

Standard 3

Infant Feeding (6-12 Months)

Guide parents and caregivers to introduce first foods at a developmentally appropriate time and in appropriate quantities.

Why is this Standard important?

Complementary foods are foods (liquids, semi-solids, or solids) other than breast milk or infant formula introduced to an infant both to encourage development of eating skills as well as to provide some nutrients. These foods should be introduced when the infant is developmentally ready. This is usually around **six months** of age, but all infants develop differently.

When complementary foods are introduced too early, they are of little nutritional benefit to the infant and could be harmful due to the possibility of choking, developing food allergies or causing an infant to consume too little breast milk or infant formula.

When complementary foods are introduced too late, they may cause an infant to develop nutritional deficiencies or the infant may have a difficult time accepting complementary foods because they weren't introduced sooner.

When an infant is showing signs of developmental readiness, introducing complementary foods supports healthy development of feeding skills and meets some of the nutritional needs of the infant.

Help parents identify these signs to know when their baby is developmentally ready for complementary foods:

- Sits up alone or with support;
- Holds his head steady and straight;
- Opens his mouth when he sees food coming;
- Keeps his tongue low and flat to receive the spoon;
- Closes his lips over a spoon and scrapes food off as a spoon is removed from his mouth;
- Keeps food in his mouth and swallows it rather than pushing it back out.

Note: By four to six months of age, the infant's tongue thrust reflex, which causes the tongue to push most solid objects out of the mouth, usually disappears.

Before 12 months of age, remind parents to feed breast milk or formula first, and then solid foods. This will help prevent complementary foods from displacing breast milk or formula as the primary source of nutrition.

Baby's First Bites

Infants should be introduced to a variety of textures and foods. It is important that infants have mastered one texture before moving on to the next. As infants get older, ask parents and caregivers what types of foods they are trying.

Anticipate Appropriate Amounts

Start small with 1-2 teaspoons of individual foods per day and gradually increase to 2-4 tablespoons or more per feeding.

Note: use these serving amounts as a guide only. When babies are first introduced to solids, expect that they may just taste them and will likely just consume a small amount (1-2 teaspoons). With continued practice, babies will get better at eating from a spoon and will eat more per feeding (2-4 tablespoons). Remind parents to watch for both hunger and fullness cues. Stop the feeding when the baby shows disinterest by closing his lips, turning away or throwing food on the floor.

Introduce Foods with New Textures

Babies should be allowed to explore and learn about textures:

Smooth (strained or pureed) → Mashed (smooth with a few small lumps) → Chopped (more lumps) → Tiny pieces of food

Be sure that baby can chew and swallow foods from one stage before moving on to the next.

Introduce New Foods Individually

Introduce foods one at a time in case an allergic reaction occurs. Wait 2-3 days before introducing a new food. Tell parents to watch for possible signs of an allergic reaction, like development of a rash, eczema, diarrhea or vomiting. If an allergic reaction is suspected, parents and caregivers should follow up with their health care provider. Urge parents to seek immediate medical attention if they feel their infant is having trouble breathing.



Choking Hazards

A food's potential to cause choking is usually related to one or more of the following characteristics:

- Size
- Shape
- Consistency

Generally, foods to avoid include large and small pieces of hard food that can get stuck in an infant's airway; round or cylindrical-shaped foods that are likely to obstruct a large portion of the airway; and firm, smooth or slick foods that can slip down the throat. Below is a list of foods that pose a choking hazard and should be avoided:

- Tough and/or large chunks of meat
- Hot dogs, meat sticks and sausages unless cut into very small pieces
- Fish with bones
- Large chunks of cheese, especially string cheese
- Peanuts and other nuts and seeds
- Whole beans
- Cooked and raw whole kernel corn
- Whole uncut cherry and grape tomatoes
- Raw vegetable pieces (e.g., carrots, green peas, string beans, celery, etc.) and hard pieces of partially cooked vegetables
- Melted cheese
- Peanut butter
- Whole (uncut) grapes, berries, cherries melon balls, and hard pieces of raw fruit
- Whole pieces of canned fruit (cut them up instead)
- Fruit pieces with pits or seeds
- Uncooked raisins and other dried fruit
- Plain wheat germ
- Whole grain kernels
- Popcorn
- Potato/corn chips and similar snack foods
- Pretzels
- Hard candy, jelly beans, caramels and gum drops/gummy candies
- Chewing gum
- Marshmallows

Finger Foods

Babies develop the fine motor skills for self-feeding finger foods at about nine months old. Infants should be encouraged to experiment with feeding themselves using their hands. Introduce finger foods when the baby can pick up small objects between their thumb and index finger. First finger foods should be:

- Small enough for them to pick up
- Soft enough for them to chew on

Remind parents that this is a messy but fun stage! Placing a mat under the feeding seat and using a removable, easily cleaned tray (like that of a high chair) can help make clean-up easier. Tell parents and caregivers that they are doing something good for their baby when they allow them to explore and develop these self-feeding skills in a safe, positive environment.

Weaning From A Bottle

Helping children transition from drinking from a bottle to a cup is a common challenge for many families. The American Academy of Pediatrics recommends parents and caregivers make a plan to wean from a bottle at around 12-14 months of age. Prolonged use of bottles puts toddlers and young children at increased risk of dental caries (cavities), and may cause them to drink more breast milk or infant formula than they need. Remember, any beverages other than breast milk or formula should not be offered in a bottle, unless there is a medical need. Share the following strategies and tips with families to help successfully wean from a bottle:

- Introduce a cup with water, breast milk or formula when parents or caregivers begin offering complementary foods.
- Start by substituting the mid-day bottle with a cup at 12 months.
- Be patient—it may take a few weeks for the child to learn how to use the cup properly.
- Next, eliminate morning and afternoon bottles.
- Eliminate nighttime bottle last—it is usually most difficult to give up.

Remind parents that by this age, children should be receiving most of their nutrition from family foods and whole milk or breast milk from a cup. They do not need to rely on milk or formula from a bottle.

Special Considerations

All babies develop differently and may be introduced to complementary foods on a timeline all their own. Parents and caregivers of babies with certain medical conditions may need individualized instructions for feeding and work with a team of specialists, including a pediatrician, lactation consultant or registered dietitian specializing in this area.

