months, they can have whatever really, just no sausage, whole nuts, cherry tomatoes, popcorn, grapes, which might cause choking. Also watch the salt and no honey. If you want to do purees, you can, but there is no need</li> </ul>
<p><b>Theme 3: Ethos and Experience</b>  <b>Describes parents recognising the signs of readiness for food and confusion that parents feel about when to start; For some BLW emphasises waiting for baby to be ready. Eating together and mealtimes as a social experience were mentioned as was developing interest and confidence with food</b></p>	
Signs of readiness and trusting instincts	<ul style="list-style-type: none"> <li>• F1T7P1: My DD is EBF and 6 months next week, I am being strict and want to start BLW at exactly 6 months. She has good nappy output but is teething (clingy, red cheeks and chewing everything = teething?) and really off her milk at the moment. I was wondering if I should start weaning a week early?</li> <li>• F1T10P8: Follow your baby's lead – they will let you know what they like!</li> <li>• F1T5P41: Is this your first baby? It is better for your baby's health not to rush weaning if possible. I know it is hard to wait though, when you want your baby to reach that next exciting milestone</li> <li>• F1T5P61: If you want to do BLW, please wait, she is too young</li> <li>• F1T19P3: I mostly use spoon feeding, even though my baby is 9 months old. I'm getting braver but find BLW frightening!</li> <li>• F1T15P2: Starting BLW at 5 months might be a bit early. You are supposed to wait until closer to 6 months if you can, so maybe another 2 weeks? It's 'around' 6 months. so a bit flexible, but your baby's digestive system needs to be ready for solid food. Also, your baby should be able to sit unaided and hold up their head, before you introduce solids</li> <li>• F1T15P1: Could anyone help? My baby is 5 months but I want to do BLW. Could I just start her off with a few bits, until her digestive system is ready?</li> <li>• F1T38P6: Some babies really take to baby-led weaning while others don't, babies are all different. Weaning is daunting but it really gets much easier</li> </ul>
Developing an interest in food, building confidence	<ul style="list-style-type: none"> <li>• F1T11P1: My baby won't pick up food but I would like to do BLW</li> <li>• F1T11P4: BLW is about the baby exploring different tastes and textures – most don't eat a lot to start with, not for the first 6 weeks or so</li> <li>• F1T14P7: It doesn't matter if your baby doesn't eat a lot to begin with, BLW is largely about play. Go for BLW from the beginning – just give baby a bit of what you are having and leave them to get on with it. It's better to let them just eat a little, rather than spooning in loads of food</li> <li>• F1T38P7: My health visitor said 'food before one, is just for fun'. I was scared of BLW and he wouldn't eat anything to start with, but he slowly got the hang of it. That was over 2 years ago and he is now healthy and strong</li> <li>• F2T1P3: I really worried about DS not being interested in food, but he got the hang of it! Most of your baby's nutrition comes from their milk for the first 12 months. The start of weaning should just be about getting used to different textures and tastes.</li> <li>• F1T38P4: We have followed BLW from the very start and our daughter is a very confident eater. We give her whatever we are having and she tries everything</li> <li>• F1T33P16: I started weaning at just over 6 months but it was stressful and really messy. My daughter enjoyed chewing finger foods and did not want to be spoon fed, so we were following BLW after 6 weeks or so. Despite the mess and occasional gagging!</li> </ul>

(Continues)



TABLE 1 (Continued)

<b>Theme 3: Ethos and Experience</b>	
<b>Describes parents recognising the signs of readiness for food and confusion that parents feel about when to start; For some BLW emphasises waiting for baby to be ready. Eating together and mealtimes as a social experience were mentioned as was developing interest and confidence with food</b>	
Sharing meals and eating together	<ul style="list-style-type: none"> <li>• F1T5P51: The best thing about BLW is that your baby is entertained, and you have both hands free to eat a meal! I am a huge advocate of BLW OP – read up about it</li> <li>• F1T27P2: Family mealtimes should be a social occasion – BLW allows baby to join in</li> <li>• F3T14P3: I did BLW – just put the baby on my lap while I was eating</li> <li>• F1T27P2: Maybe make sure you leave out the salt, but you can give them salmon, cottage pie, roast dinner, roasted cauliflower, whatever really as well as soft finger foods. It is about eating together as a family and making that a social event</li> <li>• F1T37P5: I did a couple of days of individual foods then it was whatever we were having. Our favourites are: Hummus, sticks of cheese or cucumber, roasted carrots, sweet potato wedges, roast parsnip, omelette strips, green beans</li> <li>• F1T1P5: The baby has whatever we are eating – just a few bits off our plates. I can't be bothered with separate mealtimes and take the easiest approach. I understand why weaning is made out to be difficult, but it doesn't have to be. At lunch and dinner times, the baby just has a few bits off our plates, with porridge for breakfast</li> </ul>

*Note:* Quotes are paraphrased to protect the anonymity of parents posting on parenting forums.

