



Gerber®

Complementary Feeding Building the Foundation for Lifelong Health

Complementary feeding (CF) is a process that begins when breast milk alone is no longer adequate to meet an infant's growing nutritional needs. At this stage, additional food is introduced alongside continued breastfeeding to ensure optimal nutrition and support for healthy growth and development. ^(1,2)

Complementary foods (CFs) refer to any liquids or solid foods such as beverages, purees, lumpy textures, or finger foods, whether homemade or commercially prepared, that are appropriate for infants and intended to be offered alongside breast milk or infant formula during the CF period. ^(1,2)

Introducing CFs beyond 6 months may result in nutrient inadequacy, particularly iron whose stores are typically depleted by this age. ⁽¹⁾ Earlier introduction of iron-rich CFs may benefit infants who are at risk of deficiency. ⁽⁶⁾

Delays in introduction can also limit exposure and acceptance to varied textures and flavors, increasing in the likelihood of feeding difficulties. ⁽⁷⁾

For more information, visit:

<https://medical.gerber.com>

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Recognizing *Readiness:*

An infant's developmental readiness is a key consideration when timing the introduction of CFs. These include anatomical maturity, physiological preparedness, and oral-motor skills necessary to transition from a liquid diet to more complex, age-appropriate textures. ^(1,2)



Why is CF a crucial factor for growth and development

Adequate nutrition in infancy establishes the foundation for long-term health. The CF period, beginning around 4 to 6 months, coincides with rapid growth and neurodevelopment when infants' needs for nutrients such as iron, zinc, and vitamins surpass what breast milk alone can provide. CF bridges this nutritional gap, supporting healthy development while helping prevent deficiencies and excesses. ⁽¹⁻³⁾

This period marks the transition from exclusive milk feeding to family foods and introduces infants to new tastes and textures. These exposures help meet immediate nutrient requirements and shape long-term dietary patterns. Early-life nutrition is also linked with the later risk of allergies and chronic conditions such as obesity, diabetes, hypertension, and cardiovascular disease. ⁽³⁻⁴⁾



Table 1: Development readiness cues by age ^{1,2,6,7}



3-4 Months

- Holds head steady in midline when in a supine position
- Demonstrates head control when pulled to sit or supported in sitting
- Shows early oral-motor coordination for tongue and swallowing movements
- Exhibits diminished rooting and extrusion reflexes



4-7 Months

- Begins sitting with minimal support
- Swallows food instead of spitting it out
- Shows eye-hand-mouth coordination by looking at food and opening the mouth to receive it



8-9 Months

- Drinks from a cup using both hands
- Eats family food cut into bite-sized pieces, eaten from a spoon or as finger foods

How Do We Balance Timing and Readiness in Complementary Feeding?

The AAP encourages parents to wait until around 6 months to introduce solids. The AAP advises that Complementary Feeding should not be introduced before 4 months. The AAP highlights 6 months as the ideal target with exclusive breastfeeding maintained until then. ⁽¹⁻⁵⁾





Textures, flavors and Acceptance

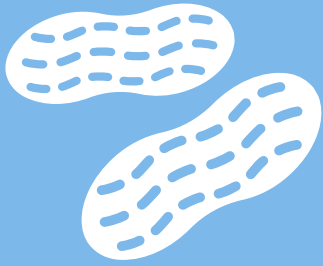
During the first year, infants should be exposed to a variety of food textures to support the transition to family foods. By the second year, children eat family foods but still need nutrient-dense options to meet high nutritional demands. ⁽⁸⁾

Timely progression is essential, with lumpy foods introduced by 9 months to lower the risk of feeding difficulties and to encourage acceptance of fruits and vegetables later in life. ⁽⁹⁻¹⁰⁾



Flavor preferences begin forming before birth through exposure to flavors in the maternal diet via amniotic fluid and then breast milk. Although infants naturally prefer sweet tastes and reject bitter or sour flavors, repeated exposure, often 6 to 10 times or more, and offering a variety of vegetables can improve acceptance. **Social cues are equally important, as positive role modeling by caregivers strongly influences a child's willingness to try and enjoy new foods.** ⁽⁸⁾





What Role Does CF Play in Allergy Prevention?

The introduction of CFs not only provides essential nutrients but supports the development of oral tolerance, while fostering the behavior and social aspects of eating.



Studies show that introducing allergenic CFs before 6 months of age, along with continued breastfeeding, may help lower the risk of food allergies. ⁽⁵⁻⁷⁾ CFs with high allergenic potential may be introduced in an age-appropriate form when CF.

The AAP guidelines (2025) recommend that infants at high risk of developing peanut allergy, such as those with severe eczema, an egg allergy, or both, should be introduced to peanut between 4 and 6 months of age, following assessment by a qualified allergy specialist. ⁽¹¹⁾



However, a recent study suggests that early peanut introduction is not consistently associated with either a significant reduction or an increase in peanut allergy prevalence, highlighting the need for further research. ⁽⁷⁾

A diverse, nutrient-dense diet

during CF further supports allergy prevention by shaping a balanced gut microbiome, supporting immune maturation, and enhancing mucosal tolerance: ⁽⁷⁾



Diverse diet:

Give whole, nutrient-dense foods without added sugar or salt. Greater dietary diversity at 6 to 9 months is linked to lower food allergy prevalence by age 10.



Micronutrient-rich foods:

Food items rich in zinc, iron, and other vitamins prevent deficiencies that may also increase atopy risk.



Fiber-rich foods:

Fruits, vegetables, legumes, grains, and fermented foods (e.g., yogurt) promote microbiome development and immune health.



Omega-3 fatty acids:

Fatty fish, walnuts, and canola oil provide anti-inflammatory benefits to support food allergy development.



Early egg introduction:

Introducing egg between 3 to 6 months has been shown to lower egg allergy risk.



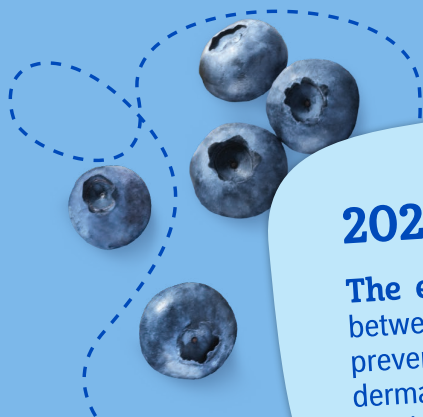
Safe preparation:

CFs should always be prepared hygienically and can include culture specific allergens.



Milk and plant-based drinks:

The nutritional content of cow's milk or plant-based drinks is inappropriate or insufficient respectively to meet nutritional requirements before the first year of life.



2025 EAACI Update⁽⁷⁾

The early introduction of food allergens between 4 to 8 months is recommended to help prevent allergies, particularly in infants with atopic dermatitis who are at higher risk of IgE-mediated sensitization to food and clinical food allergy.

Key Takeaways



CF is a critical window for shaping lifelong health, supporting nutritional, behavioral, and immune system development.



Early and repeated exposure to varied textures and flavors promotes acceptance, builds feeding skills, and fosters healthy eating behaviors.



Introducing CFs at the right time, guided by developmental readiness, ensures safe feeding and optimal nutrient intake.



Balanced CF, including diverse and allergen-containing foods, supports allergy prevention by promoting immune and gut maturation.