



INFANT FEEDING Info Packet

The Who, What, Where, When, Why and How
of starting your baby out **RIGHT** with
food and good nutrition for life!

Provided by



Kodiak Kindness

Please call 539-2660 with any questions you may have!

 **PROVIDENCE**
Kodiak Island
Medical Center

The Developmental Approach to Starting your Baby on Solid Foods

Babies should start on solid foods when they are developmentally ready. Some babies may be ready at 4-5 months, while others are not ready until they are 6-7 months. Starting babies on solid foods too early can put them at risk for choking, aspiration, and poor nutrition. Remember that in the first entire year of life breast milk provides the foundation of nutrition for your baby. Solid foods in the first year do not contribute very many calories or affect your baby's overall nutrition. Food for an infant is mostly about learning to chew and swallow solids and handle different textures (soft, lumpy, crunchy).

Here are some things to look for that will help you know when your baby is ready for solid food:



- ✓ Your baby has good core strength (can sit with little or no support).
- ✓ Your baby brings his hand to his mouth and “chews” on toys.
- ✓ Your baby shows a particular interest in food and watches you intently when you eat.
- ✓ When you offer food on a spoon, your baby's tongue stays back and flat in his mouth, and his lips close over the spoon.
- ✓ Food stays in your baby's mouth and doesn't get pushed back out by his tongue, and he can make himself swallow at the right time.

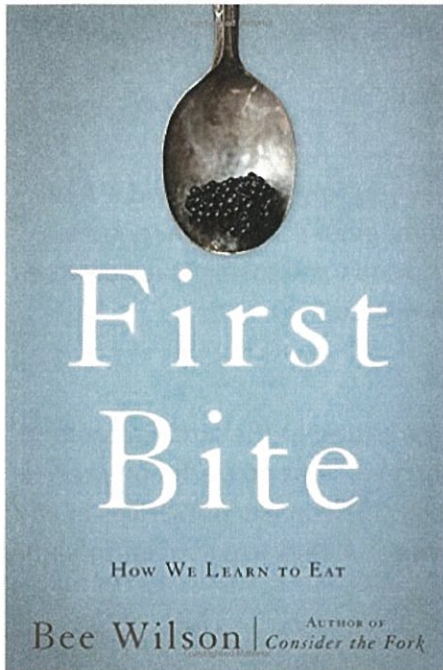
If your baby is not ready, wait and try again in a few weeks.

On the back of this page is a chart that shows some foods your baby may enjoy matched to his or her developmental ability. If anyone in the baby's immediate family has food allergies, talk to your doctor or dietitian before starting your baby on solids foods. If there is no family history of allergies, then ANY food your baby is interested in is just fine – all you have to do is modify the food's texture to match your baby's abilities. Be sure to offer increasingly lumpy and chewy foods as your baby's skills develop. Don't let your baby get “stuck” on pureed food for very long! A note about teeth: your baby does not need teeth in order to eat. You do not need to wait for your baby to have teeth to progress with lumpier and chewier foods – babies do just fine with their gums.

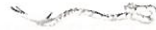
Developmental ability...	...shows readiness for	suggested foods
roots (tongue pushes out), sucks, cuddles	breast or bottle only	breast milk or formula
sits, has head control, watches, opens mouth for spoon, tongue stays back and flat in mouth, lips close over spoon	semi-solid (can range in texture from smooth to lumpy)	mashed banana, mashed potato or yam, mashed avocado, any canned fruit (blended or mashed), infant cereal, re-fried beans with water added to desired consistency, silken tofu, applesauce, any cooked and mashed or blended vegetable, yogurt
<p>munches: chews up & down, moves food to sides of mouth with tongue</p> <p>lips close on cup</p>	<p>thicker, lumpier foods</p> <p>liquids in a cup</p>	<p>Same foods as above, only “fork-mashed” instead of blended so there are more lumps. Un-mashed canned or soft fruit, bread, cooked pasta, re-fried beans without added water, cottage cheese, well-cooked scrambled eggs, canned fish mixed with mayo.</p> <p>Use a spouted cup or straw to encourage baby to handle free-flowing water or diluted juice (i.e. he should not have to suck, avoid overuse of spill proof sippy cups)</p>
chews: moves food to jaws, jaws move rotationally as well as up and down	soft pieces of food	cut-up cooked vegetables and fruit, chopped cooked meats, casseroles, cooked beans, shredded cheese, hardboiled egg, bread, toast, crackers, dry cereal, soups
picks up food in palms or with fingers, chews	finger foods	steamed and cooled baby carrots, ½ banana, avocado slices, ¼ sandwich, string cheese, pretty much any soft cooked pieces of food that baby can handle himself.

CHOKING HAZARDS: Babies can truly choke on only a **few** foods, like popcorn, nuts, raw vegetables, hot dogs, whole grapes and whole cherries. All babies gag! This helps protect their airway and teaches them how to handle different textures of food. Gagging is part of their learning!

