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Baby Led Weaning: ¿algo nuevo?

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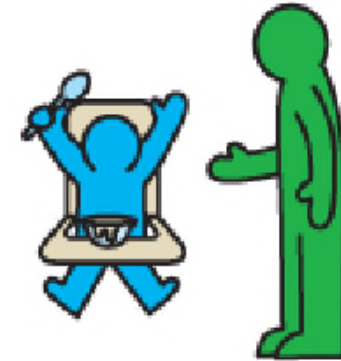
Baby-led weaning: Concepto

Forma de introducir la alimentación complementaria

- Se emplean **alimentos habituales en la dieta de la familia**
- Los alimentos se introducen gradualmente en la dieta, **enteros**, en un tamaño y forma adecuados al desarrollo del niño.
- **El bebé toma la iniciativa, y es el que activamente coge la comida y decide qué cantidad tomar.**

Baby Led Weaning. ¿Algo nuevo?

Requisitos



EN RELACION A LA FAMILIA

- Deseo de llevarlo a cabo
- Implicación de toda la familia
- Conocimientos sobre los riesgos potenciales y como actuar frente a ellos

EN RELACION AL PEDIATRA

- Deseo de llevarlo a cabo
- Conocimientos de los riesgos y beneficios potenciales en cada caso concreto
- Capacidad de información y soporte a la familia

Baby Led Weaning. ¿Algo nuevo?

Requisitos (NIÑO)

**no rush
to mush**

Give your child the best start in life...

WAIT UNTIL YOUR BABY IS READY FOR SOLIDS



4
Months

Between 4-6 months,
Look for the 3 physical signs
that your baby is ready for food

6
Months

- Sedestación
- Autonomía manual y coordinación visual-manual-orofaríngea
- Desaparición del reflejo de extrusión

Your baby is ready if they can:

NHS

Stay in a sitting position
and hold their head steady



&

Co-ordinate their eyes, hand and mouth so
that they can look at the food, pick it up
and put it in their mouth all by themselves



&

Swallow food. Babies who are not ready will
push their food back out, so they get more
round their face than they do in their mouths!



It's rare for these signs to appear together before 6 months.

Baby Led Weaning. ¿Algo nuevo?

Requisitos (ALIMENTOS: tipos/formas)

Introducción gradual, individualizada, sin orden establecido potenciando aquellos que forman parte de la dieta familiar



*Some baby foods may say 'from 4 months' on the jar, but this is based on out-of-date research.

- En un tamaño y forma que el niño pueda cogerlos y llevárselos a la boca (finger foods)
- Blandos, que se puedan aplastar con la lengua contra el paladar.
- Fibrosos y largos que no se puedan romper en pequeñas piezas con la succión y el chupeteo
- Deben evitarse alimentos de tamaño pequeño y texturas duras/elásticas
- Deben eliminarse huesos/pepitas que contengan

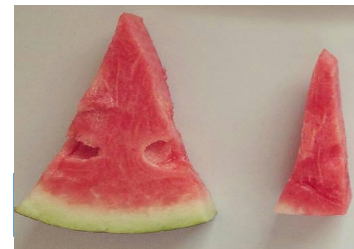
Baby Led Weaning. ¿Algo nuevo?



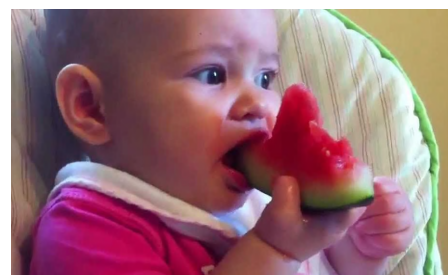
Banana



Avocado



FRUTAS



Aguacate
 Pera
 Plátano
 Manzana cocida
 Mango
 Caquis
 Ciruelas
 Nectarina
 Albaricoques
 Naranja
 Melón
 Sandia
 Melocotón
 Kiwi
 Fresas
 Higos
 Uvas cortadas

Baby Led Weaning. ¿Algo nuevo?

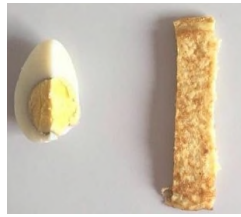


VERDURAS, HORTALIZAS, LEGUMBRES



Brócoli
 Zanahoria
 Calabacín
 Batata
 Patata
 Coliflor
 Berenjenas
 Calabaza
 Puerros
 Pimientos
 Tomates
 Judías
 Pepino
 Remolacha
 Garbanzos
 Lentejas
 Espinacas

Baby Led Weaning. ¿Algo nuevo?



CEREALES, CARNES, PESCADOS, HUEVOS



Pollo
 Pavo
 Cerdo
 Jamón
 Ternera

Pescado blanco
 Pescado azul

Pasta
 Pan
 Huevos



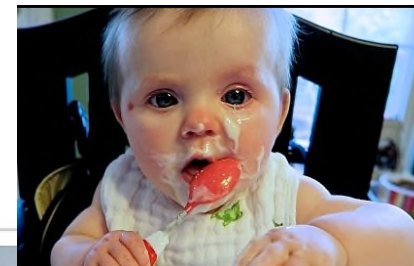
Baby Led Weaning. ¿Algo nuevo?

BLW: Requisitos (ALIMENTOS: comidas)

