



# Every Baby Matters

## Guidelines for good nutrition in Bradford and Airedale Food and nutrition in the first year of life Weaning onto solid food

### INTRODUCTION

Weaning onto solid foods is necessary as the needs of the rapidly growing infant can no longer be met by breast or formula milk alone. From about 6 months infants have decreased body stores of iron and vitamin D combined with increased needs for these and other nutrients.

Weaning enables infants to learn new skills that are required for them to progress through key developmental stages for speech and self-feeding.

It is an important opportunity to introduce a variety of tastes and textures that helps baby to learn to eat a varied and balanced diet and to avoid problems with faddy eating at later stages.

Appropriate weaning is an important factor in preventing many health and development problems in babies, children and throughout life including obesity, faltering growth and stunting, iron deficiency, specific nutrient deficiencies, dental caries and developmental delay. It is vital to help parents and carers make the most of this important opportunity to influence their child's future health and potential.

The guidelines below include information about:

- What is weaning?
- When to start
- Signs that an infant is ready to start weaning
- How to start weaning at about 6 months
- Drinks
- Progressing through the stages of weaning
- Foods to avoid
- Extra /additional advice if weaning is started before 6 months
- Food Safety
- Vegetarian weaning
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- Commercial baby foods
- Iron deficiency anaemia
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- Examples of appropriate weaning foods for different ethnic groups

## WHAT IS WEANING?

Weaning is the gradual process of introducing semi-solid food whilst continuing with breast or infant formula milk. It takes place over a period of months when infants progress through different food consistencies, from pureed/ mashed (and soft finger foods) to minced, to cut up food until they can eat normal family meals.

The purpose of introducing solid foods alongside an infant's milk feeds is to

- Give extra energy and nutrients when milk no longer provides enough to sustain the baby's rapid growth, optimal health and development.
- Provide the chance to try new tastes and textures based on family foods when the baby is at a receptive stage

## WHEN TO START WEANING

- The Department of Health recommends exclusive breastfeeding (or formula feeding) for the first 6 months (26 weeks) as a population recommendation. The age at which infants need solid foods varies and all infants should be managed individually
- Weaning should not be delayed beyond 6 months as from this time breast or formula milk is no longer sufficient to meet all the nutritional needs of the growing baby (although breast milk or formula will still be the major source of nutrients for many months after the start of weaning.)
- Some parents may decide to start introducing solids before 6 months and some individual babies may need weaning before 6 months. *Solid foods should not be introduced before 17 weeks (4 months) and the closer to 6 months the better.*
- Parents and carers of babies who start to wean before 6 months should be advised that there is additional advice they should follow eg regarding types of food introduced and sterilization of feeding equipment-this is outlined later.

## SIGNS THAT AN INFANT IS READY FOR WEANING

These signs are generally seen between four and six months and rarely appear together until 6 months

- When they can sit up (initially may require support) and hold their head steadily.
- Wants to chew and is putting things in the mouth.
- When they show an interest in food – reaching for food, watching others eat. They can co-ordinate their eyes, hand and mouth.
- Doesn't appear satisfied after feeds or demanding more feeds even when larger milk feeds have been offered over a period of a few days to a week.