The Tongue-Test: Here’s a quick way to tell if a food might be a choking hazard: if you can easily squish or break apart a food between your tongue and the roof of your mouth, it’s probably OK to give your older baby (7 months +).



“How we eat – how we approach food – is what really matters. If we are going to change our diets, we first have to relearn the art of eating, which is a question of psychology as much as nutrition. We have to find a way to want to eat what’s good for us.”



“The reason that many find it hard to eat healthily is that we have never learned any differently...most of us eat what we like, and we only like what we know.”



“If our food habits are learned, they can also be relearned.”



“We learn how to eat largely without noticing that this is what we are doing. Equally, we don’t always notice when we have learned ways of eating that are dysfunctional, because they become such a familiar part of ourselves.”



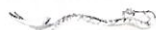
“Much of what we learn about eating comes from the way our parents feed us.”



“A first-order preference is simple: you love crispy roasted potatoes, smothered in butter and salt. A second-order preference is more convoluted: you *want* to like eating carrots instead of the potatoes, because you think they would be less fattening and healthier.”



“There are three big things we would all benefit from learning to do: to follow structured mealtimes; to respond to our own internal cues for hunger and fullness, rather than relying on external cues, such as portion size; and to make ourselves open to trying a variety of foods.”



“Having a healthy relationship with food can act like a life jacket, protecting you from the worst excesses of the obesogenic world we now inhabit.”

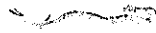


“This is not about being thin. It’s about reaching a state where food is something that nourishes and makes us happy rather than sickening or tormenting us. It’s about feeding ourselves as a good parent would: with love, with variety, but also with limits.”



“In 1996, the psychologist Kent Berridge changed the way many neuroscientists thought about eating when he introduced a distinction between “wanting” (the motivation to eat something) and “liking” (the pleasure the food actually gives). Often, the desire is greater than the enjoyment.”

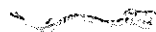
“We should first establish the basic paradigm that at certain times, every day, we stop, we sit, and we eat. When we are eating all the time, food curiously loses much of its joy, along with its sense of ceremony and sociability.”



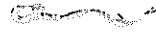
“Eating without hunger and drinking without thirst can become so habitual that you forget how good it feels to regain the proper rhythms of feeding: to earn your meals before you eat them, even if all you’ve done to earn them is to wait. It’s like being a child, playing out on the street with your friends and losing track of time until your parent call you for dinner and you come inside, rosy-cheeked and famished.”



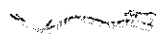
“Most of what we learn about food happens when we’re children – when we’re sitting at the kitchen table (if your family is lucky enough to have one), being fed. Every bite is a memory, and the most powerful memories are the first ones. At this table, we are given both food and love... In many ways, children are powerless at the table. They cannot control what is put in front of them, or where they sit, or whether they are spoken to kindly or harshly as they eat. Their one great power is the ability to reject or accept.”



“After a certain point in our lives, it is us, and not our parent, spooning food into our mouths. We discover the glorious liberation of being able to choose whatever we want to eat – budget permitting. But our tastes and our food choices are still forged by those early childhood experiences. Rather alarmingly, it seems that our food habits when we were two – whether we played with our food, how picky we were, the amount of fruit we ate – are a pretty accurate gauge of how we will eat when we are twenty.”



“Unlike our appetite for specific foods, hunger is an innate animal mechanism that we are born with...Yet the more you examine it, the more you see that hunger is not a simple drive at all. Hunger is always a kind of emptiness – an absence of nourishment – but what it will take to replenish it is far from obvious...Very little of the eating that happens in the modern world is as simple as feel hungry, eat food. The great challenge for most people is learning how to recognize when we have had enough...Among nutritionists, there is no universally recognized standard for measuring the sensation of hunger...The most common was scientists measure whether someone is hungry or not remains simply asking them.”



“Mostly, we eat so often and so much because we have more or less lost touch with the signals our bodies are sending us about hunger. We take our cues to eat from many places, very few of which have to do with the bio-markers of fullness in our brains and guts...But knowing how much to eat is something infants are better at than older children or adults. Up until the age of 3, children have a remarkable ability to stop eating when they’re full. It doesn’t matter if you serve them a big portion or a small portion. They will eat until they are not hungry, and then stop (assuming they are not force-fed). After that age, this ability to self-regulate hunger is partially lost, and sometimes never re-gained.” [A parent’s job is to reinforce this innate skill so that it becomes ingrained for life.]



“It is startling to hear the message, from eating disorder therapists, that nourishing, health-giving family meals, eaten in loving company are so important for a child’s well-being that everything else in life must be made secondary to them. You may in fact discover that none of the other stuff was quite as important as sitting and breaking bread together.”