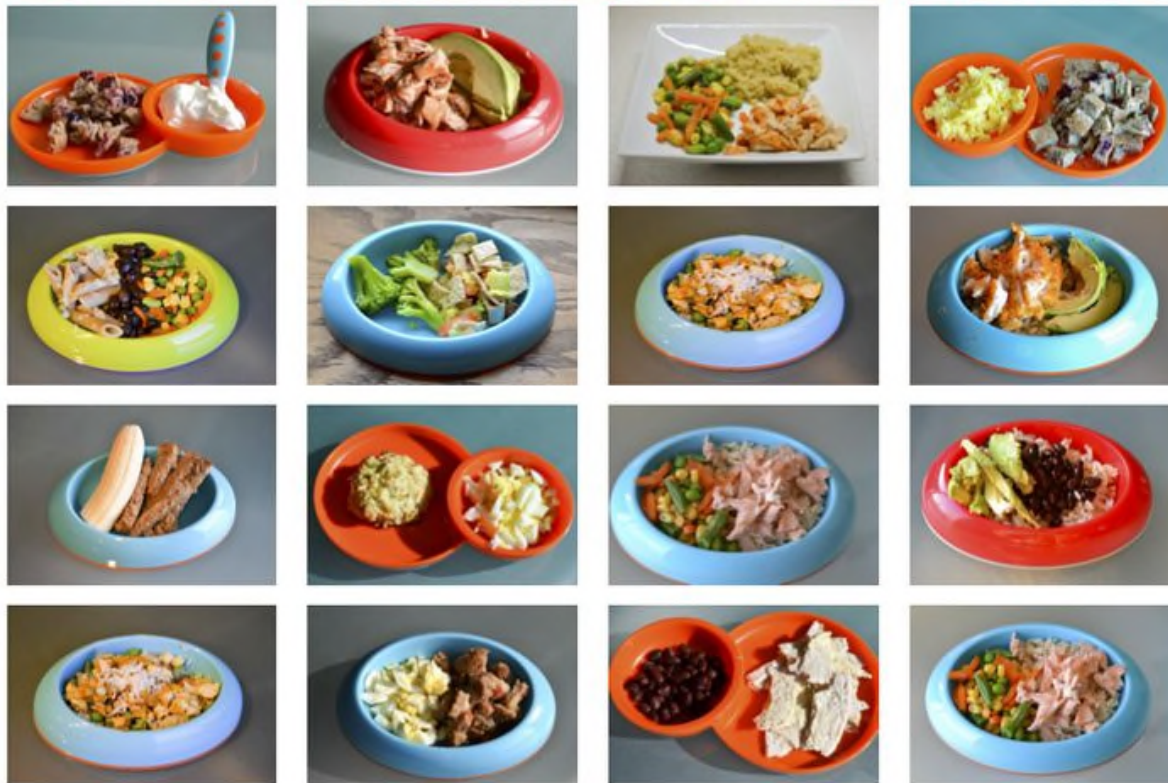


Baby Led Weaning. ¿Algo nuevo?

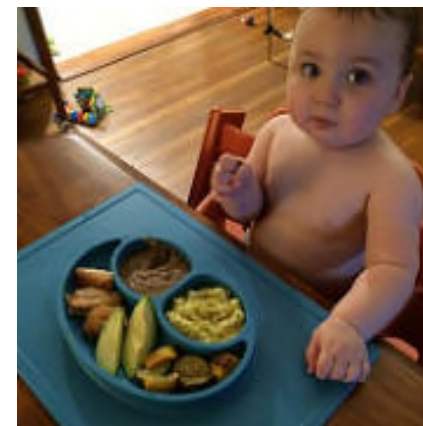
BLW: Requisitos (ALIMENTOS: comidas)



Baby Led Weaning. ¿Algo nuevo?



WHAT DOES MY 10 MONTH OLD EAT IN A WEEK?



Baby Led Weaning. ¿Algo nuevo?

Objetivos

- Cubrir las necesidades nutricionales
- Favorecer el desarrollo de funciones ligadas a la nutrición
- Cubrir las necesidades emocionales ligadas a la alimentación
- Favorecer la autonomía y la auto-regulación (alimentación a demanda)
- Favorecer el establecimiento de hábitos dietéticos saludables
- Incorporación gradual y precoz a la dinámica familiar en relación a las comidas



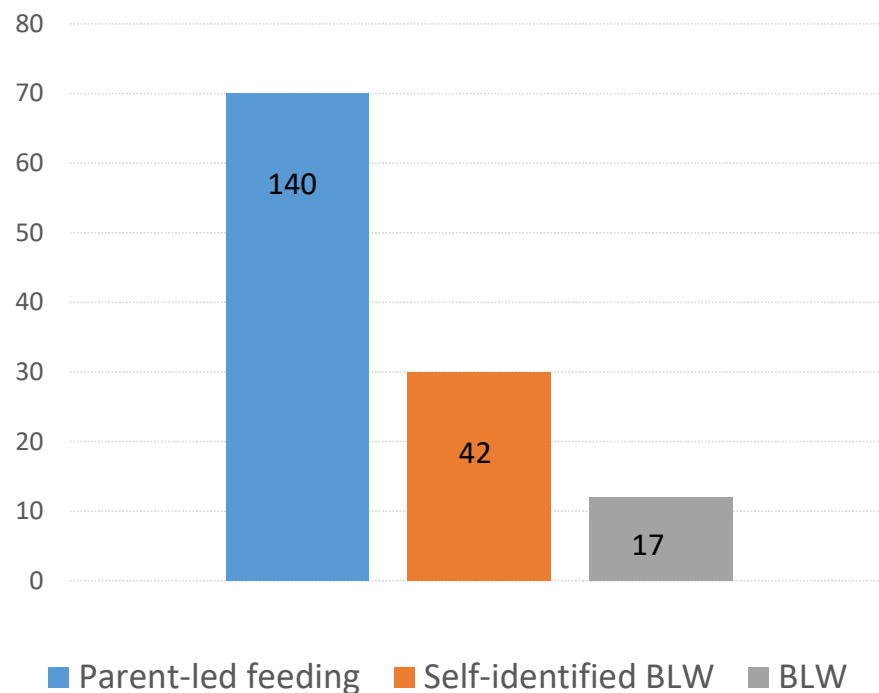
Carencias nutricionales
Riesgo de atragantamientos



Prevención de trastornos ligados a la nutrición
(conducta, consumo de alimentos saludables,
manejo de texturas, obesidad)

Baby Led Weaning. ¿Algo nuevo?

Parent-led or baby-led? Associations between complementary feeding practices and health-related behaviours in a survey of New Zealand families



N 199
 % Uso de purés

Cameron SL. BMJ Open 2013;3:e003946.

Baby Led Weaning. ¿Algo nuevo?

Cameron et al. BMC Pediatrics (2015) 15:99
DOI 10.1186/s12887-015-0422-8



RESEARCH ARTICLE

Open Access



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

Sonya L. Cameron¹, Rachael W. Taylor² and Anne-Louise M. Heath^{1*}

Baby Led Weaning. ¿Algo nuevo?

RICOS EN HIERRO

Pollo
 Ternera
 Pescado
 Jamón
 Cerdo
 Cordero
 Hígado (paté)
 Lentejas
 Garbanzos
 Salami
 Hummus
 Cereales enriquecidos en Fe (2,5-4mg/100g)
 Carnes procesadas

ENERGETICOS

Todos los alimentos son clasificados como energéticos menos la mayoría de las frutas y verduras

Plátano
 Aguacate
 Patata
 Batata
 Calabaza



Cameron SL et al. BMC Pediatrics (2015) 15:99

Baby Led Weaning. ¿Algo nuevo?

