

Starting Baby Foods

Start baby foods when your infant is taking approximately 32-36 ounces of formula in a 24 hour period, usually around the fourth to sixth month of age. Most babies are taking 5-6 bottles a day and can sleep through the night without eating by this time. Breast fed babies may eat a little more often and may still wake for one feeding. As your baby adds more and more solid foods to her diet, the amount of breast milk or formula she/he takes will decrease. By one year of age, most babies only take around 16-24 ounces a day. Keep giving formula until he/she is 12 months of age and then we will discuss the transition to milk. Most one year olds eat breakfast, lunch, and dinner with the rest of the family, plus 2-3 smaller snacks in between meals.

See our “Infant through Toddler Feeding Guidelines” chart for an overview of amounts and schedule for certain ages.

Starting Solids by Spoon (Traditional Weaning)

“Solids” is a relative term when we talk about baby foods. Most first baby foods are thicker than milk, but they are definitely more “mushy” than what we adults would call “solid”!

Do not give cereal (or other food) by bottle unless there is a medical reason for this that we have discussed with you. It will not make your baby sleep better and may cause excessive weight gain, choking, constipation, or other stomach upset. Wait until your baby can sit with good head control while being held or in a high chair AND will open his mouth when food comes his way.

Learning to eat from a spoon will not be a “natural” experience at first. Infants’ tongues move forward in order to breast or bottle feed. Swallowing solid food requires infants to learn to move their tongue towards the back. Hold your infant in a semi-upright position or use an infant-style seat. Take a small amount of food on the tip of a small narrow spoon and place it in the middle or back of the tongue. Your baby will like some new foods, and some he will reject. Continue to offer the “rejected” food, but don’t force. He will get used to different tastes.

Baby Led Weaning – go to www.feedinglittles.com for more information.

Cereals, Fruits and Vegetables

Single grain cereals are first spoon foods for most babies, although strained fruits and vegetables may work better for others. Some babies prefer their grains mixed in with their fruits and vegetables. Others like to keep them separate. There is no set order to go in when introducing foods, but go slowly, introducing a new one to your baby’s diet only every 3-4 days. This gradual approach will help you watch for signs of mild food intolerance (vomiting, diarrhea, rash, irritability). If you note these reactions, stop the new food and try it again 6-8 weeks later. *(If your baby has a more severe reaction, like swelling, breathing issues, hives, or severe vomiting, talk to us before trying the food again. This may mean your child has an actual allergy more than just intolerance to a food).* If things go well, you can continue using this food in the “rotation”, gradually building up variety in your baby’s diet. Usually start with one “meal” and once he is eating well, add a second feeding during another part of the day (such as “breakfast” and “dinner”). Try to get your baby on the same meal schedule as the rest of your family. Family meals are fun!

- 1) **Preparing cereal:** Mix dry cereals with warm or cool breast milk, formula, or water. Cereals mixed with breast milk may look watery because of a natural reaction between the enzymes in breast milk and the starch in the cereal. For a baby's first feedings, the cereal should be thin; 1/2 Tablespoon of cereal mixed with 4-5 Tablespoons of liquid. As your baby becomes used to cereal, the mixture can be gradually thickened to the regular serving of 2 Tablespoons of cereal with 2 Tablespoons of liquid. The baby may or may not take the full amount each time, especially in the beginning.
- 2) **Preparing fruits and vegetables:** For fruits and vegetables, you can puree your own, or buy the premade products that are readily available. At first, your baby will eat only a few Tablespoons of food at a time. Do not feed him directly from the jar as saliva from the spoon may turn foods to liquid by digesting them in the jar. Place the desired serving in a separate feeding dish and use a clean spoon. Recap the jar, refrigerate, and use the contents within two to three days.

Mixed Foods

When your baby is about 6 to 8 months old and has mastered most cereals and single fruits and vegetables, you can try mixed foods with more than one ingredient and more texture (e.g. "Stage Two" foods). You can start soft meats around 7 to 9 months of age.

Finger Foods

When your baby is sitting well and can bring food to her own mouth, you can try "finger foods". These foods can consist of soft, cut up fruits, vegetables, meats, pasta, etc. Also you can try small cereals and crackers like "puffs". **The most important thing about the food isn't so much the type, but the size and texture.**

AVOID LARGE OR HARD FOODS THAT YOUR BABY COULD CHOKE ON. Foods should be soft enough that they don't require chewing (and even babies with teeth mainly use their tongue and roof of the mouth to eat at this age). They should also be small-about the size of a pea. Let your baby feed himself and embrace the messiness of the process! Within a few months, he will start to use a fork and spoon well.

Moving on from the bottle

Around 6 months, you can also introduce a cup with 1-2 oz of water per day. You can put formula in a cup. Whole fruits and vegetables are much better for kids than juice. Even "100% juice" contains a lot of sugars which can lead to excess weight gain and tooth decay. Babies under one do not need water and too much can actually be harmful for them. See [www.feedinglittles.com /blog/the-ultimate-guide-to-cup-drinking](http://www.feedinglittles.com/blog/the-ultimate-guide-to-cup-drinking) to answer further questions on introducing the cup for the first time.

A word about food allergies

The foods that most often cause allergies are wheat, eggs, peanuts, tree nuts, regular fish, and shell fish. These can cause allergic reactions such as eczema, hives, abdominal pain, vomiting, diarrhea, trouble breathing, or

facial swelling if a child has developed an allergy to them. Some allergies are not apparent until a child has been exposed several times.

Despite some controversy over the last several years, widespread expert thought is that delay of introduction of any of these “common allergens” into the diet does not decrease a normal child’s risk of developing any allergy. Even in infants with a family history of food allergy, the recommendation is still introduction of solid foods at 4-6 months of age. There is some evidence that for **“high risk infants” (those with a parent or sibling with a history of significant food allergy or other atopic disease)**, exclusive breast feeding for 4 months may have some protective effects. Use of a hydrolyzed infant formula (like Nutramigen or Alimentum) may have the same potential to decrease allergic risk in the infants who are not breast feeding (although this has not been well documented). If you are concerned that you have a “high risk infant”, please discuss your infant’s diet with your physician before making changes.

Different from food allergies discussed above, are conditions related to “intolerance” of certain foods. There are infants who present with “allergic colitis” (fussiness, bloody stools), typically related to exposure of an immature intestinal tract to the cow’s milk protein (via breast milk or formula). This problem almost always resolves by 1 year of age and usually has no implications for risk of allergic disease later in life. There is also celiac disease (caused by intolerance to gluten) and lactose intolerance. These are not food allergies; however, exposure to the food does cause significant symptoms and these conditions are usually not outgrown. If you have any concerns regarding your child’s risk of food allergy or any symptoms they are experiencing, please discuss this with his/her physician. Sometimes testing or referral to an allergist is indicated to clarify your child’s risk and to make recommendations for treatment of their food allergy going forward.

References:

1. Burks AW, Jones SM, Boyce JA, Sicherer SH, Wood RA, Assa’ad A, et.al. NIAD-Sponsored 2010 Guidelines for Managing Food Allergy: Applications in the Pediatric Population. *Pediatrics* 2011;128(5).
2. Greer FR, Sicherer SH, Burks AW. Effects of early nutritional interventions on the development of atopic disease in infants and children: the role of maternal dietary restriction, breastfeeding, timing of introduction of complementary foods and hydrolyzed formulas. *Pediatrics* 2008;121(1):183-91.
3. “Starting Solid Foods”, www.healthychildren.org, American Academy of Pediatrics 2008, updated 2/2012.

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