## HOW TO START WEANING AT ABOUT 6 MONTHS

- **Equipment** – small shallow plastic spoon and plastic feeding bowl, bib and plastic mat or newspaper to protect the floor as weaning can be messy.
- **Seating** – infants need to be sitting up to avoid choking. A highchair is best so that they will be sat at your level and will also be better able to explore foods.
- **Quantity** – one or two teaspoons should be offered at first.
- **Consistency** – smooth puree mixed with usual breast/formula milk. For infants starting weaning at 6 months, this stage may be very short or even bypassed. At this age infants will need to quickly progress to a thicker texture with soft lumps and finger foods.
- **Foods** – Start with smooth vegetables or fruit, baby rice or other non-wheat cereal such as sago, maize, cornmeal or millet. Once baby is used to these, other foods should be included: pureed/mashed meat, fish, lentils or pulses; full fat dairy products e.g. yoghurt or custard; other cereal foods and soft finger foods. See **Summary of Weaning Recommendations Table 1** for examples of specific foods. New foods do not need to be introduced one at a time unless there is an immediate family history of allergy.
- **Encourage the use of family foods** but avoid adding salt and sugar/honey to the food that will be offered to the baby.
- **Don't force feed - learn to recognise the signs that baby has had enough** - turns their head away, keeps mouth shut, pushes food or spoon away, holds food in mouth and refuses to swallow or repeatedly spits out, cries, shouts, tries to climb out of highchair, gags or retches.
- **Breastfeeding on demand or at least 500-600mls infant formula/day** should continue until one year of age.
- **Give children's vitamin drops containing vitamins A, C and D.** Even on a healthy balanced diet infants and children under 5 years may not get enough of these vitamins, especially vitamin D. Advice should be provided on the Healthy Start Scheme vitamin drops for children which are available free or at low cost. [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk) Parents can get more information from their Health Visitor. Supplements can be safely started from birth and this would be beneficial to babies across the Bradford district.

## DRINKS

- A lidded, free flowing cup can be introduced from 6 months. Water should be offered so that infants learn to expect this rather than sweet drinks.
- Well diluted pure fruit juice (half and half) can be given at meal times and will increase iron absorption.
- Cow's milk should not be offered as a drink until after 1 year of age as it is a very poor source of iron compared to breast or formula milk. Full fat cow's milk can be used in cooking eg custards and sauces.
- Alcohol should never be given to babies or children and should be kept out of their reach at all times.

## PROGRESSING THROUGH WEANING STAGES

- It is important to highlight to parents/carers the benefits of including infants in family meals. This helps infants to develop self-feeding and social skills and promotes good eating habits from an early age. Seeing the family enjoying a variety of foods will encourage infants to try new foods and mean they are less likely to be fussy eaters as they get older.
- Infants need to be introduced to a wide range of new tastes and textures
- Parents should be guided by infant's appetite and gradually increase the amount offered, progressing to different foods being offered over 3 meal times.
- **6-9 months** – progress to mashed and minced food with soft lumps and soft finger foods. It is important to encourage foods from the food groups below:  
Starchy foods (potatoes, cereals, pasta, rice)  
Fruit & vegetables  
Milk products such as yoghurt, cheese, milk puddings  
Protein foods such as meat, fish, well-cooked eggs, pulses and nut butters.  
Foods containing iron should be included regularly and foods rich in vitamin C served with meals to aid iron absorption.

Please see **Summary of Weaning Recommendations Table 1** for examples.

- **9-12 months** - infants can progress from minced to chopped family foods and also have hard finger foods. Two courses can now be offered to make meals more varied and interesting and 1-2 non-sugary snacks given between meals.
- **Amounts and types of foods for the first year** are detailed in the Summary of Weaning Recommendations Table 1.
- **Feeding from a bottle** should be discontinued by one year.
- **Self-feeding skills** – these can be encouraged from the beginning of weaning by offering finger foods and giving infants their own spoon to try, whilst parents/carers continue to help with feeding.
- **Never leave a baby alone at a mealtime** – as there is always a risk of choking.

### 'Baby – led weaning'

This currently refers to a concept or method of weaning that is being promoted via the internet and parenting books. Parents may ask for advice. It involves weaning baby completely or mainly by giving them pieces of food (usually from the families meal) that they can hold and self – feed. The advantages of this may be that it may be easier for parents so more relaxed, may encourage a wide range of foods/textures and involving the baby in family meals more easily. Most babies will need additional nutrients from solid food to meet their requirements for growth by six months and for some this may be before they are ready or able to consume sufficient quantity or variety by finger feeding themselves only.

Parents should be encouraged however they choose to wean their baby

- not to delay the introduction of solids beyond 6 months
- to ensure that a variety of foods including those rich in iron are offered from this age
- to offer finger foods from 6 months (see Table 1)

In reality a mixture of approaches may be needed to ensure babies nutritional needs are fully met.