Alimentos de riesgo para atragantamiento en lactantes

Alimentos duros que no se puedan aplastar con la lengua contra el paladar

Alimentos duros, o gomosos cortados en pequeñas rodajas

Pescados fritos comerciales

Carne en trozos pequeños, dura, poco cocinada o con piel

Salchichas

Patatas fritas

Cítricos (naranja, mandarina) sin pelar

Frutas desecadas. Bayas y pasas

Manzana cruda. Piña cruda

Uvas enteras

Frutas con huesos

Galletas duras, secas

Maíz

Palomitas

Chicles y caramelos

Frutos secos

Guisantes enteros

Vegetales crudos y hojas de ensalada

Tomates cherry enteros



Principios generales



1. Especialmente en los primeros meses, pruebe los alimentos primero para asegurarse que son tiernos y se pueden aplastar con la lengua sobre el paladar o bien son lo suficientemente largos y fibrosos para que no se puedan romper en pequeñas piezas con la succión y el chupeteo
2. Evite alimentos que formen bolo en la boca
3. Asegúrese que los alimentos que ofrece son de un tamaño adecuado al niño o al menos una parte de los mismos
4. Asegúrese que el niño esta siempre sentado cuando esta comiendo. Nunca inclinado hacia atrás
5. Nunca deje al niño solo con la comida. Siempre debe haber un adulto con él mientras está comiendo
6. Nunca deje que nadie ponga la comida en la boca del bebé excepto él mismo. El niño debe comer en su propio espacio y bajo su propio control

Fangupo LJ et al. Pediatrics. 2016;138(4):e20160772

Baby Led Weaning. ¿Algo nuevo?

BLW/BLISS: Sensación de saciedad y obesidad

Maternal control of child feeding during the weaning period: differences between mothers following a Baby-led or Standard weaning approach

Diferencias en relación a la ACTITUD DE LOS PADRES referente a la comida

Diferencias en CARACTERISTICAS MATERNAS: Educación (mayor nivel), ocupación (puesto de trabajo) y reincorporación al trabajo (mas tardía)

531 BLW vs 253 tradicional (SW). Edad 6-12 meses

CFQ factor	BLW	SW	F
Perceived responsibility	4.53 (.032)	4.58 (.038)	$F(1, 580) = 1.34, p > 0.05$
Perceived parental weight	3.14 (.028)	3.20 (.034)	$F(1, 582) = 1.58, p > 0.05$
Concern over child weight	1.31 (.042)	1.64 (.051)	$F(1, 562) = 21.14, p < 0.001$
Restriction	3.00 (.032)	3.27 (.038)	$F(1, 583) = 33.60, p < 0.001$
Pressure to eat	1.39 (.043)	2.20 (.052)	$F(1, 584) = 156.72, p < 0.001$
Monitoring	2.55 (.080)	3.68 (.096)	$F(1, 584) = 87.26, p < 0.001$

Brown A, Lee M. Matern Child Health J 2011; 15:1265-71

Baby Led Weaning. ¿Algo nuevo?

Early influences on child satiety-responsiveness: the role of weaning style

Edad 18-24 meses. BLW (n 163) vs tradicional (n 135)

Fase 1 (6-12 meses). Cuestionario sobre control materno

Fase 2 (18-24 meses). Cuestionario de comportamiento del niño

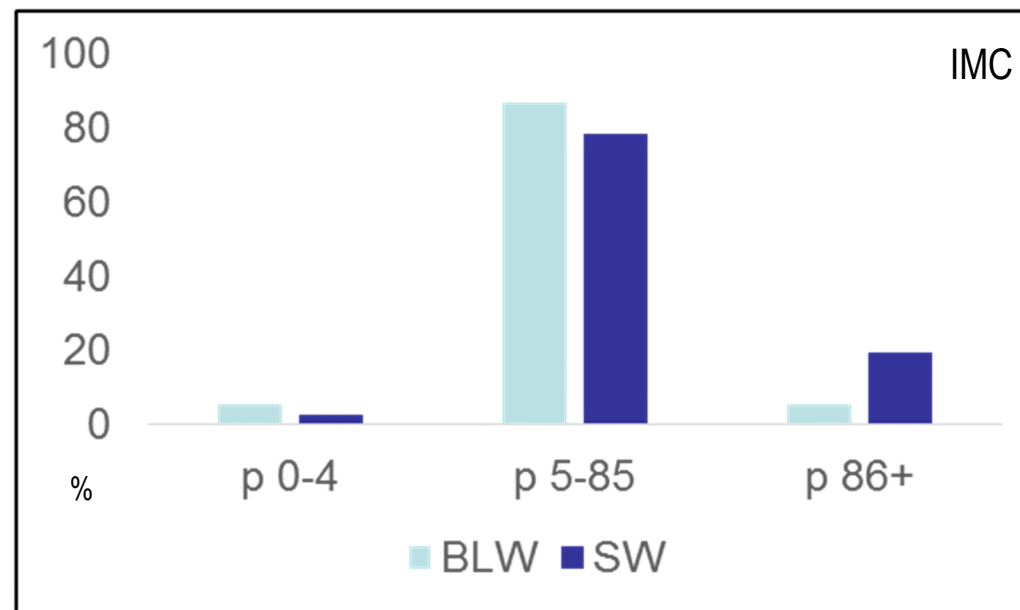
Behaviour	Mean (standard error)		Significance
	BLW	SW	
Food-responsiveness	2.85 (.50)	3.18 (.45)	$F(1, 268) = 16.143, P < 0.001$
Satiety-responsiveness	2.61 (.43)	2.42 (.38)	$F(1, 268) = 5.492, P < 0.05$
Food fussiness	3.26 (.37)	3.03 (.32)	$F(1, 268) = 5.535, P < 0.05$
Enjoyment of food	1.91 (.86)	1.84 (.73)	$F(1, 268) = .546, P > 0.05$

Brown A, Lee MD. *Pediatr Obes* 2015; 10: 57-66

Baby Led Weaning. ¿Algo nuevo?

Early influences on child satiety-responsiveness: the role of weaning style

Edad 18-24 meses. BLW (n 163) vs tradicional (n 135)



Brown A, Lee MD. *Pediatr Obes* 2013; 10: 57-66

Baby Led Weaning. ¿Algo nuevo?

BLW/BLISS: establecimiento hábitos dietéticos

Baby knows best?. The impact of weaning style on food preferences and body mass index in early childhood in a case-controlled sample

Mean preference ratings by weaning group
(presented in order of linking for each group)

BLW (n=37)	Mean (SD)	Spoon-fed (n=37)	Mean (SD)	Edad: 20-78 meses
Carbohydrates	1,82 (0,42)	Sweet foods	1,81 (0,59)	
Savoury snacks	1,83 (0,59)	Savoury snacks	2,08 (0,63)	
Sweet foods	1,89 (0,71)	Carbohydrates	2,12 (0,41)	
Fruit	1,97 (0,58)	Fruit	2,15 (0,46)	
Protein	2,03 (0,51)	Protein	2,38 (0,60)	
Dairy	2,25 (0,89)	Dairy	2,44 (0,97)	
Meals	2,33 (0,82)	Meals	2,62 (0,62)	
Vegetables	2,74 (0,66)	Vegetables	2,87 (0,62)	

Townsend E, Pitchford NJ. BMJ Open 2012; 2: e000298

Baby Led Weaning. ¿Algo nuevo?