Abbreviations: BLW, baby-led weaning; DD, dear daughter; DS, dear son; EBF, exclusively breast-fed; TW, traditional weaning.

However, they self-identified as following BLW and what all these 'default' parents had in common was they characterised as BLW was an alternative to TW; it helped them cope with the weaning process which they felt led to a more contented baby:

I hadn't planned to do BLW and it made me nervous. My son loved it though, and was quickly eating 3 meals a day. He really didn't like purees (F2T1P4)

## NOT FOR EVERYONE: TOO MUCH MESS AND STRESS

For some parents, their perception or experience of BLW meant the 'alternative' wasn't for them; they felt a baby-led approach would make the weaning process more stressful, messy and was not something they would advocate:

I found BLW created a lot of mess and wasted food. I spent a lot of time preparing food, which the baby did not eat. They weren't really eating anything. Although it looked like fun, I wouldn't start off with BLW next time (F1T37P4)

These concerns about baby not being fed were implied in several conversation threads. Parents reported both a lack of control over what was being consumed and food refusal by the baby, contributing to a justification of why BLW was not for them:

My baby cried when I gave her broccoli. I wanted to try BLW but she only stopped crying when I took it away (F1T4P1)

Other parents expressed hesitancy about BLW for fear of the potential for choking, associated with self-feeding. They were reluctant to give finger foods and were concerned over the appropriateness of BLW:

I am really terrified that BLW might cause choking or gagging. When I was little, food got stuck in my throat and I don't want this to happen to my little one. Baby-led weaning makes me feel very nervous, although I know this sounds silly (F1T19P1)

## THEME 2: BLURRED BOUNDARIES

This theme reflects the 'contradictory characterisations' of baby led weaning, where the way parents describe the approach was contrary to the characterisation of BLW within the academic literature. However, it was clear that parents felt they were following a baby-led approach even when their experiences or advice to others mirrored more traditional patterns of weaning. In this respect, there was considerable blurring of the boundaries in terms of parents' understanding of what BLW is, what they did in practice and the ethos.

### BLW MEANS FINGER FOODS

Finger foods were synonymous with BLW within the conversation threads. Encouragement to try BLW often focussed on the introduction of finger foods without reference to the broader ethos or approaches associated with BLW:

I introduced baby-led weaning at 6 months of age (for example carrot sticks and

broccoli) and was prepared for most food to end up on the floor. I give him foods to hold and taste and he takes tiny nibbles from them (F1T14P1)

The introduction of finger foods was discussed by some parents as a transition to BLW and implies something that comes later in the weaning process rather than a starting point:

Try BLW. You can offer a mixture of finger foods (which do not have to be soft) – just keep trying (F1T12P2)

For some, the preparation of foods specifically for self-feeding led to recommendations for particular finger foods or BLW recipes:

Porridge fingers are a really good baby-led weaning recipe, which both my children enjoyed: 3 tablespoons of milk, mixed with 3 tablespoons of porridge oats (rolled oats) and 1–2 cubes of fruit puree from the freezer (you can make your own) (F1T27P6)

Whereas the focus on finger foods was a deterrent to adopting BLW for others:

I cannot see how my baby would eat some finger foods at her age. Things like pieces of meat or toast ... (F2T3P1)

## MIX AND MATCH APPROACH

Within the conversation threads whilst parents alluded to the distinctions between TW and BLW approaches they felt that ‘doing a bit of both’ was acceptable and sometimes an approach which was actively encouraged:

You can do both baby-led and classic weaning, there is no need to label it. Sometimes let your baby feed herself and other times, use a spoon (F1T12P6)

Active encouragement in some threads for parents to do what suited them best promoted this ‘mix and match’ approach. However, some felt this would exacerbate difficulties with establishing weaning:

I would stick with either baby-led or a traditional approach. Baby-led is letting the baby feed themselves – no purees. Traditional weaning gradually introduces more textured food. Each approach requires

different skills so babies may be confused if you switch between them (F1T6P7)

## WHAT TO EAT AND WHEN TO START

The concern about what foods baby should be eating and when, was the predominant focus in many of the discussion forums; timings of milk feeds followed by suggested schedules for solid foods throughout the day were common. Although this appeared to be done with the best intentions, it diluted the ethos of a BLW approach and, in some instances, appeared to suggest that BLW was something to be introduced once weaning was established:

Once you get started, you will quickly start to feel more confident with BLW. I would try some stewed (well cooked) apple, some pasta shapes, cooked carrot batons or peeled cherry tomatoes. Pieces should be small and manageable (F2T4P2)

The advice within the discussion threads did not always align with BLW philosophy and demonstrates where parents' misunderstanding of BLW is evident. For some the process of BLW appeared daunting and raised many questions for which they were seeking advice and support:

Does anyone have any recommendations for a BLW cookbook? I thought BLW would be great as our baby could just have some of what the grownups were having. But now I am finding some issues, like, whether I really need to steam vegetables every day, or whether I do this one day and keep them in the fridge until I need them, then reheat them? Do I have to omit stock cubes from the foods we like, e.g. spaghetti Bolognese? Because it is too salty? (F1T13P1)

Even though the parents may be supportive of the BLW ethos, they may still need support around how to modify the family diet to make it more suitable for the baby.