Why does my baby need lumpy, textured food ?

Adults chew and swallow all kinds of different textures of food automatically - we just do it without even thinking about it.

Chewing and swallowing lumpy or textured food is an oral-motor skill that your 6 - 12 month old baby needs to *learn* how to do. And they learn by practice!



Store-bought baby food (or table food that is pureed smooth) slides quickly and easily to the back of your baby's mouth with a simple tongue motion against the roof of the mouth.

Soft but lumpy, or textured table foods require your baby to use his tongue and jaws in a more complex way, in order to mash it to get it ready to swallow.



Babies who get table foods as soon as they begin on solids, and who get lumpier, textured foods early on tend to become better eaters! They progress faster to a wide variety of food, they are better self-feeders, and, they can have better speech development too! Don't let your baby get "stuck" on mushy food!



BUT my baby has no teeth yet! No worries. It's amazing what your baby can do with his or her gums. Have you ever got your finger caught between your baby's jaws? They have powerful chompers regardless of whether they have teeth or not.

Gagging is NOT Choking!

Many parents worry that their babies or young children will choke while they are learning to eat different textures. Here are some important things to keep in mind about gagging and choking:

Gagging is NORMAL. Gagging is a *GOOD* thing! Your baby can still breathe and make noises when they gag. Your baby will gag when food gets too far back before she is ready to swallow it. Gagging pushes it forward again. Infants and young children have a strong gag reflex, which protects their airways and helps prevent choking. Gagging is necessary for your baby's learning process. It helps them learn what they can and cannot handle in their mouth (how big of a bite they can take, how much food can fit in there...). Gagging usually bothers parents more than babies! Try not to react when your baby gags, so you don't alarm them. They might even get all red in the face and spit out a lot of food.



Choking is dangerous. Choking occurs when food gets lodged in a child's wind pipe, preventing them from breathing. Foods that are choking hazards are round, smooth hard or tough foods (raw vegetables, hot dogs, grapes, nuts, candy, popcorn, etc...). Soft but lumpy foods (cooked vegetables, cooked rice or pasta, bread, pieces of banana, canned fruit, stewed or ground meat etc...) are usually **not** choking hazards! An adult should always be right with a baby when they eat.

The Tongue-Test Here's a quick way to tell if a food might be a choking hazard: if you can easily squish or break apart a food between your tongue and the roof of your mouth, it's probably OK to give your older baby (7 months +).

Addendum Guidelines for the Prevention of Peanut Allergy in the United States

Summary for Parents and Caregivers

Background

Peanut allergy tends to begin early in life and persist through adulthood. Allergic reactions to peanut can range from mild to severe and even life-threatening. To avoid these reactions, people with peanut allergy must be vigilant about the foods they eat and the environments they enter, which can be extremely stressful for them and for their families.

New Clinical Trial Results on Peanut Allergy Prevention

Recent scientific research has shown that peanut allergy can be prevented by introducing peanut-containing foods into the diet early in life. Researchers conducted a clinical trial called Learning Early About Peanut Allergy (LEAP) with more than 600 infants considered to be at high risk of developing peanut allergy because they had severe eczema, egg allergy, or both. The scientists randomly divided the babies into two groups. One group was given peanut-containing foods to eat regularly, and the other group was told to avoid peanut-containing foods. They did this until they reached 5 years of age. By comparing the two groups, researchers found that regular consumption of peanut-containing foods beginning early in life reduced the risk of developing peanut allergy by 81 percent.



A mother feeding her infant.

Development of Clinical Practice Guidelines

Based on the strength of the LEAP findings, the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, worked with 25 professional organizations, federal agencies, and patient advocacy groups to develop clinical practice guidelines to address the prevention of peanut allergy. A panel of experts developed the Addendum Guidelines for the Prevention of Peanut Allergy based on the LEAP findings and other recent scientific research.

This fact sheet summarizes the guidelines and provides a starting point for conversations with your infant's healthcare provider about how best to prevent the development of peanut allergy.



Note that infants and small children should never be given whole peanuts due to the risk of choking. Introduce other solid foods into your infant's diet before trying peanut-containing foods.

Guideline 1

Guideline 1 recommends that if your infant has severe eczema, egg allergy, or both (conditions that increase the risk of peanut allergy), he or she should have peanut-containing foods introduced into the diet as early as 4 to 6 months of age. This will reduce the risk of developing peanut allergy.

Check with your infant's healthcare provider before feeding your infant peanut-containing foods. He or she may choose to perform an allergy blood test or send your infant to a specialist for other tests, such as a skin prick test. The results of these tests will help to determine if peanut should be introduced into your infant's diet and, if so, the safest way to introduce it. If your infant's test results indicate that it is safe to introduce peanut-containing foods, the healthcare provider may recommend that you introduce peanut-containing foods to your infant at home. Or, if you prefer, the first feeding may be done in the healthcare provider's office under supervision. On the other hand, testing may indicate that peanut should be carefully introduced at a specialist's facility or not introduced at all because your child may already have developed an allergy to peanut.