Article

Impact of a Modified Version of Baby-Led Weaning on Dietary Variety and Food Preferences in Infants

Brittany J. Morison ¹, Anne-Louise M. Heath ¹ , Jillian J. Haszard ¹ , Karen Hein ²,
Elizabeth A. Fleming ¹, Lisa Daniels ¹ , Elizabeth W. Erickson ¹, Louise J. Fangupo ¹,
Benjamin J. Wheeler ³ , Barry J. Taylor ⁴  and Rachael W. Taylor ^{5,*}

Morison BJ et al. *Nutrients* 2018; 10: 1092

Baby Led Weaning. ¿Algo nuevo?

Table 4. Food variety (counts) at 7, 12, and 24 months of age over the three days of the three-day weighed diet record.

Food group ¹	7 months			12 months			24 months		
	Control (n = 72)	BLISS (n = 76)	Difference ² (95% CI)	Control (n = 61)	BLISS (n = 69)	Difference ² (95% CI)	Control (n = 53)	BLISS (n = 51)	Difference ² (95% CI)
Core foods	5.8 (2.9)	7.1 (2.4)	1.3 (0.4, 2.2)	9.4 (2.6)	9.3 (2.5)	0.0 (−0.9, 0.9)	9.8 (2.4)	9.7 (2.2)	0.1 (−0.7, 0.9)
Non-core foods	0.5 (1.0)	1.1 (1.1)	0.6 (0.2, 0.9)	2.3 (1.7)	2.2 (1.7)	−0.1 (−0.7, 0.5)	4.9 (2.7)	4.0 (2.6)	−0.7 (−1.8, 0.3)
Meat & other protein	1.9 (1.7)	3.2 (1.8)	1.3 (0.8, 1.9)	3.6 (1.6)	4.0 (1.7)	0.5 (−0.02, 1.1)	4.0 (1.6)	4.4 (1.8)	0.4 (−0.2, 1.1)
Fruit and vegetables	9.2 (4.1)	8.1 (3.7)	−1.1 (−2.4, 0.2)	11.9 (4.4)	11.1 (5.1)	−0.6 (−2.2, 1.1)	9.8 (4.2)	11.5 (4.1)	2.0 (0.4, 3.6)
Total food variety	13.1 (6.1)	15.9 (5.4)	3.0 (1.1, 4.8)	21.4 (5.8)	21.6 (6.0)	0.4 (−1.6, 2.4)	24.6 (6.4)	25.3 (6.8)	1.3 (−1.1, 3.7)

Data presented as mean (SD). ¹ Broad categories of foods were: 'core foods' (dairy, grains, milk), 'non-core foods' (savory and sweet snacks, drinks), 'meat and other protein', and 'fruit and vegetables'. See Table 1 for food and drink items within each category; ² Difference (95% CI) in variety counts in BLISS relative to Controls analyzed using linear regression, adjusting for maternal education and parity (stratification variables) and infant sex.

Table 5. Food exposure and perceived preference scores for different tastes at 12 months of age in relation to the complementary feeding style.

Taste category	Control (n = 81)	BLISS (n = 92)	Difference (95% CI) BLISS: Control ³
Exposure score—i.e., offered to the infant ¹			
Sweet ⁴	6.0 (2.1)	5.7 (2.3)	−0.3 (−1.0, 0.4)
Savory-vegetable ⁵	5.9 (2.8)	6.5 (2.2)	0.8 (0.01, 1.5)
Savory-meat ⁶	7.1 (2.8)	7.7 (2.5)	0.4 (−0.3, 1.2)
Savory-non-meat high-protein ⁷	6.8 (2.7)	8.0 (2.5)	1.3 (0.6, 2.1)
Savory-French fries ⁸	6.8 (3.8)	7.0 (4.0)	0.2 (−1.0, 1.4)
Salty ⁹	5.0 (2.3)	4.6 (2.3)	−0.5 (−1.2, 0.2)
Preference score—i.e., consumed by the infant ²			
Sweet ⁴	4.5 (0.5)	4.5 (0.4)	0.0 (−0.1, 0.1)
Savory-vegetable ⁵	4.1 (0.8)	4.2 (0.6)	0.1 (−0.1, 0.3)
Savory-meat ⁶	4.4 (0.6)	4.5 (0.5)	0.1 (−0.1, 0.2)
Savory-non-meat high-protein ⁷	4.3 (0.7)	4.5 (0.5)	0.2 (0.04, 0.4)
Savory-French fries ⁸	4.7 (0.4)	4.6 (0.6)	−0.1 (−0.3, 0.1)
Salty ⁹	4.4 (0.8)	4.4 (0.8)	0.0 (−0.3, 0.3)

Table 7. Perceived food preference scores at 24 months of age in relation to the complementary feeding style [34].

Food Category	Control (n = 75)	BLISS (n = 86)	Difference (95% CI) BLISS: Control ¹
'Vegetables' ²	3.7 (3.1, 4.1)	3.8 (3.2, 4.2)	0.1 (−0.2, 0.5)
'Fruit' ³	4.8 (4.4, 4.9)	4.8 (4.4, 4.9)	0.1 (−0.1, 0.2)
'Meat and fish' ⁴	4.2 (3.7, 4.6)	4.3 (4.0, 4.5)	0.1 (−0.2, 0.3)
'Desserts' ⁵	4.4 (3.8, 4.8)	4.4 (4.0, 4.8)	0.1 (−0.2, 0.4)

