



Introducing and Feeding Solids to Your Infant

The introduction of solids to your infant's diet should be an exciting and enjoyable time for you and your baby. There is no single approach that is ideal for every child, but there are a few general guidelines that can help in the transition from solely breast or formula feeding your infant to feeding solids.

Infants mature at different rates, so the proper time to begin feeding your baby solids will differ from baby to baby. The AAP (American Academy of Pediatrics) currently recommends starting solids after four but by six months. Your infant should be able to sit up in a car seat or infant seat, and hold his head upright. It is important that he/she has lost the automatic tongue thrust (extrusion) reflex in order to take in and swallow solid food presented. Also bear in mind that babies can (and in many parts of the world, do) grow and develop appropriately being fed breast milk or formula exclusively for the first year or longer. So the purpose of introducing solids in the 1st 6 months of life has less to do with nutrition, and more to do with learning oral motor skills and experimenting with textures. Additionally, recent research on food allergies in children seems to indicate that introducing more foods in the 1st year of life actually decreases (rather than increases) the likelihood of developing food allergies. And if at any point you and/or your baby become frustrated with the process, you can simply stop, return to strictly nursing/bottle feeding and try again in a week or so.



Solid foods can be divided into categories: cereals (rice, oatmeal, barley), fruits, vegetables (yellow and green), meats; and pureed foods, finger foods, and table foods. Most practitioners suggest starting with a single-grain cereal, but there is nothing wrong with starting with a fruit or vegetable. Cereal can be mixed with breast milk or formula and should be fed by spoon; it should not put in a bottle. Feeding cereal by bottle does not teach oral motor skills (remember the goal of early introduction of solids), nor does it add to the nutritional value of the bottle; and there are no studies to support the notion that cereal in the bottle helps babies sleep through the night. For many years, providers recommended starting with rice cereal, as it was thought to be less allergenic than other grains. Recent concerns over arsenic levels in rice cereal, as well as the minimal nutritional value of white rice, have led providers to suggest starting with a different single-grain cereal (for example, oatmeal or barley) or a vegetable first. Whatever you start with, begin with small amounts. (A tablespoon per meal is a good starting point.) Remember that the first time you feed your baby solids, he/she has never eaten that way before; so some (or most) of it is likely to dribble out the sides of the mouth. However, if your baby is actively pushing it out while you are trying to spoon it back in, assume they aren't quite ready and resume nursing/bottle feeding for a week or so before trying again.



Once your baby has mastered the art of swallowing purees, you may begin to introduce other solids. The sequence in which you introduce solids is not as important as the process; introduce one new food at a time, allowing at least 3-4 days before introducing another. After each new food, watch for allergic reactions such as rash, diarrhea, and vomiting. There is no real recommendation for the sequence of introducing other foods, whether they be fruits, vegetables or proteins. The only 'rules' are the ones just mentioned: one new food at a time, and wait a few days before trying another new food. You can combine

anything your child has already tried with a new food, but it is recommended to not mix 2 new foods together to try at the same time. Most babies are eating solids twice a day by six months and 3 times a day by 9 months. Once again, those are guidelines, not hard and fast rules.

By eight to nine months, most infants are ready to self-feed finger foods. Finger foods are foods that don't require chewing, and they dissolve easily in the mouth. Examples are Cheerios or puffs, soft crackers, breads, and well-cooked, cut-up vegetables. In addition to self-feeding, this encourages eye-hand coordination. Table foods (pasta, shredded meats, cooked vegetables and cut-up fruits) can be introduced when your child demonstrates the ability to pick up small objects using just the thumb and index fingers. (This is usually accomplished by 10 months). This skill correlates with the ability to chew and swallow food; however, no teeth are required as long as these foods are prepared appropriately. Avoid any foods your child could potentially choke on (such as nuts, dried fruits, hard candy, popcorn, and grapes) Raw honey should also be avoided until after a year due to the potential threat of botulism. Your child should be closely supervised whenever eating, and they should not walk around while eating.

A word about fluids: The amount of fluid that breast milk and formula supply, along with the solids that your baby eats, is adequate for most babies. A small amount of water after two months of age is acceptable. Fruit juices are not a necessary part of your child's diet, and they are not as beneficial as breast milk and formula. Generally, the amount of breast milk or formula your child consumes will likely not decrease dramatically, if at all, until they are eating a more 'adult' pattern (3 meals a day +/- snacks). This typically occurs around 9 months. Vitamin D supplements for exclusively breast fed babies should be continued until transitioning to cow's milk at around a year of age.

If you have further questions, feel free to call the advice nurse at the office you are seen. Feeding (and eating) should be fun! If either you or your child is not enjoying the process, or if your child doesn't seem to be interested in solids (ie, is actively refusing or spitting out most of a feeding after several weeks of consistently trying), please don't hesitate to contact our office.