

Introducing Solid Food

Now here's a question we get all the time: How do I begin feeding my baby solid food?

Over the years, there have been many possible answers to this question and, the truth is, very little good science to guide us. People generally do not volunteer their babies for rigorous trials and these questions have only recently gained traction in the medical community. As a result, we are left largely with tradition and common sense, guided by a small, but evolving, scientific literature.

Still, there are a number of things we can advise parents on early food introduction.

Am I ready?

That's a great question. Most people introduce solid foods to babies between 4 and 6 months. For babies who are breast fed, the AAP recommends exclusive breastfeeding until 6 months of age. It is important to remember that every child is different and you need to judge when your child is ready. Some things to keep in mind:



- Your child should be able to sit in a high chair or feeding seat with good head control.
- When babies are ready to eat solid food, they will typically open their mouths if presented with food. They may seem interested in food you are eating.
- If a baby pushes food out of the mouth, rather than swallowing it, they may not have sufficient motor development to move food to the back of their mouth on demand. You may want to wait a bit before trying again.

How do I begin?



Most people start with simple grain cereals, like rice, oatmeal, or barley. These are usually well tolerated and the thickness is easily modified by adding breast milk or formula, although we usually advise against putting the cereal directly into a child's bottle. Begin with just a half teaspoon and the rough consistency of thin porridge. Talk with your baby, make good eye contact, and demonstrate facial movements with your mouth and tongue for the baby to mimic.

This is a messy job. Don't be surprised when most of the food seems to end up on the child's face and bib. Just take your time and gradually increase the thickness of the

cereal mixture as your baby learns to swallow solid food. Over time you can increase the amount by a few teaspoons up to a third of a cup.

Very hungry babies may get frustrated when learning to eat solids. To begin, look for quiet but alert times between your usual feedings, or consider breaking up a feeding with some spoonfuls of solid food when your child is more relaxed.

What food should I give next?

There is no scientific consensus on one correct sequence for the introduction of different foods. Many people will suggest giving the less sweet vegetables first, but medical evidence to support this is limited. Some avoid fish and eggs for the first year, but there are no clear studies showing that this influences a child's risk of allergy.

We do suggest that babies try only one new food at a time and wait up to three days before trying another food for the first time.



Early baby food should be a fine or strained puree. Do not offer foods that require chewing or contain choking hazards like seeds or popcorn. A typical initial serving size is about 2 ounces (Stage 1 jars), going up to 4 or more ounces as tolerated.

While many parents prefer to make their own baby food, we recommend using commercially prepared baby food for certain vegetables (spinach, beets, green beans, turnips, squash, and carrots) These specific vegetables can contain high levels of nitrates, which in turn can cause anemia in some babies. Commercially prepared baby food is monitored for nitrate content.

And, yes, the poop will change



After a baby begins eating solid food, you can expect the stools to become more solid and less frequent. The color becomes more variable and, yes, the odor will become stronger. This is completely normal. You may see undigested bits of food in the stool, like peas or corn especially. Don't be alarmed.

If your baby's stool suddenly becomes very loose or full of mucus and even blood, it may be an indication that the digestive track is not tolerating the food. Reduce the amount of overall solid food, increasing the breast milk or formula proportionately, and eliminate any recently introduced foods. Reintroduce these foods more slowly after the stools normalize. Please contact us if the abnormal stools persist.