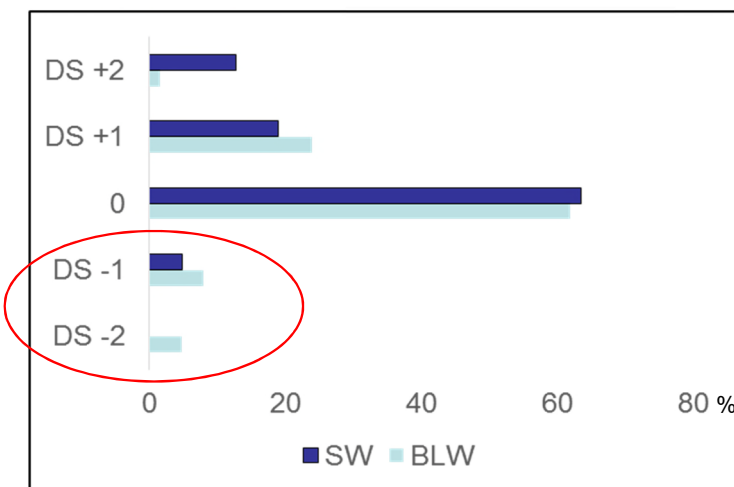
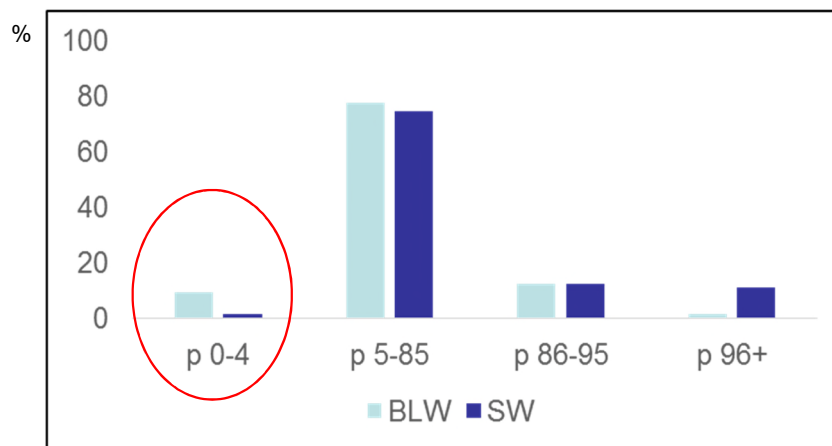
Data presented as median (25th, 75th percentile). Scores found as the mean liking (on a response scale from 1 (dislikes a lot) to 5 (likes a lot) for all items. Missing items were imputed with the mean of the remaining items in the scale; ¹ difference (95% CI) in scores in BLISS relative to Controls analyzed using median regression, adjusting for maternal education and parity (stratification variables) and infant sex; ² broccoli, cabbage, carrots, cauliflower, green beans, mushrooms, parsnips, lettuce, and tomato; ³ apples, bananas, oranges, grapes, peaches, strawberries, fruit juice, as well as ice cream, and frozen ice pops; ⁴ beef, lamb, pork, chicken, bacon, fried fish, fresh fish, and canned fish; ⁵ cream, cakes, sweet pastries, fruit-based desserts, custard, and dairy desserts.

BLW/BLISS: Déficit energético y de nutrientes

Baby knows best?. The impact of weaning style on food preferences and body mass index in early childhood in a case-controlled sample

Edad: 20-78 meses. BLW (92) vs tradicional (63)

Media IMC: BLW 54,38 vs SW 64,79 (p0,05)



Townsend E, Pitchford NJ. BMJ Open 2012; 2: e000298

Baby Led Weaning. ¿Algo nuevo?

How different are baby-led weaning and conventional complementary feeding? A cross-sectional study of infants aged 6–8 months

25 BLW vs 26 SW. Edad 6-8 meses

Diferencias en ingestas de micronutrientes

	TSF n=25	BLW parcial (n=7)	BLW completo (n=18)	p
Energia (Kj)	2897 (2718-3088)	3073 (2882-3521)	2800 (2518-3115)	0,56
Proteinas (g)	17 (15-19)	18 (14-23)	15 (12-17)	0,087
Grasas (g)	33 (31-35)	36 (33-38)	36 (33-39)	0,042
Carbohidratos (g)	82 (75-90)	86 (70-105)	72 (64-82)	0,076
Hierro (mg)	3,6 (2,7-4,9)	3,3 (1,3-8,0)	1,6 (1,2-2,1)	<0,001
Zinc (mg)	3,7 (3,3-4,1)	4,0 (2,9-5,4)	3,0 (2,6-3,3)	0,001
Vitamina C (mg)	66 (57-75)	67 (53-86)	46 (38-55)	0,001
Vitamina B12 (mcg)	0,5 (0,3-0,8)	0,6 (0,3-1,1)	0,2 (0,1-0,3)	<0,001

Morison BJ et al. BMJ Open 2016;6:e010665

Baby Led Weaning. ¿Algo nuevo?



Effect of a Baby-Led Approach to Complementary Feeding on Infant Growth and Overweight A Randomized Clinical Trial

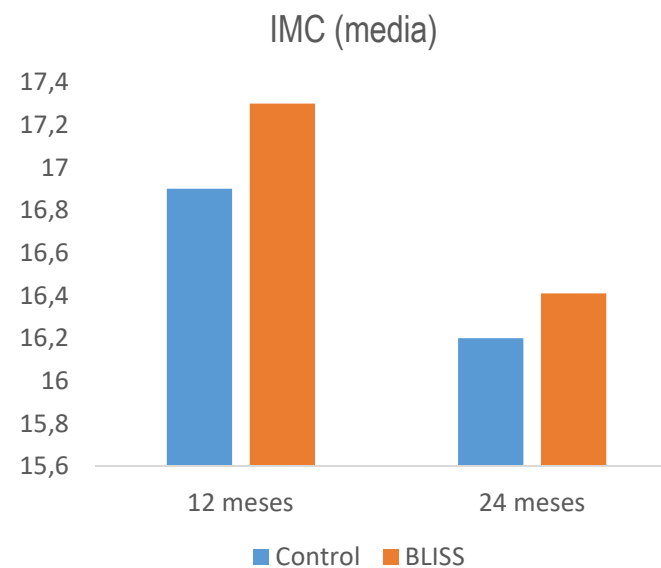
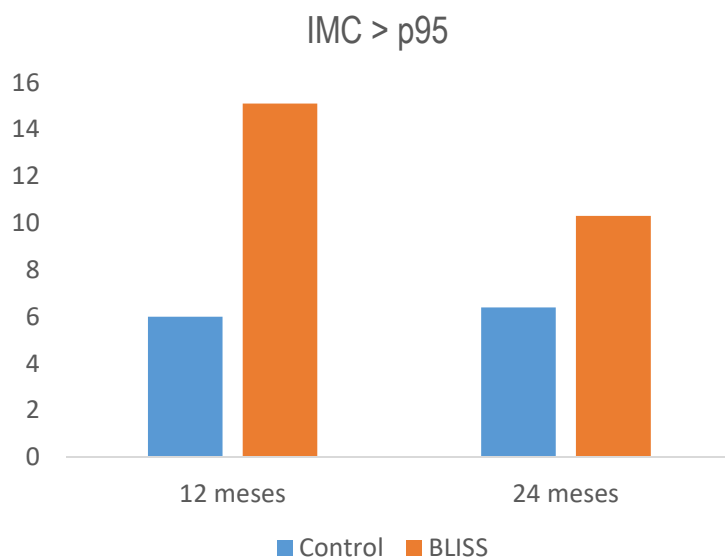
Rachael W. Taylor, PhD; Sheila M. Williams, DSc; Louise J. Fangupo, MSc; Benjamin J. Wheeler, FRACP; Barry J. Taylor, FRACP; Lisa Daniels, MDiet;
Elizabeth A. Fleming, MCapSc; Jenny McArthur, BEd(Hons) Primary; Brittany Morton, MSc; Liz Williams Erickson, MSc; Rhondda S. Davies, IBCLC;
Sabina Bacchus, PGDipSci; Sonya L. Cameron, PhD; Anne-Louise M. Heath, PhD

