

Weaning

Whether they breastfeed for a few days or several years, every breastfed baby is weaned eventually. The timing of weaning is a personal decision for each mother and her child, taking into account their physical and emotional needs and their personal circumstances.

While most infants in Australia are weaned before their first birthday, anthropological studies estimate that the natural weaning age for humans lies somewhere after 2½ years (Dettwyler, 1995). The World Health Organization (2019) and the Australian Breastfeeding Association (ABA) recommend that breastfeeding continue to 2 years and beyond, for as long as mother and child wish. Early weaning increases the risk of a number of infections and chronic diseases in both mother and child (Victoria et al., 2016), therefore supporting continued breastfeeding promotes good health.

Ideally, weaning should be a mutual process, taking place over many weeks or months. Weaning slowly allows the child to gradually replace breast milk with other sources of nutrition and protects the health of mothers. As breastfeeding decreases, the milk supply will slowly decrease, minimising the risk of blocked ducts and mastitis. A child who is eating a wide range of family foods may continue to breastfeed for nutrition, comfort and connection. Weaning gradually gives mother and child time to adjust.

Mothers may experience pressure to wean for reasons that aren't always valid, such as:

- the eruption of teeth
- concerns about milk quantity or quality
- returning to work
- when they or their baby are unwell
- pregnancy or the arrival of a new baby
- pressure from family, friends or community.

Weaning is often not necessary in these circumstances. ABA can provide mothers with information and support to help them decide if weaning is the right choice for them. With support from their healthcare provider, unwell mothers can often choose treatment options that allow breastfeeding to continue safely. Nourishing and nurturing their baby can be reassuring during this potentially stressful time. For the unwell child, breastmilk contains immune-protective factors which may help them to recover more quickly (Hanson, 2004). Breastfeeding comforts a sick child and provides hydration and nutrients when they may be eating little other food (Coates and Riordan, 1992).



**Australian
Breastfeeding
Association**

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A mother can begin weaning by reducing the amount of milk removed from her breasts, causing her supply to drop. This can take several days or weeks. She can encourage this by:

- reducing the frequency and length of feeds
- feeding from one breast only at each feed
- offering a dummy if baby likes to suck
- replacing breastfeeds with EBM or formula before 12 months
- increasing the amount of solid foods and water after 12 months.

Prescription medicines sometimes used to suppress lactation are not usually helpful if lactation is already established.

Weaning quickly can cause engorgement and discomfort. If this happens, mothers can:

- breastfeed or hand express just enough for comfort
- wear a supportive, well-fitting bra
- place cold packs, gel packs or cool cabbage leaves in their bra
- use appropriate analgesic medications.

No matter when and why a mother weans, she may experience a deep sense of loss when her baby is no longer breastfeeding. A chat to an ABA breastfeeding counsellor can help her to work through these feelings. No matter how long she breastfed for, she should know that every feed was a precious gift to her baby.

Resources**Australian Breastfeeding Association (ABA)**

Weaning: breastfeeding.asn.au/bf-info/weaning-and-introducing-solids/weaning

Weaning toddlers: breastfeeding.asn.au/bfinfo/weaning-toddlers

Lactation suppression: breastfeeding.asn.au/bfinfo/lactation-suppression

LactMed Drugs and Lactation Database

Information on drugs and other chemicals to which breastfeeding mothers may be exposed: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>

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