

Ambler Pediatrics

602 S. Bethlehem Pike
Ambler, PA 19002-5886

215-643-7771

Fax: 215-643-9463

Web: www.amblerpeds.com

FEEDING BABY: Six to 12 Months

by Jo Ann Serota, DNP, RN, CPNP, FAANP, IBCLC

At six months of age, baby's need to begin complementary foods. The iron stores from the newborn period are diminishing and most infants are developmentally ready for the next phase of eating. They become very interested in watching others eat. In fact, the infant loves to participate at meal time by sitting in a high chair at the table and tasting some good old fashion home cooking.

During this time, a parent may advance from pureed foods to foods with more texture (for example, switching from baby applesauce to regular applesauce). If the infant has been exclusively breastfed or formula fed, then parent's need to begin with pureed foods and advance the consistency over a short time period.

Finger foods may also be introduced. Begin with a few plain Cheerios or vegetable/fruit puffs. These food items crumble in the mouth with the saliva and are generally safe. Baby's need to learn how to chew. They may initially be unsure of what to do and even gag with this new food item but with time and practice, they will master this skill. As the baby becomes more accomplished with chewing, introducing other types of bitesize, small, soft finger foods such as ripe bananas, pears (without skin), peaches (without skin), avocado, soft, steamed vegetables, hummus, egg yolks (no more than 2 per week), toast (whole wheat), cheese, and liverwurst morsels are just a few ideas. All meals, including snacks, should be offered while the child is sitting securely in the high chair at the table. Limiting the food selection to one or two items on the high chair tray seems to work best. We recommend that all parents learn CPR for their own peace of mind, as well as, the safety of their child.

The cup should also be introduced at meal time. Offering a small amount breast milk, formula or water with meals is suggested. TIP: offering the cup at the end of the meal may encourage more intake of food instead of filling up on fluids. We do not recommend juice at this age. Depending on the baby, the type of cup is an individual preference. Most children do best with a sippy cup. This can be a messy experience — but practice makes perfect.

The baby should sit in a sturdy wide based high chair that has a tray and safety belt to secure the baby. The high chair should be made of an easily washable surface such as plastic. NEVER leave the baby unattended in the high chair! Be prepared for messy experience! The family dog loves the baby's feeding time since a good meal is always guaranteed. A drop cloth on the floor may help in the clean up. And don't forget the bib! Mealtime messes will seem as if they will never end — and they won't for a long time. Children should not eat while playing, running around or in a car seat. These measures help prevent choking.

As your baby establishes a three meal a day routine, the amount of breast milk or formula may decrease. This is to be expected. It is usually best to feed the baby solids before breast or formula feeding so the infant does not fill up on milk. If your baby needs to nurse before solids are offered, then offer as short breastfeeding or small amount of formula, then offer solid foods. If this does not work, offer solid foods about two hours after nursing or bottle feeding. The Academy of Pediatrics Council on Nutrition has recommended that all infants have breast milk or iron-fortified formula until one year of age. When the baby is 12 months old, breast or whole milk should be offered. Whole milk should be

given until the child reaches two years of age. After two years of age, the milk can be whole, 2%, 1%, or skim depending on the family's preference.

It is now recommended by the AAP to introduce peanut butter in the baby's diet if the infant does not have severe eczema or an egg allergy. They suggested that peanut be introduced "freely" into the diet together with other solid foods and in accordance with family preferences and cultural practices. Introduce a very small amount of peanut butter on a safe, easily chewed food such as a cracker or soft piece of fruit. If you have any questions regarding the introduction of peanut butter in your baby's diet, please call our office.

The usual menu for children six to twelve months old should include selections from each food category. One-year-old children need between 900-1,000 calories a day. There is great web site for more nutritional information: chooseMyPlate.gov. This is not as much food as you might think. If in doubt, keep a log of how much your child is eating, their daily breastmilk or formula intake and then check a calorie chart. If you are still concerned about your child's eating habits, please bring it to our attention. If your child is offered a wide variety from different foods groups, they will eat a well-balanced, nutritious and healthy food in their diet. Most children enjoy spices and ethnic foods. We advise not to add salt or sugar to their food. We will follow your child's growth with you to ensure adequate growth and development.

BREAKFAST IDEAS: Cereals (baby, cream of wheat, oatmeal, other types of warm cereals, plain cheerios (or other dry, nutritious, whole grain, no sugar, fiber cereals), fruits such as bananas, pears, egg yolks prepared as you like (scrambled, hard boiled, French toast), pancakes, waffles, whole wheat toast, and breast milk or whole milk top off the ideal breakfast. Whole eggs may be used after the baby is 12 month of age.

LUNCH IDEAS: Soups, cottage cheese, fruits, vegetables, yogurt, and sandwiches using whole grain/100% whole wheat breads with tuna fish, grilled cheese, egg yolk, liverwurst, turkey breast, and any other soft filling such as peanut butter. The sandwiches should be cut up in very small pieces (1/8 inch squares) and fed only a few pieces at a time.

DINNER IDEAS: The family menu at dinner is appropriate as long as the choices are from all food groups including meats, chicken, and fish. The food should be mechanically safe (minced, mashed and soft in texture to prevent choking). It can include spaghetti and meatballs, chili, or turkey with all the trimmings, vegetables and fruits. Children can have spices and tomato products but we recommend not adding any salt or sugar to your preparation or at the table.

Avoid the following foods that are known to cause choking: Hot dogs (no matter if they are peeled, sliced, diced, minced or cooked, they swell in the esophagus), potato chips and other chips, coconut, nuts of all kinds, popcorn, seeds of any kind, whole kernel corn, candy, grapes, raisins, raw carrots, peas, and other hard to chew foods.

A parent's attitude towards a particular food can influence the child. Smile even if you dislike the food, your child might just love liver or Brussel sprouts!

Serve small portions on a non-breakable dish and a sippy cup. Do not scold a child if he/she does not finish a meal. Limit meal time to 15 minutes (if it lasts five minutes, you're lucky). If the child does not want to eat, take the meal away and offer it later. An ill child usually does not have an appetite for solid foods and prefers to drink. This is just fine. Try to keep mealtime enjoyable and pleasant. Talking about your day's activities and happenings sets the stage for future mealtime in which the child will contribute later. At this time, allow the baby to feed him/her self if they so desire. Fingers are the usual utensil at this time. It's ok.

Most children this age are quite ready to begin new foods. However, if your child shows signs of frustration during meals (crying, pushing food away) he/she may not be ready to expand their diet. If you have any questions or concerns about feeding your child, please call the office during regular office hours. The pediatricians and nurse practitioners are always willing to answer your questions.