Taylor RW et al. JAMA Pediatr 2017; 171: 838-46

Effect of a Baby-Led Approach to Complementary Feeding on Infant Growth and Overweight



Variable	Age, mo	Control Group		BLISS Group		Adjusted Difference (95% CI) ^a
		No. of Participants	Mean (SD)	No. of Participants	Mean (SD)	
Primary outcome						
BMI z score	12	84	0.20 (0.89)	93 ^b	0.44 (1.13)	0.21 (−0.07 to 0.48) ^c
	24	78	0.24 (1.01)	88	0.39 (1.04)	0.16 (−0.13 to 0.45) ^c



Taylor RW et al. JAMA Pediatr 2017; 171: 838-46

Baby Led Weaning. ¿Algo nuevo?

Effect of a Baby-Led Approach to Complementary Feeding on Infant Growth and Overweight



Variable	Age, mo	Control Group		BLISS Group		Adjusted Difference (95% CI) ^a
		No. of Participants	Mean (SD)	No. of Participants	Mean (SD)	
Secondary outcomes						
Weighed diet records						
Energy intake, kJ	7	77	2862 (548)	85	2996 (613)	70 (−125 to 265) ^h
	12	68	3572 (776)	75	3623 (776)	55 (−284 to 395) ^e
	24	56	4084 (1042)	57	4026 (1029)	143 (−241 to 526) ^h

Cuestionarios de ingesta (3 días) a los 7,12 y 24 meses

Taylor RW et al. JAMA Pediatr 2017; 171: 838-46

Baby Led Weaning. ¿Algo nuevo?



Impact of a modified version of baby-led weaning on iron intake and status: a randomised controlled trial

Lisa Daniels,^{1,2} Rachael W Taylor,² Sheila M Williams,³ Rosalind S Gibson,¹
Elizabeth A Fleming,^{1,2} Benjamin J Wheeler,⁴ Barry J Taylor,⁴ Jillian J Haszard,¹
Anne-Louise M Heath¹

Daniels L et al. BMJ Open 2018; 8: e019036

Baby Led Weaning. ¿Algo nuevo?

Table 3 Iron from complementary foods at 7 and 12 months of age (consumers and non-consumers)*†

	Control		BLISS		Difference (95% CI)‡	P values
	mg/day	%§	mg/day	%§		
7 months of age	n=77		n=85			
Vegetables	0.16 (0.0, 0.4)	17 (9, 25)	0.10 (0.0, 0.2)	8.4 (6, 17)	-0.1 (-0.1 to 0.0)	0.07
Fruit and fruit juice	0.13 (0.0, 0.2)	11 (5, 24)	0.09 (0.0, 0.2)	7.2 (3, 12)	-0.0 (-0.1 to 0.0)	0.19
Iron-fortified infant cereal	0.08 (0.0, 0.7)	7.9 (0, 54)	0.19 (0.0, 0.5)	19 (0, 43)	0.1 (-0.1 to 0.3)	0.25
Breads and cereals¶	0.09 (0.0, 0.3)	7.2 (2, 26)	0.26 (0.1, 0.4)	23 (10, 35)	0.2 (0.1 to 0.2)	<0.001
Red meat**	0.01 (0.0, 0.2)	1.9 (0, 14)	0.06 (0.0, 0.2)	7.2 (1, 16)	0.1 (0.0 to 0.1)	0.010
Miscellaneous††	0.01 (0.0, 0.1)	1.1 (0, 6)	0.01 (0.0, 0.1)	1.3 (0, 6)	0.0 (-0.0 to 0.0)	0.75
Dairy	0.00‡‡ (0.0, 0.0)	0.1 (0, 0.4)	0.00 (0.0, 0.0)	0.5 (0, 2)	0.0 (0.0 to 0.0)	0.010
Legumes, nuts, seeds and eggs	0.00 (0.0, 0.0)	0.0 (0, 2)	0.04 (0.0, 0.1)	4.5 (1, 11)	0.0 (0.0 to 0.1)	0.001
Other meat§§	0.00 (0.0, 0.0)	0.0 (0, 3)	0.00 (0.0, 0.0)	0.4 (0, 4)	0.0 (-0.0 to 0.0)	0.57
12 months of age	n=68		n=75			
Breads and cereals¶	0.84 (0.5, 1.6)	32 (16, 48)	1.10 (0.6, 1.8)	38 (27, 50)	0.2 (-0.2 to 0.5)	0.26
Vegetables	0.38 (0.2, 0.5)	11 (6, 16)	0.29 (0.1, 0.5)	8.9 (4, 14)	-0.1 (-0.2 to -0.0)	0.027
Miscellaneous††	0.32 (0.1, 0.6)	9.8 (4, 18)	0.18 (0.1, 0.5)	5.7 (2, 17)	-0.1 (-0.3 to 0.0)	0.05
Fruit and fruit juice	0.27 (0.2, 0.5)	8.3 (5, 13)	0.32 (0.2, 0.5)	10 (5, 14)	0.0 (-0.1 to 0.1)	0.33
Other meat§§	0.17 (0.1, 0.3)	5.5 (2, 9)	0.17 (0.1, 0.3)	5.1 (1, 4)	-0.0 (-0.1 to 0.1)	0.94
Legumes, nuts, seeds and eggs	0.10 (0.0, 0.3)	2.8 (0, 10)	0.16 (0.0, 0.4)	4.6 (1, 10)	0.0 (-0.0 to 0.1)	0.28
Red meat**	0.09 (0.0, 0.3)	2.5 (0, 11)	0.15 (0.0, 0.4)	3.8 (0, 12)	0.1 (-0.1 to 0.2)	0.40
Dairy	0.06 (0.0, 0.1)	1.5 (1, 4)	0.05 (0.0, 0.1)	1.7 (0, 4)	-0.0 (-0.0 to 0.0)	0.81
Iron-fortified infant cereal	0.00 (0.0, 0.0)	0.0 (0, 0)	0.00 (0.0, 0.1)	0.0 (0, 5)	-	-

Daniels L et al. BMJ Open 2018; 8: e019036

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Table 4 Iron status indicators and categories at 12 months of age

