

# THE WHEN, WHAT & HOW OF Starting Solids



## THE WHEN

### DEVELOPMENTAL MILESTONES

Complementary foods should be introduced at about 6 months of age, when an infant shows signs of developmental readiness. Assess for these developmental milestones before introducing solids:<sup>1-3</sup>

- ✔ Sustained **head and neck control**
- ✔ Ability to **sit independently** or with minimal support
- ✔ Demonstrates **oral motor coordination** (e.g., brings objects to the mouth)
- ✔ Resolution of the **tongue-thrust (extrusion) reflex**, allowing for the swallowing of food
- ✔ Baby **shows interest in what caregiver is eating** and often tries to grab his/her food



## THE WHAT

### FOODS & NUTRIENTS<sup>4-5</sup>

- ✔ **First foods:** Counsel caregivers to introduce a variety of first foods including fortified infant cereals, meats, and foods **rich in iron, zinc, choline, and polyunsaturated fats**, to support **neurodevelopment**.
- ✔ **Fruits and vegetables:** Provide **essential vitamins** (A, C, and E) that support healthy **immune function**.
- ✔ **Match texture to developmental skill:** Smooth, lumpy, and textured purees; soft, easily squishable solids in stick shapes; and thin planks if starting baby-led weaning.<sup>6</sup>
- ✔ **Vitamin D supplementation:** All infants should receive a vitamin D supplement of **400 IU** (10 mcg) per day (unless consuming >27 oz per day of infant formula that has the vitamin D supplement added) to support **bone health and help prevent rickets**.<sup>7-8</sup>

- ✔ **High-allergenic foods:** Introduce **top 9** high-allergenic foods<sup>5,9-16</sup>(see table).

### FOODS TO AVOID<sup>4,17-19</sup>

- ✘ **Honey:** Strictly contraindicated for **infants under 12 months** due to the risk of infantile botulism.
- ✘ **Choking hazards:** Advise caregivers to **avoid high-risk foods**, including whole nuts, seeds, thick nut butters, raw vegetables, small round foods that can block a child's airway, such as grapes, hot dogs, coins, sticky/hard candies.
- ✘ **Pathogen risk:** **Unpasteurized** dairy/juices and undercooked meat, eggs, or fish should be avoided.



## THE HOW

### PROGRESSION & BEHAVIORAL STRATEGIES

- ✔ **Breastmilk or infant formula:** The AAP recommends **breastfeeding for 6 months**, after which complementary foods are added and breastfeeding continued until 2 years or as long as mother and baby desire. For those who choose an alternative to human milk, formula is an acceptable alternative.<sup>4-5,20</sup>
- ✔ **Initial foods:** Begin with **single-ingredient, low-allergenic foods** (fruits, vegetables, iron-fortified cereals, lean meats, beef)<sup>4-5</sup> **one at a time each day** before progressing to multi-ingredient purees and high-allergenic foods (wait 3-5 days between introducing highly allergenic foods).
- ✔ **Gastrointestinal changes:** Prepare caregivers for **expected changes in stool consistency and color**. Provide red flags

that warrant clinical evaluation, including acholic (white/gray), bloody/hematochezia (red), or melanotic (black) stools. Brown, yellow, and green are all normal.<sup>21</sup> **Recommend incorporating “p fruits” in the diet** (pears, plums, prunes, peaches)<sup>22-28</sup>

- ✔ **Responsive feeding:** Counsel caregivers to **recognize and respond to infant hunger cues** (e.g., opening mouth, leaning forward) and **satiety cues** (e.g., turning away, pushing food away).<sup>5-6</sup>
- ✔ **Overcoming food neophobia:** A new food may require **≥8 exposures to achieve acceptance**. Encourage caregivers to offer varied textures and preparations (e.g., pureed, mashed, soft-cooked, different seasonings).<sup>29-31</sup>

# FOOD ALLERGEN INTRODUCTION RECOMMENDATIONS<sup>5,9-16</sup>

ALLERGEN	RECOMMENDED INTRO. TIMELINE	QUANTITY AND TYPES OF FOOD	FREQUENCY OF INGESTION
 <b>EGG</b>	All infants: <b>4–11 months</b>	<b>1–2 teaspoons scrambled egg, omelet strips, or egg noodles</b>	Ideally <b>daily</b> , but at least <b>1x</b> per week
 <b>PEANUT</b>	All infants: <b>4–11 months</b>  Eczema: <b>4–6 months</b>	<b>2 g of peanut protein</b> • Mix 2 tsp peanut butter with 1 Tbsp warm water • Mix 2 tsp peanut butter, peanut powder, or peanut flour with 2–3 Tbsp fruit or vegetable puree • 20 Bamba® pieces (peanut butter snack)	<b>3x</b> per week
 <b>COW'S MILK</b>	All infants: <b>4–11 months</b>	<b>2–4 oz yogurt, cheese</b> • Infants who are fed standard infant formula are already consuming a cow's milk-based product	<b>2x</b> per week
 <b>WHEAT</b>	All infants: <b>4–11 months</b>	<b>2 g of wheat protein</b> • ¼ cup soft/cooked pasta • ¼ cup iron-fortified infant cereal mixed with 1 cup of breastmilk or infant formula • 1 slice of whole wheat bread, toasted, cut into strips	<b>2x</b> per week
 <b>TREE NUT</b>	All infants: <b>6–11 months</b>	<b>2 g of nut protein</b> • Mix 2 tsp nut butter with 1 Tbsp warm water • Mix 2 tsp nut butter, nut powder, or nut flour with 2–3 Tbsp fruit or vegetable puree	<b>2x</b> per week
 <b>SESAME</b>	All infants: <b>6–11 months</b>	<b>2 g of sesame protein</b> • 2 Tbsp hummus • 2 tsp tahini paste	<b>2x</b> per week
 <b>FISH</b>	All infants: <b>6–11 months</b>	<b>At least 2 g of fish protein but no more than 2 age-appropriate servings</b> • 1–1.5 tsp of small pieces of low-mercury, cooked fish, like salmon or light canned tuna	<b>2x</b> per week
 <b>SHELLFISH</b>	All infants: <b>6–11 months</b>	<b>2 g of shellfish protein</b> • 1–2 large shrimp, well-cooked, finely chopped, and mixed into soft, scoopable food	<b>2x</b> per week
 <b>SOY</b>	All infants: <b>6–11 months</b>	<b>2 g of soy protein</b> • 1–2 tofu strips • 2–3 Tbsp shelled, cooked, and pureed/mashed edamame	<b>2x</b> per week

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