## FOODS TO AVOID

**Salt** – infants' kidneys are not fully developed at six months of age and high amounts of salt/salty foods can be harmful. Salt should not be added to foods. Processed foods such as stock cubes, gravy mixes, packet soups, instant mashed potato, sauces, ready meals and salty snack foods like crisps should be avoided.

**Sugar** – encourages a sweet tooth and can lead to dental decay

**Honey** – can contain botulinum bacteria and needs to be avoided until after the age of one year.

**Nuts** – children under 5 should avoid whole nuts due to a risk of choking. Peanut butter, pastes and ground peanuts can be included after 6 months of age. If the child has been diagnosed with an allergy (eczema or other food allergy) or there is a history of allergy in the immediate family parents should talk to their GP, health visitor or medical allergy specialist before giving peanuts for the first time.

**Some Fish** - avoid shark, swordfish and marlin due to mercury content. Avoid raw shellfish due to the risk of food poisoning. Boys can have up to four portions of oily fish a week, such as mackerel, salmon and sardines, but girls should have no more than two portions of oily fish a week. Fish especially oily fish are a valuable source of protein and essential fatty acids in the diet and apart from these limitations can be introduced during weaning.

**High fibre/low fat diets** - are not recommended as these diets are very bulky and can make it difficult for infants and young children to eat enough to meet their energy requirements for growth. Fibre (eg added bran) can reduce the amount of some nutrients (eg iron) absorbed from food. Full fat dairy products (ie using full fat milk in food preparation, yogurts and cheese) are the best usual choice for babies and children under 2 years.

## EXTRA ADVICE IF WEANING IS STARTED BEFORE 6 MONTHS

**If parents decide to start weaning earlier there are some extra points to consider:**

- Weaning should not start before 17 weeks (4 months).
- Plates, bowls and spoons should be sterilised.
- Solids should be introduced at one feed initially and at a time of day when parent and baby are relaxed.
- A little breast or formula milk can be offered to settle a hungry baby, followed by one teaspoon of pureed food mixed with breast milk or infant formula to a thin consistency.
- Finish with breast/formula feed.
- Suitable first foods include baby rice, pureed cooked vegetables or fruit. (see Table1)
- Parents need to follow baby's appetite to gradually increase the amount, frequency and variety of foods offered.
- Infants weaned before 6 months may move through the different stages more slowly but it is important to ensure they progress to mashed and lumpy foods.

## Foods to avoid before 6 months

As weaning is a key time for establishing infants onto a balanced diet it is important that foods are not avoided without good reason. There is currently scientific debate amongst experts as to the foods that should be avoided if starting weaning before 6 months and a major review is due to start in 2011. Government advice is that there is insufficient evidence to change their current general advice which is to avoid the following:

- Unpasteurised cheeses and cheeses with a soft rind eg: brie and camembert
- Liver
- Gluten containing foods (eg flour, bread, pasta, chapatti, wheat, rye, barley and oats and cereals/rusks containing these)
- Foods which are most likely to cause an allergy ie milk, eggs, wheat, nuts, soy, seeds, fish and shellfish.

## FOOD SAFETY

- Parents/carers should be advised to follow strict hygiene rules when purchasing, storing and preparing food for infants in order to reduce the risk of food poisoning. This includes hand-washing, keeping surfaces and chopping boards clean and keeping pets away from food/preparation areas.
- Infants need to be supervised by an adult when feeding because of the risk of choking.
- Solid food should never be added to the bottle as there is a risk of choking.
- Bottles and teats should be sterilised.
- If weaning from 6 months, plates, bowls, cups and cutlery don't need to be sterilised but should be washed with hot soapy water and rinsed with hot water.
- Freshly cooked food can be stored for up to 24 hours in the fridge.
- Food for infants should be reheated until piping hot right through and then cooled before feeding. Food should not be reheated more than once.
- Manufacturers' instructions should be followed when preparing any commercial baby foods.
- If parents choose to use a microwave to heat foods, they should be advised that the food will continue to heat up after it has been removed from the microwave. Extra care must be taken to keep the food away from infants until it has been stirred and cooled sufficiently to avoid the risk of burning from 'hot spots'.
- Foods that baby has half-eaten should be discarded.
- Frozen food should be thawed in the fridge and should not be refrozen.
- Eggs, meat, fish and shellfish should be well cooked right through to reduce the risk of food poisoning.
- Honey should not be given until the age of 1 year because it may contain botulism spores.
- Whole nuts should not be given until the age of 5 years because of the risk of choking.