	Control (n=59)	BLISS (n=60)	Difference (95% CI)*	P values
Haemoglobin (g/dL), mean (SD)	11.7 (0.84)	11.6 (0.89)	-0.08 (-0.40 to 0.23)	0.59
Plasma ferritin (µg/L)†	28.9 (18.5, 47.4)	27.0 (19.5, 42.1)	-2.6 (-10.9 to 5.8)	0.55
Soluble transferrin receptor (mg/L), mean (SD)	7.6 (2.0)	7.4 (2.7)	-0.2 (-1.0 to 0.7)	0.70
Body iron (mg/kg)‡, mean (SD)	3.3 (3.1)	3.3 (2.9)	0.04 (-1.1 to 1.2)	0.95
C-reactive protein (mg/L)	0.1 (0.0, 0.5)	0.2 (0.1, 0.5)	-0.02 (-0.2 to 0.2)	0.86
α ₁ -Acid glycoprotein (g/L)	0.6 (0.4, 0.8)	0.6 (0.5, 0.95)	0.04 (-0.1 to 0.2)	0.56
Iron status categories, n (%)			OR (95% CI)§	P values
Iron sufficient¶	49 (83)	50 (83)	1.0	-
Iron depleted**	3 (5)	2 (3)	1.5 (0.2 to 9.6)	0.65
Early functional iron deficiency††	4 (7)	4 (7)	1.0 (0.2 to 4.3)	0.98
Iron deficiency anaemia‡‡	3 (5)	4 (7)	0.8 (0.2 to 3.6)	0.74

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BLW/BLISS: Atragantamientos

La nausea es un reflejo fisiológico y forma parte del aprendizaje. El atragantamiento y la aspiración son situaciones de emergencia y existe más riesgo de que aparezcan con alimentos muy pequeños y duros.



Gagging vs. Choking

learn the difference ~ save a life

Gagging:

- Child will open mouth and thrust tongue forward. Face may appear bright red.

- Child will sputter and cough. (Good signs- means they are working it out.)

Children have a very heightened gag reflex, designed to keep them safe from choking.

DO NOT INTERFERE WITH A GAGGING CHILD - THIS CAN LEAD TO ACTUAL CHOKING.

LET THEM WORK IT OUT!

Choking:

- Child will begin to turn blue
- Child will be silent & unable to make noise

- Child may begin coughing if it is a partial blockage. (This is a good sign they are clearing their passage)

If child is silent and turning blue, proceed using standard first aid measures to dislodge the blockage

Learn more about first aid measures & find a class: www.redcross.org

REMEMBER:

Loud and Red, let them go ahead.
Silent and Blue, they need help from you!

This advice brought to you by a mother and deputy coroner. Choking deaths are an unfortunate reality in her line of work but can be preventable. Please share this information! For more advice and insight visit www.askacoroner.com & find her book *Spoiler Alert: You're Gonna Die*



Baby Led Weaning. ¿Algo nuevo?

A Baby-Led Approach to Eating Solids and Risk of Choking

105 BLW(BLISS) vs 101 SW

Frecuencia de atragantamientos/nauseas: cuestionario (6,7,8,9 y 12 meses)
 Exposición a alimentos de riesgo: encuesta dietética (7 y 12 meses)



The gag reflex automatically closes off the throat and pushes the tongue to the front of the mouth.

What GAGGING looks like:

His eyes may water.

He may push his tongue forward or out of his mouth.

He may be doing a retching movement to try and bring food forward in his mouth—he may even vomit.

Choking occurs when the airway becomes partially or completely blocked, preventing breathing.

What CHOKING looks like:

Your baby may cough or gasp as she tries to draw in breath around the obstruction to clear it out.

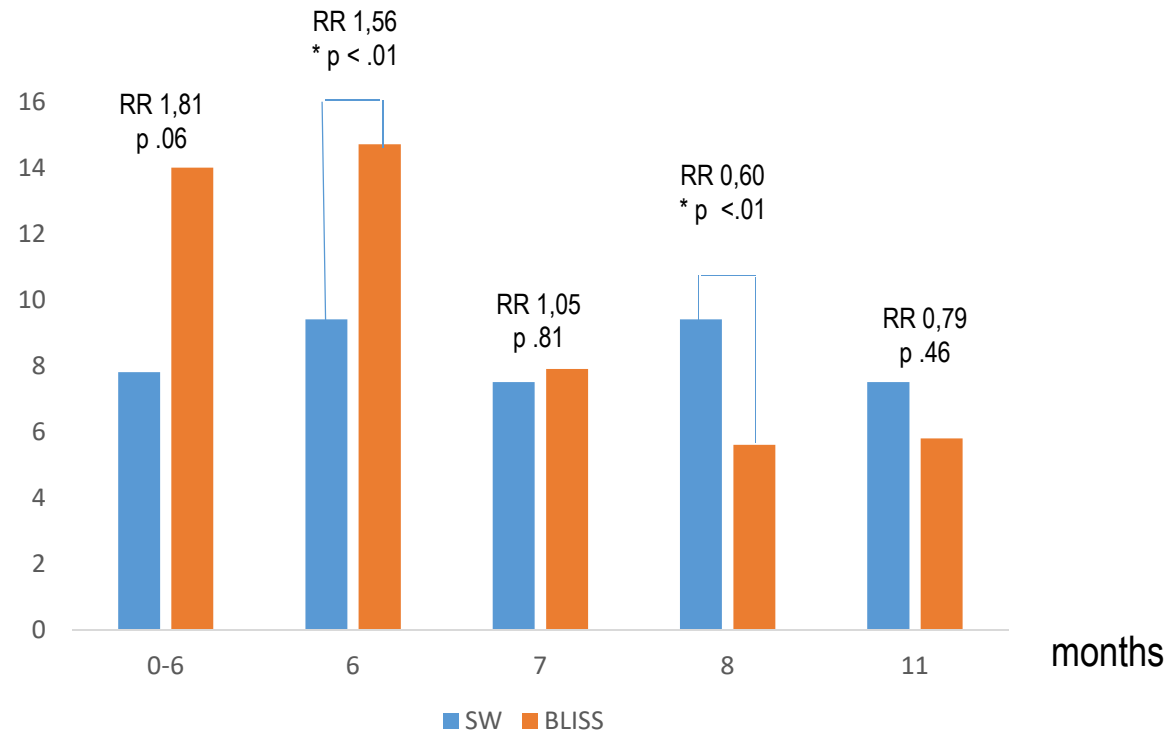
Your baby may go silent.

She may make a struggling sound or raspy squeaking whisper as she tries to communicate her distress.

