Knowledge of the UK weaning guidelines influences the timing of the introduction of solid foods to infants

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The Department of Health (DH) guidelines to wean infants on to solid foods about 6 months have been the subject of recent debate(1,2). Although it is suggested that knowledge of these guidelines is high(3), the most recent UK-wide study of weaning practice in 2005(4) showed only 1% were waiting until 26 weeks to wean. The guidelines are the subject of a current Scientific Advisory Committee on Nutrition review(5).

The objective of this study was to assess understanding of the weaning guidelines in a cross-sectional sample of UK parents and to investigate how this knowledge, together with other factors, may influence weaning timing. An on-line survey was carried out among 3607 UK parents, recruited from UK parenting web-sites. The survey consisted of twenty-one questions covering understanding of the guidelines, sources of weaning advice, ante-natal care and feeding choices. Ninty-nine percent of respondents were mothers.

Sixty-two percentage understood the guidelines to be to introduce solid foods about 6 months, 24% at 6 months (from 26 weeks), 7% 4–6 months, 6% ‘when your baby showed signs of being ready’ and 1% were not aware of any guidelines. Knowledge of the guidelines was associated with later weaning (independently of demographic factors) (P<0.001) but did not ensure compliance as 80% (n 1220) of mothers who weaned before 24 weeks and 65% (n 250) who weaned before 17 weeks were aware of the guidelines. At least 70% across all demographic groups accurately understood the guidelines, however younger mothers (P<0.001), those receiving benefits (P<0.001), those only educated to sixteen (P<0.001) and ethnic minority groups (P<0.001) were less likely to be aware of the guidelines. ANOVA modelling recognised that those who finished formal education at sixteen, weaned later when they were aware of the guidelines (P = 0.017). Poor understanding of the current weaning guidelines was the most reliable predictor of weaning inappropriately early (before 17 weeks) (P = 0.021, OR 2.52 (1.15–5.52)) together with young maternal age (P = 0.014, OR 0.96 (0.93–0.99)). Other factors associated with earlier weaning included low educational attainment*, being a single parent**, weaning in response to the baby waking at night* or not being satisfied by milk* and being most influenced by advice from friends and family** or previous experience*. Later weaning was associated with being influenced by advice from health visitors** and the internet*, attending ante-natal classes**, exclusive breastfeeding 0–8 weeks* and being a first-time mother**. Following the baby-led weaning approach was the most reliable predictor of those weaning 26 weeks*. (*P<0.001, ** P<0.05).

The complexity of factors associated with weaning timing was apparent from our analysis. Despite this, accurate knowledge of the recommendation to wean about 6 months is associated with later weaning, particularly among first-time mothers and may compensate for a tendency to wean early among those of lower educational attainment. The popularity of baby-led weaning was highlighted and merits further investigation given the lack of current research on this method of weaning.