## VEGETARIAN WEANING

- Vegetarian diets are more bulky and care needs to be taken to ensure that vegetarian weaning foods provide all necessary nutrients.
- There are various categories of vegetarians who exclude different foods so it is important to check with parents/carers which foods their child can eat.
- All varieties of beans, lentils, cheese, eggs and ground seeds/nut butters are suitable substitutes for meat, poultry and fish.
- Good sources of iron need to be offered at each meal, together with Vitamin c containing fruits and vegetables to help iron absorption. See **Summary of Weaning Recommendations Table 1** for examples.

## VEGAN WEANING

Vegan diets are not recommended for infants because of the high risk of nutrient deficiencies. It takes considerable planning to achieve a balanced diet and infants may require vitamin supplementation. Parents considering weaning infants onto a vegan diet are advised to consult a Registered Dietitian first.

## COMMERCIAL BABY FOODS

- Providing home prepared weaning foods encourages easier progression to normal family foods than when using mainly commercial baby foods.
- At this stage health professionals and other people who provide support to parents should take opportunities to advise parents how to adapt family foods for weaning to ensure that infants become accustomed to the wider range of flavours and textures that these provide.
- Parents using commercial baby foods still need to ensure that the baby is offered a balanced diet, including savoury meals and fruit purees rather than puddings. This can happen where parents use a lot of commercial foods (for reasons of convenience or lack of confidence in preparing their own food for weaning) but avoid those with animal products for cultural or religious reasons. This can lead to a lack of protein and iron in the baby's diet. Help given with reading labels and identifying suitable savoury foods (eg halal, those based on good vegetarian protein sources like pulses) will be useful if commercial baby foods need to be used.
- Advise parents that even though commercial baby foods may state 'suitable from 4 months', that this does not mean that weaning should begin as early as this.

## IRON DEFICIENCY ANAEMIA

Iron deficiency is a common nutritional problem in early childhood and occurs more often in inner city areas and amongst Asian populations. Symptoms of iron deficiency include poor appetite, lethargy, poor weight gain, developmental delay and frequent infections. The effects of early iron deficiency on brain development (eg intelligence, learning and behaviour) are increasingly being shown to be irreversible even after the deficiency is corrected.

### To prevent iron deficiency anaemia:

- Good sources of iron need to be introduced into the weaning diet between 6-8 months. (see Table 1)
- Foods rich in vitamin C should be included at each meal to aid iron absorption.
- Tea or coffee should be avoided as they can reduce absorption of iron from the diet.
- Breast milk or infant formula should be used as the main drink during the first 12 months.
- The use of a bottle after 1 year should be discouraged as this can encourage children to fill up on cow's milk instead of eating sufficient solid food.
- If children are drinking excessive amounts of cow's milk (more than 500mls every day) after 1 year and parents are struggling to reduce this, a follow-on milk fortified with iron can be used.

### VITAMIN D

A significant proportion of the population have low vitamin D levels which has resulted in a rising number of cases of rickets and other disorders caused by vitamin D deficiency.

The body relies on sunlight exposure to meet its vitamin D requirements and so taking babies outdoors and encouraging safe outdoor play is a habit that should be developed in families. Skin should always be protected (with clothing/sunscreen) before it starts to redden and burn. Foods containing vitamin D (e.g. fortified margarine, well-cooked egg yolk, fortified breakfast cereal, oily fish) should be introduced as weaning progresses but parents should be made aware that it is difficult to obtain enough vitamin D from diet alone.

