



## Introducing Solid Foods

### Feeding baby in the first six months of life

The American Academy of Pediatrics and many other health organizations recommend "exclusive breastfeeding for the first 6 months of life. Exclusive breastfeeding is defined as an infant's consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk, and no foods)." "Infants weaned before 12 months of age should not receive cow's milk but should receive iron-fortified infant formula."

The AAP recommends that all breastfed infants should receive vitamin D drops starting in the first 2 months of life. Supplementary fluoride should not be administered to infants during the first 6 months after birth, whether they are breast- or formula-fed. Preterm babies or babies with hematalogic disorders may need iron supplementation.

### Feeding baby after 6 months

The AAP statement continues with: "Complementary foods rich in iron should be introduced gradually beginning around 6 months of age." Introducing other foods before 6 months does not increase baby's growth (or help him sleep), it only "substitutes foods that lack the protective components of human milk." Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child. There is no upper limit to the duration of breastfeeding..."

### Signs that baby is ready for solids:

Although solids are not necessary before six months, some parents want to begin earlier.

If there is a history of food allergies in your family, it is strongly recommended that you wait until six months before introducing solids, and remain aware of potential allergens.

If there is no family history of food allergies, and parents wish to start solids before six months, they can watch for these developmental signs that baby is ready for solid foods.

1. Baby can sit up well, without any support.
2. Baby can pick up objects and bring them to her mouth.
3. Baby shows interest in your food: not just the interest they show in everything you do, but a specific intensity that indicates they are interested in it as food.
4. Baby has lost the tongue thrust reflex. (Before this point, if you put a spoon or anything else into baby's mouth, baby's tongue will push it back out.)

### First Feedings

In the first year, breastmilk and/or formula is still baby's primary source of nutrition. Nurse or bottle-feed your baby first, then offer a few small spoonfuls of food, then finish off with more milk. This helps avoid the frustration of an overly hungry baby, and it links the familiar satisfaction of nursing or bottle feeding with the new solid food experiences.

Start slow. Feed a teaspoon or so of food to begin with. Gradually work up to ¼ cup servings. Offer lots of little bits of food throughout the day rather than aiming for three big meals.

Offer foods at a time of day when you and baby are relaxed and there's no rush. Don't force feed. If baby turns his head away or refuses to eat, try again at another time.

Baby needs to be sitting up while eating, in your lap, or in a high chair or child seat, to minimize the risk of choking. Spoon feed baby. Some parents try mixing solid foods into a bottle, or serving in an infant feeder with a nipple, but this can lead to baby taking in more food than he needs. Besides, it's important for baby to get used to the process of eating: sitting up, taking bites from a spoon, resting between bites, and stopping when he's full.

### Introducing new foods

Introduce only one new food at a time. Feed this once a day for a few days, watching for any signs of allergy or sensitivity (see below). Wait a few days before introducing anything new.

The most common allergens are: cow's milk, egg whites, seafood, wheat, nuts, peanuts, soy, and chocolate. Many experts recommend waiting till the end of the first year to introduce these foods.

You will hear many different recommendations for which foods to introduce in which order. Most of these recommendations are based on opinion rather than research. Ask your pediatrician for information specific to your baby.

Whatever the food, you will start out with a very liquid puree. As baby gets older, the food can be mashed into bigger chunks, and finger foods can be started around eight to nine months.

- Cereal and grains. Many experts recommend starting with commercially-made dry rice cereal for babies, which is supplemented with iron. You can mix it with formula or breastmilk, to a very thin consistency for new babies, then thicker as they get older. After this, you can introduce oatmeal and barley, but wait on wheat and mixed cereals, because of allergy potential. Once your toddler is ready for finger foods, crackers and dry cereal can be good options, but check the ingredients to be sure that there are no new foods hiding in the ingredient list.
- Fruits. Can begin with mashed bananas, homemade applesauce or pear sauce. After those, try adding pureed peaches, nectarines, apricots, plums, or mangos. Wait on strawberries and citrus.
- Vegetables. Sweet potatoes, butternut squash, pumpkin, and green beans are good starter veggies. After those, try carrots, zucchini, avocado, and peas. Wait on beets, turnips, spinach, and broccoli, as they have too many nitrates for baby. Wait on tomatoes and corn, due to allergy potential.
- Meat and other proteins: Wait until baby is about 9 months old. Start with lentils or mashed beans. Then try lamb, beef, or salmon. Then pork and poultry. Wait on egg whites, soy (tofu, etc.), and nuts due to allergy potential. Limit tuna to only one serving per week due to mercury issues.
- Dairy. Wait until baby is 9 months or so. Start with whole-milk yogurt, preferably plain. Later, add cottage cheese and cream cheese. Then other cheeses. Wait on cow's milk till baby is one year old.

### Food allergies

3 – 7% of children have some food allergies. The best recommendations for reducing allergies are to breastfeed your baby for as long as possible, and avoid introducing foods too early, especially the highly allergenic foods listed above.

Signs of an allergic reaction may include: a rash, runny nose, congestion, itching, ear infection, extreme fussiness or an upset tummy (stomach pain, bloating, cramping, diarrhea.)

Reactions may appear immediately, or may not appear till hours or days after eating.

If you see signs of food sensitivity, stop offering that food, and contact your baby's doctor for advice. The doctor may recommend eliminating the questionable food from baby's diet for a while, then re-introducing it while observing for signs of a reaction.

Severe allergic reactions are rare; however, it's important for parents to be able to recognize them. Symptoms include wheezing, difficulty breathing, tongue swelling, difficulty crying, unconsciousness. If you see these symptoms, call 9-1-1 for emergency assistance.

#### Changes in bowel patterns

Baby's bowel movements will change in frequency when you add foods. The stool will change color, consistency, and odor depending on what baby eats, and may have bits of undigested food in it.

For lots more info, see: <http://askdrsears.com> and click on "feeding infants and toddlers".

For more information on pregnancy and baby care:

See our books: *Pregnancy, Childbirth & the Newborn* or *The Simple Guide to Having a Baby*.  
Take a childbirth preparation class at Great Starts, or in your local community.

For parenting tips, information for families, or to talk to someone about parenting:

**In Washington State:** Call the Family Help Line at 1-800-932-HOPE

**Outside of WA:** contact your local Circle of Parents agency at [www.circleofparents.org](http://www.circleofparents.org)