Fangupo LJ et al. Pediatrics. 2016;138(4):e20160772

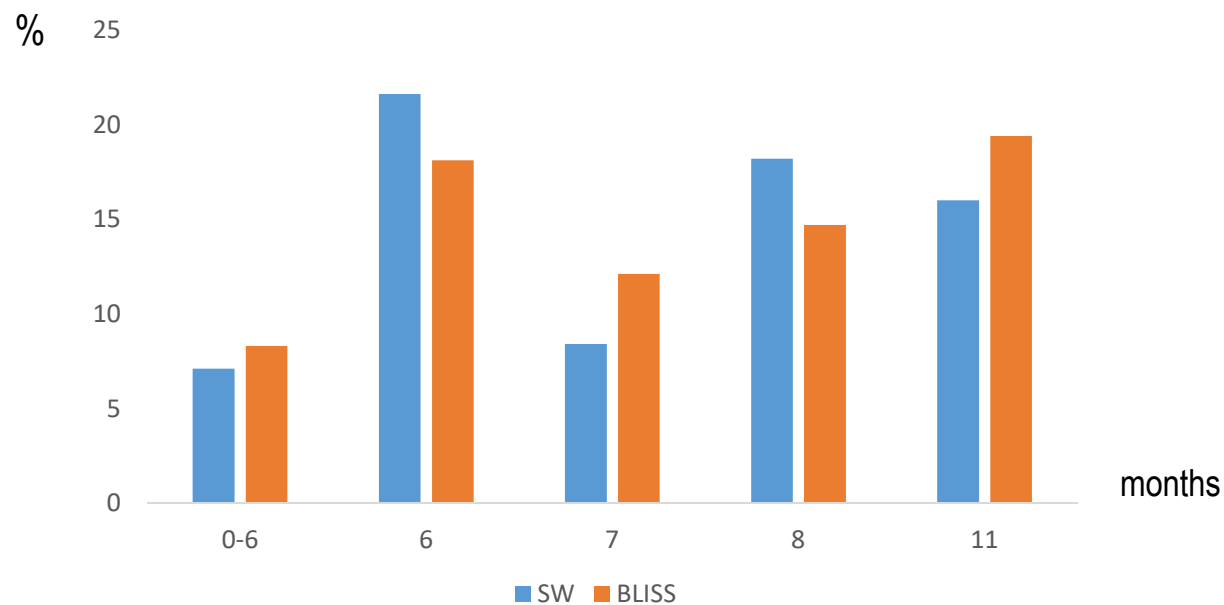
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Mean number of gagging events per infant, per month



Fanguo LJ et al. Pediatrics. 2016;138(4):e20160772

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Age ^a	Control	BLISS	RR (95% CI) ^b	p ^c
Choked at least once, by questionnaire ^d				
0 to <6 mo	6/85 (7.1)	8/96 (8.3)	1.10 (0.39–3.10)	.86
6 mo	19/88 (21.6)	17/94 (18.1)	0.86 (0.48–1.54)	.61
7 mo	7/83 (8.4)	11/91 (12.1)	1.31 (0.53–3.21)	.56
8 mo	16/88 (18.2)	14/95 (14.7)	0.78 (0.40–1.52)	.46
11 mo	13/81 (16.0)	18/93 (19.4)	1.21 (0.63–2.31)	.57

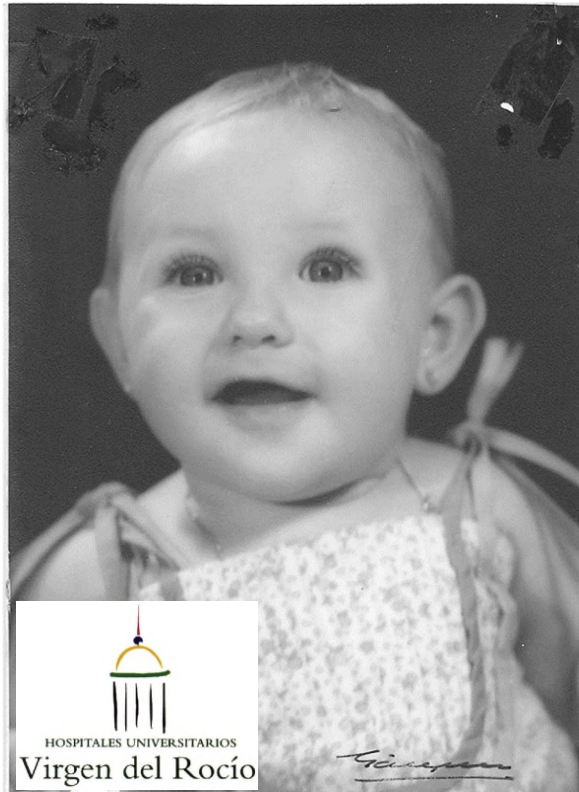
Fanguo LJ et al. Pediatrics. 2016;138(4):e20160772

Baby Led Weaning. ¿Algo nuevo?

SUPPLEMENTAL TABLE 5 Number of Infants Offered a Food Posing a Choking Risk at Least Once During the 3-D Weighed Diet Record at 7 Mo of Age

Food Posing a Choking Risk ^a	Control (n = 78) ^b	BLISS (n = 86) ^c
Teething rusks	15 (19.2)	12 (14.0)
Raw vegetables	10 (12.8)	6 (7.0)
Raw apple	9 (11.5)	1 (1.2)
Meat (not including sausages)	8 (10.3)	5 (5.8)
Hard crackers	6 (7.7)	11 (12.8)
Peas	6 (7.7)	7 (8.1)
Corn	5 (6.4)	5 (5.8)
Whole grapes	4 (5.1)	4 (4.7)
Dried fruit	2 (2.6)	2 (2.3)
Sausages and similar products	2 (2.6)	9 (10.5)
Marshmallow	1 (1.3)	0 (0.0)
Popcorn	1 (1.3)	0 (0.0)
Whole cherries	1 (1.3)	0 (0.0)
Berries	0 (0.0)	1 (1.2)
Battered fish	0 (0.0)	0 (0.0)
Chewing gum	0 (0.0)	0 (0.0)
Crisps	0 (0.0)	1 (1.2)
Corn chips	0 (0.0)	1 (1.2)
Small, hard, sticky sweets	0 (0.0)	0 (0.0)
Raw pineapple	0 (0.0)	0 (0.0)
Seeds	0 (0.0)	1 (1.2)
Whole cherry tomatoes	0 (0.0)	1 (1.2)
Whole nuts	0 (0.0)	0 (0.0)
Any food posing a choking risk	38 (48.7)	47 (54.7)

Baby Led Weaning: ¿algo nuevo?



Variedades: "abordaje BLW"

Estudios empleando el método BLISS

- Riesgo de atragantamientos
- Riesgo ferropenia
- Prevención obesidad
- Preferencia de sabores

Beatriz Espín Jaime