Follow your healthcare provider's instructions for introducing peanut-containing foods to your infant.

Guideline 2

Guideline 2 suggests that if your infant has mild to moderate eczema, he or she may have peanut-containing foods introduced into the diet around 6 months of age to reduce the risk of developing peanut allergy. However, this should be done with your family's dietary preferences in mind. If peanut-containing foods are not a regular part of your family's diet (and your infant does not have severe eczema, egg allergy, or both), do not feel compelled to introduce peanut at such an early stage.

Your child's healthcare provider can tell you whether your child's eczema is mild to moderate. You may then choose to introduce peanut-containing foods at home. However, if you or your healthcare provider prefer, the first feeding can be done in the provider's office under supervision.

Guideline 3

Guideline 3 suggests that if your infant has no eczema or any food allergy, you can freely introduce peanut-containing foods into his or her diet. This can be done at home in an age-appropriate manner together with other solid foods, keeping in mind your family's dietary routines and preferences as described in Guideline 2.



More Milk Please Mom!

Milk is good food for kids. But, like many foods, kids need ENOUGH milk to get good nutrition, but NOT TOO MUCH (which can cause problems).

NOT ENOUGH MILK	TOO MUCH MILK
<ul style="list-style-type: none">• Risk of protein deficiency• Risk of calcium deficiency	<ul style="list-style-type: none">• Risk of iron deficiency anemia• Risk of overweight• Can make kids NOT want eat enough other foods, or to be “picky” because they are too full on milk.

HOW MUCH IS ENOUGH but NOT TOO MUCH?

12 months to 2 years:

- 16 – 20 oz of WHOLE cow’s milk (never use low fat milk, regardless of your child’s weight)
- always offer milk in a cup (not a bottle)
- if still breastfeeding past 12 months, it is normal for your child to drink less cow’s milk (sometimes even as little as 4-6 oz/day) until they are completely weaned.
- offer milk at meals, and water in between for thirst.



2 to 6 years:

- 6 servings per day of milk products, examples of servings include:
 - ½ cup milk, yogurt or pudding
 - ¾ oz of cheese
 - 1 cup of cottage cheese
- lower-fat milk products are appropriate for some kids; gradually switch to lower fat milk over several years (fat is still needed for healthy brain development!)

WHAT IF MY CHILD CAN'T or WON'T DRINK MILK??

12 months to 2 years:

- follow the guidance of your doctor or registered dietitian

2 to 6 years:

- offer appropriate milk substitutes, such as:
 - calcium-fortified foods (orange juice, breakfast cereals)
 - enriched soy milk
 - offer more cheese
 - ensure adequate protein from meat, eggs, fish, and beans
- follow your doctor’s guidance on vitamin supplementation, if needed

Source: American Academy of Pediatrics, American Dietetic Association

Some Juicy News...

Kids love juice. And most parents feel good giving their kids 100% juice because it is more nutritious than many other beverage choices. Right? Well, yes and no! The American Academy of Pediatrics (AAP) has a policy statement on the “use and misuse” of 100% fruit juice. Key points from this policy statement include:

- 100% fruit juice can be healthy in **small** amounts (4-6 oz/day for kids aged 1-6), as part of an overall balanced diet.
- Juice should NOT be given to infants under 6 months of age.
- Juice should NEVER be given in a bottle.
- Whole fruit (e.g. orange slices) is nutritionally better than juice.
- Juice should NOT be used for treating dehydration or diarrhea. In fact, too much juice can *cause* diarrhea, intestinal gas, and bloating.
- Too much juice can cause malnutrition (e.g. kids fill up on juice so they are not hungry for other foods) and tooth decay.

Is your child drinking too much juice? The AAP recommends **no more than 6 ounces** of juice a day for kids aged 1-6. That's just $\frac{3}{4}$ of a cup a day. Here's what you can do:

- Don't let your child drink juice all day from a sippy cup. Offer water instead. Find a cool water bottle your child really likes (they have lots to choose from, and kids especially like the ones with straws). Remember that Kodiak water is not fluoridated; consider giving fluoride drops to infants and children under three.
- Try designating one meal to have juice (like breakfast). Give milk at all other meals and snacks, and water in between for thirst.
- Dilute your child's juice half and half with water to cut back on the sugar.
- Encourage your child to eat whole fruit instead of juice. Whole fruit has all the nutrition of juice, plus fiber and other nutrients that are not in juice.
- Some parents choose to only buy juice (or soda) for special occasions, so that it is just not around the house on a regular basis.



Source: *Pediatrics* 107:1210-1213, 2001