## THEME 3: ETHOS AND EXPERIENCE

Parents using BLW talked about weaning as a way of introducing baby to family mealtimes and encouraging enjoyment of family meals. They were thinking about sharing food with the baby, letting the baby watch meal

preparation, and actively eating with others so that weaning became less about the food and more of an experiential and learning activity.

### Signs of readiness and trusting instincts

Parents were often accessing the forums seeking reassurance about the ‘right time’ for introducing solid foods. Some threads covered different ages and stages for the start of weaning, with often conflicting views about when was deemed the right time. BLW advocates mentioned 6 months as the optimal and in line with current weaning guidelines:

Starting BLW at 5 months might be a bit early. You are supposed to wait until closer to 6 months if you can, so maybe another 2 weeks? It's ‘around’ 6 months. so a bit flexible, but your baby's digestive system needs to be ready for solid food. Also, your baby should be able to sit unaided and hold up their head, before you introduce solids (F1T15P2)

BLW was described as an approach which encouraged parents to trust their own instincts and follow their baby's signs of readiness for solid foods. Although many parents were engaging in discussion forums to seek guidance and support with weaning, some expressed a confidence in knowing their baby best which informed their approach. Some also tried to instil this belief in newer or first-time parents where the latter were expressing doubts or lack of confidence in themselves:

Follow your baby's lead – they will let you know what they like! (F1T10P8)

Over and above following a prescribed approach to weaning some parents encouraged others to trust themselves and trust their baby throughout the weaning process.

### Developing an interest in food and building confidence

The phrase ‘food before one is just for fun’ was frequently used within the discussion threads, emphasising the importance of exploring and playing with food as a means of building experience rather than focussing solely on what food was being eaten:

My health visitor said ‘food before one, is just for fun’. I was scared of BLW and he wouldn't eat anything to start with, but he slowly got the hang of it. That was over 2

years ago and he is now healthy and strong (F1T38P7)

Although this aligns with the BLW ethos, current traditional weaning recommendations emphasise the importance of introducing complementary foods after 6 months to meet baby's growing nutrient requirements. Yet, within the discussion threads, very few parents mentioned the importance of meeting nutritional needs.

Some parents highlighted growing confidence with food through BLW, particularly different skills that are being acquired (e.g., the ability to self-feed and self-regulate food intake):

We have followed BLW from the very start and our daughter is a very confident eater. We give her whatever we are having and she tries everything (F1T38P4)

### Sharing meals and eating together

Some described weaning as a time for modelling behaviour, emphasising the opportunities to show the baby how to take food to the mouth, learning how to chew and self-feed.

Including the baby in mealtimes and eating with others were important themes for those advocating a baby-led approach. This appeared to reduce the stress often associated with weaning:

The baby has whatever we are eating – just a few bits off our plates. I can't be bothered with separate mealtimes and take the easiest approach (F1T1P5)

Viewing family mealtimes as an opportunity for social interaction was advocated by those using BLW, alluding once again to the purpose of weaning rather than the process:

Family mealtimes should be a social occasion – BLW allows baby to join in (F1T27P2)

## DISCUSSION

The present study aimed to explore the meaning and characterisation of BLW amongst parents using UK-based parenting forums. Interpretation is based on our analysis of data collected from parenting forums. Parents described BLW as having an ‘ethos’, which included the baby sharing in family mealtimes, developing an interest in food and exposure to adult and sibling role modelling

of eating behaviour. BLW also offered an alternative for those seeking something different or for whom TW had not gone as planned. For some, BLW followed on from breastfeeding with little monitoring, whereas, for others, worries about when, what, and how the baby eats were sources of anxiety when following BLW. Providing finger foods was synonymous with BLW, although many parents referred to mixing elements of both TW and BLW to suit individual preferences or their family situation.