A daily 7.5 ug vitamin D supplement is recommended for **all babies** and children up to 5 years. Advice should be provided on the Healthy Start Scheme vitamin drops for children which are available free or at low cost ([www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)) Parents can ask their health visitor for more information. Supplements can be safely started from birth and this would be beneficial to babies across the Bradford district.

### DENTAL HEALTH

Tooth decay is one of the most easily preventable health conditions. Parents/carers should be advised on ways to help reduce dental caries:

- Sugary drinks should never be given in bottles. Feeding bottles should be used only for expressed breast milk, infant formula or cooled boiled water.
- From 6 months, infants should be given a free-flow cup to drink from and cup feeding should replace bottle feeding by one year.
- Fizzy drinks and squash should be avoided. Well diluted pure fruit juice (half and half) can be provided at the same time as a meal.
- Milk and water should be provided to drink between meals.
- Foods and drinks containing sugar should be kept to a minimum and are best kept to mealtimes
- Avoid giving sweets and biscuits as treats.
- Never dip dummies in honey, syrup or sugar.

- Tooth brushing should start as soon as infants' teeth appear using a brush suitable for the child's age. Teeth should be brushed by parent/carer before bed and on one other occasion. Children aged 0 to 3 years are recommended to use toothpaste with no less than 1000 parts per million fluoride and are advised to use only a smear of toothpaste. If the child is thought to be at risk of dental disease a smear of 1350-1500ppm toothpaste should be used) Children should not be allowed to eat or lick toothpaste from the tube. A list of toothpastes with these levels of fluoride can be found in the Department of Health toolkit 'Delivering Better Oral Health'

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_102331](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102331)

- Infants can be taken to the dentist from around 6 months.
- Sugar free medicines should be recommended.

### LOW INCOME

- Low income families are more likely to eat a diet that is low in fruit and vegetables and high in fatty and sugary foods. Infants in these families may have diets with lower levels of some nutrients, particularly iron and vitamin D.
- Eligible families should be encouraged to take up the Healthy Start Scheme. This entitles eligible pregnant women and children under 4 years to vouchers for milk, fresh and frozen fruit and vegetables, vitamin supplements and advice and support from health professionals. All pregnant women under age of 18 qualify for this regardless of income.

### BLACK AND MINORITY ETHNIC GROUPS

It is important that health professionals advising families are aware of dietary customs, religious restrictions and traditional eating habits. Any advice needs to be sensitive to include culturally appropriate weaning foods. Please see **Table 2** for examples of appropriate weaning foods for different ethnic groups.

**Asian weaning** – Asian infants are traditionally weaned later than Western infants. Weaning should be started by 6 months to avoid anaemia and long term dietary problems. Parents/carers need to be made aware that giving mainly sweet commercial baby foods leads to a diet with inadequate nutrients and that savoury halal weaning foods are available from companies such as Mumtaz and Petit Gems.

### ALLERGY AND INTOLERANCE

Food allergy and intolerance are types of food sensitivity. If someone has a food allergy their immune system mistakes a food as unsafe and this causes a serious and possibly life-threatening reaction. A food intolerance also causes a reaction but it doesn't involve the immune system and generally isn't life-threatening. It may make them feel ill or affect their long-term health.

Some parents suspect that their infants are sensitive to foods but only 2-5% actually have allergy or intolerance. Many infants grow out of this by 12 months.

If parents do suspect food sensitivity then it is important that they don't cut out whole food groups or a lot of different foods from their infants' diet without medical /dietetic advice. This could result in them missing out on essential nutrients for growth and development. NICE (2011) has issued clinical guidelines on the diagnosis and assessment of food allergy in children in primary and community care settings. It is important that food allergy and intolerance is medically diagnosed and treated. This will require appropriate dietetic advice /support to ensure that allergens are removed from the diet whilst meeting nutritional requirements.

### **Weaning infants at high risk of allergy**

Infants are more likely to develop allergies if there is a sibling or parent with eczema, asthma, hay fever or diagnosed food allergy. These families should be advised that exclusive breastfeeding for the first six months appears to give the best protection against developing food allergies.

