

Infant-Led Nursing

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It used to be that when babies were nursed, they were nursed for a set number of minutes at one breast, then a similar length of time at the other breast. A few decades ago that philosophy was challenged by a new one: infant-led nursing. This style of nursing encouraged mothers to allow their infants to nurse at the first breast for as long as they wanted. Is one method better than the other, or are they about equal? A new study conducted in the UK turned up some surprising results. Find out which method of nursing is "best" and why.

An article in the April 2008 issue of *Archives of Disease in Childhood** reports that a breastfeeding schedule set by the mother rather than the infant resulted in increased weight gain and increased exclusive breastfeeding rates.

The results in "Does Breastfeeding Method Influence Infant Weight Gain?" run counter to current thinking that it is better for mother and infant to allow the infant to nurse for an unlimited time from the first breast and that both breasts need not be nursed at each feeding; this is called "infant-led nursing. In the traditional approach, the mother nurses the infant at both breasts at each feeding for no longer than 10 minutes per breast.

In the study, physicians compared weight gain in infants who were exclusively breastfed and who followed baby-led breastfeeding to those who followed traditional breastfeeding routines. Mothers who followed the traditional approach found that feeding for longer than 10 minutes from the first breast was associated with poor weight gain during the first six to eight weeks of exclusive breastfeeding. The study also found that infants fed following the traditional approach were more likely to still be exclusively breastfed for up to 12 weeks.

The authors stated that the physiological mechanisms of breastfeeding are used to their best advantage when breastfeeding is done following the traditional approach. Regular, short-term nursing from both breasts at each feeding conditions the mother's let-down reflex; in comparison, baby-led breastfeeding can decondition this reflex by prolonged nursing at one breast during each session. The traditional nursing schedule also helps prevent the milk production in the unused breast from slowing, a reduction that is reinforced when only one breast is offered at each feeding.

It is interesting to note that the authors stated that traditional nursing takes advantage of the higher fat and protein content of the milk released from each breast *early* during nursing. This runs counter to the infant-led-feeding view that long nursing at one breast provides the baby with both foremilk (watery and plentiful) and hindmilk (low volume, but more packed with fat and calories). It will be interesting to see if further study is undertaken and how nursing organizations will respond to the journal article.

* Does breastfeeding method influence infant weight gain?, C. A. Walshaw, J. M. Owens, A. J. Scally, and M. J. Walshaw, [Arch. Dis. Child.](#), Apr 2008; 93: 292-296

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