In the present study, parents following BLW advocated trusting their child by letting babies play with food and feed themselves when they were ready. Some parents began the weaning process because their baby took food from their plate, a cue for the initiation of solid foods described by Rapley.<sup>24</sup> Others interpreted BLW as meaning waiting until around 6 months, in line with current guidelines.<sup>1,3</sup> Either way, babies are more likely to be developmentally ready at 6 months or demonstrate readiness if they could grasp food and bring it to their mouth and co-ordinate chewing and swallowing.<sup>1,3,25</sup> It is hypothesised that BLW may help to achieve adherence to the recommendation to wait until around 6 months and our study supports this.<sup>12</sup> The age at which solid food should be introduced was, however, the most controversial topic discussed amongst parents, with many vehemently defending or justifying their choices. Compared to 2005, the 2010 infant feeding survey showed a reduction in the number of infants introduced to solid food by 4 months, from 51% to 30%, but 75% had received solid foods by 5 months old.<sup>26</sup> The infant feeding survey was discontinued after 2010, but a small recent study in Scotland showed that the average age was 5 months.<sup>14</sup> Early weaning has been shown to increase the risk of infections and reduce the volume of breast milk consumed,<sup>25,27</sup> whereas later than recommended introduction of solid food may cause iron deficiency, growth faltering and an increased risk of allergy to egg and peanut in normal, term infants.<sup>25,28</sup> Promoting BLW could be used to support current messaging such as waiting until around 6 months or identifying the 'signs of readiness' for solid food,<sup>3</sup> which would help to reduce the risk to infants, posed by early introduction of solids. Similar to the study by Arden and Abbott,<sup>9</sup> there was, however, a shared belief amongst parents that late weaning did not matter because 'Food before one, is just for fun' and parents appeared unconcerned about nutrient deficiency. There was only one mention of BLW in relation to nutritional intake within the forum posts. Formal guidance on BLW, which highlights and promotes inclusion of nutrient dense foods rich in iron, zinc, calcium and vitamin B<sub>12</sub> could therefore be helpful. Energy and nutrient intakes from solid foods may be lower amongst BLW in the early stages of weaning, as a result of a slower pace of feeding, as the baby learns to feed themselves.<sup>13,29,30</sup> UK Start4Life guidance<sup>3</sup> has been recently updated to include more information on BLW

with videos mentioning starting solid foods with finger foods, purees, or a mixture of both. Consistency in promoting this message with a focus on appropriate and timely feeding is key.

BLW may be easier for those who have breastfed and are used to trusting that their baby has consumed enough food. Breastfeeding on demand hands control of feeding to the baby and breastfeeding is typically lower in control, something highlighted by parents in the present study. Responsive feeding is key to appetite control in infants, and it is proposed that BLW may enable responsive feeding by handing the control over food intake to the infant. Although a study in New Zealand found that babies following a modified version of BLW had lower satiety responsiveness than a control group, two later observational studies have demonstrated increased satiety responsiveness amongst infants following self-reported BLW, compared to a group following TW.<sup>12,31-33</sup> A further study reported that fully formula-fed infants, who were later spoon-fed, were more likely to be overweight than breastfed infants or formula fed infants following BLW.<sup>34</sup> BLW may, therefore, be most beneficial for formula fed infants. Feeding responsively may be hard for many parents to learn in practice, however, requiring confidence in both their baby and the process of BLW. Many parents mistake normal developmental stages such as the baby waking in the night, watching adults when they eat or chewing their fists as cues that milk feeds are not enough for their baby and solid food should be introduced, again highlighting the need to challenge many pervasive beliefs.<sup>25</sup> Stress around schedules and timings was considerable amongst all parents in the present study, who were worried about types of food to try, timing of meals, scheduling milk feeds with meals and the baby's sleep schedule, with others worrying the baby was not getting enough food or choking. Brown<sup>35</sup> described how weaning is positioned as 'problematic' and this was evident on the forums. Regardless of weaning style, many parents were worried about the process of weaning and often asked for support on what and how much to feed their infant. This is concerning given the amount of information and the current guidance available. The ethos of BLW is for the baby to eat a broad range of foods, of varying taste and texture, which are the same food as the rest of the family, but this is clearly one of the more challenging tenets for babies to follow. Previous qualitative research found weaning was described as a 'special time' when the infant's food followed a different pattern, distinct from the rest of the family.<sup>36</sup> If the baby's food is separate, it is easier to follow a menu plan endorsed by others or use commercial foods and feel confident that the baby's needs are met. When the infant is following the family diet, however, the family diet may need to be modified to meet healthy eating guidelines. Alternatively, the baby will need some foods removed or supplemented to reduce salt, sugar or increase energy density to be closer to



guidelines.<sup>9</sup> This requires more knowledge, time, self-efficacy and food preparation skills, which may exert pressure on those who feel less confident. Although carried out on self-selecting samples, some previous research found that mothers who followed BLW had lower levels of self-reported anxiety around weaning and feeding, suggesting that BLW is more suited to some families.<sup>37,38</sup> Alternatively, it could be that using the BLW approach could result in lower levels of stress.

Previous studies have also found that the percentage of foods consumed by the infant, that were also consumed by the parent on the day of measurement, was higher in infants self-reported as following BLW,<sup>12,19,30,39,40</sup> although this varies considerably.<sup>9</sup> Families with a higher socio-economic status are over-represented in these studies and a higher socio-economic status is associated with a greater likelihood of meeting dietary guidelines. BLW could be harder to follow for families on a lower income. The commercialisation of complementary feeding, as well as the availability of a confusing array of pre-prepared baby foods, recipe books and websites, may fuel problematisation of weaning further by capitalising on ‘helping’ anxious parents.<sup>7,35</sup> The ethos of BLW is for the baby to have the same food as the rest of the family, but the focus on ‘finger foods’ may result in consumption of more ultra-processed infant snacks as a convenient alternative to purees or infant cereal.<sup>13</sup> Where parents’ characterisation of BLW is synonymous with ‘finger foods’, this may encourage this unhealthy snack consumption. However, studies exploring food group exposure have found fewer differences in commercial snack exposure/consumption than in other pre-prepared baby food exposure. In one UK study, babies loosely adhering to BLW (compared to babies following strict BLW or TW) consumed more savoury snacks at 11–12 months, although not at younger ages,<sup>3</sup> whereas other UK studies have shown that TW infants consumed more pre-prepared baby foods at all ages.<sup>13,29</sup>