When introducing solids (weaning) to high risk infants, introduce the foods that commonly cause allergies (milk, eggs, wheat, nuts, seeds, fish and shellfish, celery, soya, mustard) one at a time allowing at least 3 days between so that any reaction can be spotted. These foods should not be introduced before 6 months but there is no evidence that further delay is beneficial. Continuing breastfeeding whilst these foods are introduced may also protect against the development of allergy. Other foods eg fruit, vegetables, rice, can be introduced alongside to encourage a varied diet.

### **INFANTS BORN PREMATURELY**

- These infants may miss out on some of the nutrients acquired during the latter stages of pregnancy. Some premature infants may need extra nutrition after birth in order to 'catch-up'.
- It is recommended that weaning starts when babies are 5-8 months old actual age from birth. The process of weaning may take a little longer than term babies.
- Premature infants born close to term (ie: around 34 weeks) and who are well, may be ready to wean at approximately 6 months of age (actual age from birth) as advised for infants born at term.
- Premature babies who are growing well should be introduced to a variety of foods in the same way as any healthy full term infant.
- By 9 months actual age from birth, a premature infant who is following normal developmental stages is likely to benefit from being introduced to lumps and finger foods.
- Premature infants not achieving the above may benefit from a review by the medical team caring for them.

### **BABIES WITH SPECIFIC CLINICAL OR NUTRITIONAL NEEDS**

Some babies with specific clinical conditions, complex health needs or nutritional needs may be advised by their specialist care team / dietitian to wean at a different time, pace or way, according to their individual requirements. Parents who have queries should be encouraged to discuss them with their care team /dietitian.

**Table 1 - Summary of recommendations for weaning at different stages from 6-12 months**

Food	At 6 months (26 weeks)	6-9 months	9-12 months
<b>Starchy foods</b> (e.g. potato and cereal based foods)	1-2 servings per day Smooth cereals, e.g. rice based, potatoes, millet, oats, cornmeal, yam, sweet potato, green banana	2-3 servings per day Start to introduce more cereals, lumpier textures and finger foods e.g. toast, rice cakes, chapattis, pitta bread, rusk, pasta	3-4 servings per day Starchy foods of normal adult texture
<b>Vegetables and fruit</b>	1-2 servings per day Soft-cooked vegetables and fruit as a smooth puree e.g. apple, pear, mango, banana, pumpkin, carrot	2 servings per day Raw soft fruit and vegetables Cooked fruit and vegetables can be coarse or mashed in texture	3-4 servings per day Give with meals and as snacks Cooked or raw Include Vitamin C rich foods with meals (e.g. oranges, pears, strawberries, kiwi, potato, cabbage, tomato, peppers) Include more variety
<b>Meat and alternatives</b> (e.g. fish, pulses, eggs, nut butter)	At least 1 serving per day Use soft cooked meat, chicken, pulses as a puree	Minimum 1 serving per day Soft cooked, finely minced, mashed meat, chicken fish and pulses Well cooked eggs Limit liver to once per week	1-2 servings per day Minced/chopped/well cooked meat, chicken fish and pulses Limit liver to once a week
<b>Dairy foods</b> (e.g. milk or cheese based dishes)	At least one serving per day Plain yoghurt, fromage frais, milk puddings or custard	At least one serving per day Fruit/plain yoghurt, cheese, milk puddings, custard	1-2 servings per day Fruit/plain yoghurt, cheese, milk puddings, custard
<b>Other advice</b>	Can have gluten based foods Encourage savoury rather than sweet foods Introduce cup or beaker No sugar or honey No added salt or salty foods Avoid low fat dairy foods	No sugar or honey No added salt or salty foods Introduce mild spices and herbs e.g. cumin, turmeric, coriander Avoid low fat dairy foods	No honey No added salt or salty foods Discontinue bottles by about 12 months – use cups or beakers By 12 months use more family foods Avoid low fat dairy foods Gradually introduce hotter spices, e.g. pepper, ginger, chilli

