

LATE WEANING

(425D)

PARTICIPANT TYPE.....CHILDREN
HIGH RISK.....NO

RISK DESCRIPTION:

Using a bottle for feeding or drinking beyond 14 months of age.

ASK ABOUT:

- Developmental skills related to cup-feeding
- Cultural, medical, and other influences on bottle-feeding practices
- Oral health status and oral health practices

NUTRITION COUNSELING/EDUCATION TOPICS:

- The American Academy of Pediatrics and the American Academy of Pedodontics recommend that infants drink from a cup as they approach their first birthday and that infants are weaned from the bottle by 14 months of age.
- The longer a child uses a bottle the harder it will be to wean. The keys to weaning are patience and understanding.
- Wean gradually.
 - Replace the child's least favorite bottle-feeding with the cup. Gradually replace one bottle at a time with a cup. Replace the favorite bottle feeding last.
 - Bedtime bottles may be the hardest to give up because children who go to bed with a bottle have learned to put themselves to sleep by sucking.
 - Read a story at naptime or bedtime.
 - Replace the bottle with a favorite blanket or stuffed animal.
 - Offer a healthy snack before a nap or bedtime.
 - Be consistent and continue until weaning is complete. Involve all caregivers; include all family members and child care providers.
- If attempts at weaning have failed, advise the mother to water down the milk in the bottle while offering milk at full-strength in the cup.
 - Each day add a little more water to the bottle.
 - Once started, never give the child full-strength milk from the bottle.
- Discuss other food sources of calcium in the event that the child refuses milk from a cup during the weaning process.

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POSSIBLE REFERRALS:

- If child shows delays in eating skills, refer to primary care provider.
- If the child is not receiving well child care or keeping appointments, refer the child (if on medical assistance) to Health Tracks (<http://www.nd.gov/dhs/services/medicalserv/health-tracks/>), the local public health department, or primary care providers in the community.
- If the child appears to have developmental delays, refer the family to the Right Track Program for early intervention services (<http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html>).
- If the child has visible tooth decay, parent reports tooth decay or you suspect the infant could have early stages of tooth decay, refer to a local dental office, the local public health department (public health hygienists) or Health Tracks (if on medical assistance) for additional screening and referral. More information about oral health services in ND can be found at <http://www.ndhealth.gov/oralhealth/>.