The purpose of complementary feeding, which is enabling responsive feeding and the transition to a healthy family diet, to meet increasing nutritional needs and encourage enjoyment and acceptance of a range of food, may also be lost as parents become mired in the process. Although not strictly in line with the BLW ethos, suggested foods and meal plans, which allow the baby to feed themselves whole or finger foods, may support parents who have decided to follow BLW but are not confident with the process, or do not follow a suitable diet themselves (as a result of fasting, weight reduction, allergies or poor dietary choices). Also of concern is the number of parents who are confused about what to give their baby and when to introduce solid food, and who are turning to forums for support. This suggests that official guidance is ignored or misunderstood.<sup>7,41</sup>

BLW is situated as an alternative practice requiring self-efficacy and trust, and so it could be hypothesised

that parents with a high internal locus of control may also find it easier to initiate and follow BLW. Parents with a higher internal locus of control, as measured during pregnancy, were also more likely to breastfeed their babies, introduce solids later and have children with a lower fat mass in childhood, compared to parents who exhibited greater externality.<sup>42</sup> Internal locus of control around parenting has also been associated with greater maternal education and income.<sup>42</sup> This may partially explain why parents of higher socio-economic status are over-represented in BLW studies, even where recruitment was randomised or where recruitment was targeted at areas of varying deprivation.<sup>20,43,44</sup> Without a nationally representative survey, it is impossible to fully establish the prevalence or understanding of BLW in different socio-economic groups.

The discussion in many parenting forums centres on intensive parenting and how best to use resources (energy, time and money) to maximise children’s health and educational opportunities.<sup>45,46</sup> This behaviour and the use of forums may be more often associated with higher socio-economic status.<sup>45</sup> BLW has been associated with better health outcomes in some studies, such as a healthier relationship with food, less picky eating, better appetite control and healthier weight gain.<sup>12</sup> This makes BLW appealing for parents who want to make the best decisions for their child or express their desire to be better parents. This social desirability was demonstrated in one study, where more parents self-reported using BLW than were identified as following key characteristics of BLW using more objective measurements.<sup>14</sup> It is possible that BLW may be ‘idealised’ and TW ‘devalued’ to some extent, similar to the way in which breastfeeding is widely described as superior to formula feeding.<sup>9,47</sup> Arden and Abbott<sup>9</sup> noted this discursive gap between BLW and TW in their interviews with mothers. Describing BLW as ‘following on’ from breastfeeding may serve to put off parents who have not breastfed, or who view breastfeeding or BLW as ‘middle class’. Research by Jones et al.<sup>34</sup> suggests that BLW may protect against obesity in formula fed infants, so this may be counter-productive. It may also encourage BLW amongst groups who might be better following TW, such as premature babies or those with slower development of the key motor skills required for self-feeding.

Many parents use the internet for information and guidance on BLW<sup>27,48</sup> and, in August 2021, a Google search showed 8,090,000 results for the term ‘baby-led weaning’. In contrast to peer-reviewed research and Government sites such as Start4Life (<https://www.nhs.uk/start4life>), information provided online may be formed from anecdotal evidence and opinions. Digital spaces allow parents, particularly mothers to obtain information about health, children’s development, childcare, schooling and connecting with others,<sup>45</sup> especially following birth when the state care provided throughout pregnancy is withdrawn, leaving new mothers potentially

feeling alone.<sup>49</sup> Studies have shown that social media helps relieve feelings of isolation and provides a 'safe' space in which knowledge, advice, experience, and feelings can be shared instantly, in anonymity and at any time.<sup>46,50</sup>