Table 1 - Con't

Food	At 6 months (26 weeks)	6-9 months	9-12 months
<b>Finger foods</b>		<p><b>Soft finger foods</b></p> <p><b>Soft fruit pieces</b> such as banana, ripe melon, pear, peach, kiwi.</p> <p><b>Cooked vegetable sticks/pieces</b> such as carrot, green beans, courgette, potato, sweet potato, cauliflower, broccoli.</p> <p><b>Cooked pieces of pasta</b></p> <p><b>Bread or toast</b></p>	<p>As 6-9 months and can now also include:</p> <p><b>cubes of cheese</b></p> <p><b>Raw fruit and vegetables</b> such as raw peppers, cucumber, carrot, apples, pears.</p>
<b>Good sources of iron</b>	Meat, fish, beans and lentils, well cooked eggs.	As at 6 months with the addition of fortified breakfast cereals, green vegetables	As 6-9 months.
<b>Drinks</b>	Water in a free-flow lidded cup can be introduced from 6 months. Well diluted pure fruit juice ( half water, half juice) served in a cup can be included with meals to help iron absorption. Breastfeeding on demand or at least 500-600mls infant formula milk should continue to 1 year of age. Cow's milk should not be introduced as a main drink until 1 year of age. From one year milk consumption should be about 500mls/1 pint a day and bottles should be discontinued by about this time.		
<b>Skills to learn</b>	<p>Taking puree from a spoon</p> <p>Moving food from the front of the mouth to the back for swallowing</p> <p>Able to hold finger foods</p> <p>Hold cup or beaker</p>	<p>Moving soft lumps around the mouth</p> <p>Chewing soft lumps</p> <p>Self feeding using hands and fingers</p> <p>Sips from a cup/beaker with support</p>	<p>Chewing minced and chopped foods</p> <p>More oro motor control</p> <p>Self-feeding attempts with a spoon</p> <p>Improving hand to mouth control</p>
<b>New textures to introduce</b>	Smooth Purees	<p>Managing thicker purees and then mashed foods</p> <p>Managing soft finger foods</p>	<p>Managing harder finger foods</p> <p>Soft diced or minced foods</p>

Adapted from the Manual of Dietetic Practice, page 286. 4th edition.  
Ed Thomas and Bishop 2007

**Table 2 Examples of appropriate weaning foods for different ethnic groups**  
 Adapted from Manual of Dietetic Practice, 4th edition

Group	Weaning Food	Finger Food
<b>Asian vegetarian</b>	Rice boiled and mixed with yoghurt Chickpeas or lentils mashed and mixed with rice Rice flakes with breast/formula milk Vegetables cooked and pureed or mashed eg root or green vegetables, cauliflower, marrow, aubergine Potato cooked and mashed, may be mixed with vegetables Chapatti or roti made into crumbs and soaked in breast/formula milk Soft fruits mashed e.g. banana, papaya, mango Puddings made from rice, rice flour, wheat flour, semolina flour.	3-4 servings per day Starchy foods of normal adult texture
<b>Asian non-vegetarian</b>	As above and also include: Well cooked boiled egg (mashed or chopped) Soft cooked meat, chicken, fish (pureed or mashed)	As above
<b>African-Caribbean</b>	Cornmeal porridge, farine, baby cereals mixed with breast/formula milk Rice Potatoes, yams, sweet potato, pumpkin (pureed or mashed) Chicken and lamb (pureed or mashed) Lentils, kidney beans, gungo (pureed or mashed) Peas, root and green vegetables (pureed or mashed) Soft fruit (mashed)	Breads, rice cakes Soft cooked pieces of root vegetables, pumpkin, sweet potato, potato Soft fruits
<b>Spices</b>	Mild spices such as coriander, cumin, turmeric, cinnamon can be used in small amounts from 6 months. Hotter spices can be gradually introduced from 9 months, e.g. ginger, pepper, chilli. If the family meal is too spicy for the infant, try adding some plain yoghurt to lessen the heat.	

## Some Key Sources and Resources

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Author: Bradford Dietitians

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