

## **PORTLAND PEDIATRIC GROUP, LLP**

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### **SOLID FOODS**

Solid foods will be appropriate somewhere between four to six months of age. Some tell-tale signs that the child is ready are that she can sit with some support, there is purposeful movement of her head, and that eight ounces of formula doesn't seem to be enough.

Starting solids too early is neither helpful nor healthy. Starting prior to four months can increase the risk of developing allergies and put the child at risk for obesity. In addition, a young baby's kidneys are not mature enough to handle many solid foods.

Children with a strong family history of allergic disorders may be better off waiting to start solids closer to six months. Exclusive breastfeeding until six months helps decrease the risk in these children.

Your pediatrician will guide you in the way to start solids but some guidelines follow.

1. Begin with rice cereal which is the least allergic and is generally well tolerated. When rice cereal has been used two times daily for four days, you may move on to other cereals (oatmeal and barley).
2. Introduce cereal by placing a small amount in a cup and adding warm formula or pumped breast milk to make a thin mixture, which should then be given on a spoon. Try one to two teaspoons at first, progressing to four tablespoons (two ounces) twice daily. After trying rice cereal for a five day trial period, move on to the other cereals and then vegetables and fruits. Wait a few days between new introductions, so that if there is an adverse reaction you will be able to identify the culprit. During this time, your baby will naturally decrease the amount of formula or breast milk daily to about four feedings. As the feedings are tolerated, the amount will drop to about 24 ounces in 24 hours.
3. Diversity, diversity, diversity. A diet that includes many different kinds of foods is a healthy one. Once cereals are well established, try offering vegetables before fruits. Fruits will likely be readily accepted because they taste sweet. Studies by nutritionists have shown that sometimes it takes dozens of attempts before a baby

will accept a new food. Keep trying! You are helping to set a range of preferences that your child will carry for the rest of his/her life.

4. Only in rare circumstances should cereal ever be put in the bottle itself. In the early stages, the spoon will need to be placed in the back of the mouth. This is because during breast and bottle feeding, the child sticks her tongue forward while sucking. This tongue protrusion may persist for awhile and push the cereal out of the mouth—do not confuse this for dislike of the cereal.
5. Move to three feedings daily when solids are well accepted. By nine months, many children are moving into table foods and most have coordination to partially feed themselves. Nine months is also the time snacks may be starting.
6. Added salt, sugar, fat and honey are never needed in baby foods.
7. Honey, karo syrup, and corn syrup should never be given to a child less than 1 year, because of the risk of botulism, an infection that can cause temporary paralysis and respiratory weakness.
8. By six to eight months, your baby will be ready to move from the bottle to a cup, and by one year the bottle should be stopped entirely.
9. Choking must always be considered in infants' food. Hot dogs, nuts, popcorn, grapes, carrot sticks and apples should be avoided, along with any food that might break into chunks.
10. Cow milk must not be given to infants before 12 months because it may overload the kidneys, irritate the intestines, and cause iron deficiency anemia. After the first birthday, whole milk may be started (your child needs the extra fat for healthy brain development).
11. Older recommendations to delay introduction of potentially allergic foods like fish, eggs and peanuts were based on a small amount of available research. More recent studies have had conflicting results. Current American Academy of Pediatrics policy states that there is no current convincing evidence that delaying these foods will prevent allergic disease. Discuss with your doctor what is best for your child.