Finally, the way in which BLW was characterised appeared to vary between parents. BLW is an overall approach to the introduction of solid foods, rather than a simple method, and consists of several practical elements underpinned by a central ethos of respect for the baby and the baby leading the process.<sup>5</sup> There is no formal definition of BLW in the academic literature, although its key tenets are self-feeding, offering whole/finger foods, sitting in with family meals, offering family foods, feeding milk on demand and introducing solids only when the baby is developmentally ready.<sup>51,52</sup> A reductionist definition of BLW is infants consuming <10% purees and being fed with a spoon <10% of the time, as self-reported by parents.<sup>8,13,15,16,45,53</sup> In the present study, offering finger foods was considered as BLW by many, in the absence of other parts of the ethos. Other parents mentioned additional tenets, particularly avoiding purees, the baby sitting in on family meals and eating the same foods as the rest of the family, along with the baby being developmentally ready. There was considerable blurring of the boundaries, however, with many parents 'mixing styles'. Although this approach differs from the general ethos and academic definition of BLW, it fits almost exactly with UK guidelines<sup>3</sup> and the general description of TW, where some finger foods are offered alongside purees/spoon feeding and babies are encouraged to self-feed and sit in on family meals. This simplification of the BLW method is significant because it suggests that parents are not familiar with current UK guidelines for the introduction of solid foods. Some parents also mentioned 'changing guidelines' despite guidelines being consistent since 2003.<sup>2</sup> In England, babies have a health check at 6–8 weeks and 9–12 months, but these are well before and after the recommended age for the introduction of solid food. Although parents can contact health visitors or their general practitioner if they are concerned, a scheduled visit at 12–15 weeks could help to support families with delaying complementary feeding. Recent studies in the literature have also acknowledged and classified parents as fully adherent to BLW, loosely adherent or BLW or TW, but this is also based on the proportion of time infants are spoon fed or receive purees, ignoring other parts of the ethos.<sup>54–56</sup> This suggests that a broader definition of BLW is required, as well as some flexibility in its use. For example, some spoon feeding may be required for BLW babies consuming runny foods, or for BLW babies who struggle to grasp food by around 6 months of age,<sup>7</sup> but who follow other parts of the ethos.

Netnography (i.e., research practices related to data collection, analysis, research ethics, rooted in observation of participants online) includes the use of digital

spaces to collect data.<sup>17,57,58</sup> A strength of the present study is that it uses this novel approach to explore parents' discussion of BLW. Participants are anonymous and responses are unsolicited, allowing for a less guarded discussion to take place. There is also little burden on participants, who are also less likely to be influenced by researchers. A study exploring responses to weight management guidance on parenting forums suggested that women responded quickly to the posts of others, allowing for more honest data.<sup>19</sup>

There is evidence, however, that discussion may not be without bias because parenting forums focus on intensive parenting and practices aiming to enhance children's future health and success.<sup>59</sup> Participants of lower socio-economic status may not be as well represented in parenting forums because creating digital content can require time, mobile phone contracts and multiple devices.<sup>58</sup> This is similar to other UK studies on BLW, where parents are often of higher socio-economic status, although it is impossible to determine the demographic characteristics of forum users, which may limit the comparison of the present study with other studies of BLW. Individuals who have returned to work, those with lower incomes, and those who are 'time poor' and/or 'cash poor' have fewer resources for intensive parenting and are less likely to comment on forums.<sup>58</sup> There are a range of platforms on which parents can communicate and the parents using the forums may be demographically different from those who communicate on other channels such as Instagram or Facebook. Participants also have the audience in mind and are aware of the public nature of the discussion, which may prevent them from being as honest as they might be in an anonymous interview. In the present study, it is also possible some participants played 'devils advocate' to elicit angry responses regarding weaning their baby at 3 months of age. Data were not available from all the forums that discuss the introduction of solid food because permission was not granted and parents for whom BLW was progressing well would be less likely to start a discussion compared to those experiencing challenges. This could mean that some aspects or meaning of BLW were not discussed. Data on specialised BLW forums were 2–3 years old and not included as a result of the study protocol. Discussion around what does and does not constitute BLW or the meaning of BLW may be different in these forums compared to general discussion around weaning.

## CONCLUSIONS

BLW, as discussed on parenting forums, is interpreted differently amongst parents, and the purpose is sometimes lost amidst concerns about the process. Promoting BLW could provide a framework for empowering parents to help them better understand the purpose of



complementary feeding and support a more responsive approach to feeding.

## AUTHOR CONTRIBUTIONS

Jo Pearce designed the study, collected the data, analysed data and wrote the manuscript. Rachel Rundle analysed the data and wrote the manuscript.

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## CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

## TRANSPARENCY DECLARATION

The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported. The lead author affirms that no important aspects of the study have been omitted and that any discrepancies from the study as planned have been explained.

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## REFERENCES

1. WHO. Complementary feeding: report of the global consultation. WHO; 2002.
2. DoH. Infant feeding recommendation. 2003 [cited 2021 Jun 5]. Available from: [https://webarchive.nationalarchives.gov.uk/20120503221049/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4097197](https://webarchive.nationalarchives.gov.uk/20120503221049/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4097197)
3. Start4Life. Start4life: weaning. 2019 [cited 2021 Jun 28]. Available from: <https://www.nhs.uk/start4life/weaning/>
4. Rapley G. Baby-led weaning. In: Hall MV, Dykes F editors. Maternal and infant nutrition and nurture: controversies and challenges. London, UK: Quay; 2005. p. 275–98.
5. Rapley G. Baby-led weaning: the theory and evidence behind the approach. *J Health Visit*. 2015;3:144–51.
6. Rapley G. Baby-led weaning: transitioning to solid foods at the baby's own pace. *Community Pract*. 2011;84:20–3.
7. Sachs M. Baby-led weaning and current UK recommendations - are they compatible? *Matern Child Nutr*. 2011;7:1–2.
8. Brown A, Lee M. An exploration of experiences of mothers following a baby-led weaning style: developmental readiness for complementary foods. *Matern Child Nutr*. 2013;9:233–43.
9. Arden MA, Abbott RL. Experiences of baby-led weaning: trust, control and renegotiation. *Matern Child Nutr*. 2015;11:829–44.
10. D'andrea E, Jenkins K, Mathews M, Roebathan B. Baby-led weaning: a preliminary investigation. *Can J Diet Pract Res*. 2016;77:72–7.
11. Cameron SL, Heath AL, Taylor RW. Healthcare professionals' and mothers' knowledge of attitudes to and experiences with baby-led weaning: a content analysis study. *BMJ Open*. 2012;2:e001542.
12. Brown A, Jones SW, Rowan H. Baby-led weaning: the evidence to date. *Curr Nutr Rep*. 2017;6:148–56.
13. Pearce J, Langley-Evans SC. Comparison of food and nutrient intake in infants aged 6-12 months, following baby-led or traditional weaning: a cross-sectional study. *J Hum Nutr Diet*. 2021;35:310–24.
14. Garcia AL, Looby S, McLean-Guthrie K, Parrett A. An exploration of complementary feeding practices, information needs and sources. *Int J Environ Res Public Health*. 2019;16:4311.
15. Swift JA, Strathearn L, Morris A, Chi Y, Townsend T, Pearce JA. Public health strategies to reduce sugar intake in the UK: an exploration of public perceptions using digital spaces. *Nutr Bull*. 2018;43:238–47.
16. Kozinets RV. *Netnography: the essential guide to qualitative social media research*. London: SAGE; 2020.
17. Duggan M, Lenhart A, Lampe C, Ellison NB. Parents and social media. Pew Research Center; 2015. <http://www.pewinternet.org/2015/07/16/parents-and-social-media/>
18. Arden MA, Duxbury AMS, Soltani H. What women really think about gestational weight management: a thematic analysis of posts made in online parenting forums. *Pregnancy Hypertens*. 2014;4:231.
19. Brown A, Lee M. A descriptive study investigating the use and nature of baby-led weaning in a UK sample of mothers. *Matern Child Nutr*. 2011;7:34–47.
20. QSR International Pty Ltd. Nvivo. 12. QSR International Pty Ltd; 2020. p. 6.
21. British Psychological Society. Ethics guidelines for internet mediated research. 2017 [cited 2019 May 7]. Available from: <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Ethics%20Guidelines%20for%20Internet-mediated%20Research.pdf>
22. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3:77–101.
23. Fade SA, Swift JA. Qualitative research in nutrition and dietetics: data analysis issues. *J Hum Nutr Diet*. 2011;24:106–14.
24. Rapley G. Can babies initiate and direct the weaning process? (Unpublished MSc Interprofessional Health and Community Studies [Care of the Breastfeeding Mother and Child]). Kent: Canterbury Christ Church University College; 2003.
25. Feeding in the first year of life. SACN Report. SACN; 2018. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/725530/SACN\\_report\\_on\\_Feeding\\_in\\_the\\_First\\_Year\\_of\\_Life.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/725530/SACN_report_on_Feeding_in_the_First_Year_of_Life.pdf)
26. McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew M. Infant feeding survey – UK. NHS Digital; 2012.
27. Oliveira LS, da Silva LP, da Silva AI, Magalhães CP, de Souza SL, de Castro RM. Effects of early weaning on the circadian rhythm and behavioral satiety sequence in rats. *Behav Process*. 2011;86:119–24.
28. EFSA Panel on Nutrition, Novel Foods and Food Allergens, Castenmiller J, de Henauw S, Hirsch-Ernst KI, Kearney J, Knutsen HK, et al. Appropriate age range for introduction of complementary feeding into an infant's diet. *EFSA J*. 2019;17:e05780.
29. Alpers B, Blackwell V, Clegg ME. Standard v. baby-led complementary feeding: a comparison of food and nutrient intakes in 6-12-month-old infants in the UK. *Public Health Nutr*. 2019;22:2813–22.
30. Komninou S, Halford JCG, Harrold JA. Differences in parental feeding styles and practices and toddler eating behaviour across complementary feeding methods: managing expectations through consideration of effect size. *Appetite*. 2019;137:198–206.
31. Redsell SA, Slater V, Rose J, Olander EK, Matvienko-Sikar K. Barriers and enablers to caregivers' responsive feeding behaviour: a systematic review to inform childhood obesity prevention. *Obes Rev*. 2021;22:e13228.
32. Campeau M, Philippe S, Martini R, Fontaine-Bisson B. The baby-led weaning method: a focus on mealtime behaviours, food acceptance and fine motor skills. *Nutr Bull*. 2021;46:476–85.
33. Taylor RW, Heath AM, Haszard JJ. A baby-led approach to complementary feeding-reply. *JAMA Pediatr*. 2018;172:197–8.

34. Jones SW, Lee M, Brown A. Spoon-feeding is associated with increased infant weight but only amongst formula-fed infants. *Matern Child Nutr.* 2020;16:e12941.
35. Brown A. *Why starting solids matters.* London, UK: Pinter & Martin; 2017.
36. Nielsen A, Michaelsen KF, Holm L. Beyond an assumed mother-child symbiosis in nutritional guidelines: the everyday reasoning behind complementary feeding decisions. *Child Care Pract.* 2014;20:329–46.
37. Brown A, Lee M. Maternal control of child feeding during the weaning period: differences between mothers following a baby-led or standard weaning approach. *Matern Child Health J.* 2011;15:1265–71.
38. Brown A, Lee MD. Early influences on child satiety-responsiveness: the role of weaning style. *Pediatr Obes.* 2015;10:57–66.
39. Rowan H, Harris C. Baby-led weaning and the family diet. A pilot study. *Appetite.* 2012;58:1046–9.
40. Williams Erickson L, Taylor RW, Haszard JJ, Fleming EA, Daniels L, Morison BJ, et al. Impact of a modified version of baby-led weaning on infant food and nutrient intakes: the BLISS randomized controlled trial. *Nutrients.* 2018;10:740. <https://doi.org/10.3390/nu10060740>.
41. Golding J, Iles-Caven Y, Ellis G, Gregory S, Nowicki SG. The relationship between parental locus of control and adolescent obesity: a longitudinal pre-birth cohort. *Int J Obes.* 2019;43:724–34.
42. Freed RD, Thompson MC. Predictors of parental locus of control in mothers of pre- and early adolescents. *J Clin Child Adolesc Psychol.* 2011;40:100–10.
43. Brown A. Differences in eating behaviour, well-being and personality between mothers following baby-led vs. traditional weaning styles. *Matern Child Nutr.* 2016;12:826–37.
44. Daniels L, Heath ALM, Williams SM, Cameron SL, Fleming EA, Taylor BJ, et al. Baby-Led Introduction to SolidS (BLISS) study: a randomised controlled trial of a baby-led approach to complementary feeding. *BMC Pediatr.* 2015;15:179.
45. Meyer A, Milestone K. The lonely cloud: intensive parenting and social media in neoliberal times. In: Garrett R, Jensen T, Voela A editors. *We need to talk about family: essays on neoliberalism, the family and popular culture.* Cambridge, UK: Cambridge Scholars Publisher; 2016. p. 177–98.
46. Fuentes M, Brembeck H. Best for baby? Framing weaning practice and motherhood in web-mediated marketing. *Consump Mark Cult.* 2017;20:153–75.
47. Knaak SJ. Contextualising risk, constructing choice: breastfeeding and good mothering in risk society. *Health Risk Soc.* 2010;12:345–55.
48. Quintiliano-Scarpelli D, Lehmann N, Castillo B, Blanco EB. Infant feeding and information sources in Chilean families who reported baby-led weaning as a complementary feeding method. *Nutrients.* 2021;13:2707.
49. Hamilton P. The 'Good' attached mother: an analysis of post maternal and post racial thinking in birth and breastfeeding policy in neoliberal Britain. *Aust Feminist Stud.* 2016;31:410–31.
50. Gleeson DM, Craswell A, Jones CM. It takes a virtual village: childbearing women's experience of a closed Facebook support group for mothers. *Women Birth.* 2021;35:e172–80.
51. Cameron SL, Taylor RW, Heath AL. Development and pilot testing of Baby-Led Introduction to SolidS--a version of Baby-Led Weaning modified to address concerns about iron deficiency, growth faltering and choking. *BMC Pediatr.* 2015;15:99.
52. Schramm CJ. *Measuring baby-led weaning: method development and pilot testing.* University of Otago; 2013. Retrieved from <http://hdl.handle.net/10523/4634>
53. Golding J, Birmingham K. Enrolment and response rates in a longitudinal birth cohort. *Paediatr Perinat Epidemiol.* 2009;23:73–85.
54. Morison BJ, Taylor RW, Haszard JJ, Schramm CJ, Williams Erickson L, Fangupo LJ, et al. How different are baby-led weaning and conventional complementary feeding? A cross-sectional study of infants aged 6-8 months. *BMJ Open.* 2016;6:e010665.
55. Rowan H, Lee M, Brown A. Differences in dietary composition between infants introduced to complementary foods using baby-led weaning and traditional spoon feeding. *J Hum Nutr Diet.* 2019;32:11–20.
56. Watson S, Costantini C, Clegg M. The role of complementary feeding methods on early eating behaviours and food neophobia in toddlers. *Child Care Pract.* 2020;26:94–106.
57. Hill CA, Dean E, Murphy J. *Social media, sociality, and survey research.* Chichester: John Wiley & Sons Ltd; 2013.
58. Murphy J, Link MW, Childs JH. Social media in public opinion research executive summary of the Aapor task force on emerging technologies in public opinion research. *Public Opin Q.* 2014;78:788–94.
59. Faircloth C, Lee E. Introduction: changing parenting cultures. *Sociol Res Online.* 2010;15:1–4.

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