



STARTING SOLIDS: WHERE TO BEGIN?

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WHEN:



Beginning at six months of age (AAP). Signs of Readiness: holds head up, can sit with some support, interested in food. Breast milk or formula is the baby's main source of nutrition through the first year. Solids are complimentary.

WHY:



Skill development (fine motor & oral-motor)
Sensory experience

WHAT:



First Foods: Fruit, veggies, meats, single grains. Wait several days between trying new foods to watch for an allergic reaction. 10-15 trials to see if baby likes it.

Volume: Volume varies greatly from child to child. Follow your baby's lead and increase solid food volume gradually. Do not try to finish a jar of food or a bottle. Babies are good at regulating their needs, but if we push hard enough we will over-ride that.

Volume-driven feeds can lead to sensory and behavioral feeding problems as well as obesity.

Iron Needs: Single ingredient iron-fortified cereals vs. iron-rich foods like meats and greens. Latest recommendations suggest meat as a first food as it is more nutrient dense than fortified cereals.

Allergens: Discuss with your pediatrician before feeding your baby any high allergen food such as peanuts, wheat, or eggs. Allergens such as peanuts can be introduced as early as 4-6 months for low-risk infants, per the 2017 AAP guidelines.

Juice & Water: AAP Rec: No juice under age one. 12mo-3 years limit to 4 ounces a day. Water via bottle or straw cup once solids are introduced. Small amounts with meals and in hot weather.

HOW: **Methods:** With all methods, offer solids after breast/bottle



- **Traditional Method**- Purees first, progressing to finger foods around 8-10 months
- **Baby-Led Weaning**- Baby eats what family eats, manageable chunks, self-fed
- **A Combination**- Finding what works best for your child might mean a combination of both approaches.

Family meals: Sit together as much as possible. Model healthy eating for your child.

Follow Baby's Cues: *Feed on pleasure cues. Stop on refusal cues. Minimize distractions.*

Pleasure Cues: Opening mouth for cup or spoon, leaning head forward for feeding, reaching for food, self feeding.

Refusal Cues: Clenching lips, turning away, pushing spoon away, crying at the sight of spoon, gagging, refusing to sit in high chair

Distractions for Baby: Toys, books, phones, ipad, tv, etc. used to distract baby from food

BUMPS: **Feeding Difficulties:**



1. Tongue and Lip Ties- Look at the larger picture. Find a provider who can assess for function.

2. Premature Babies- Often have immature sensory systems and should be followed closely throughout their first year.

3. Sensory Processing Red Flags- Baby doesn't like to touch food or get messy, doesn't like grass/sand/water, bothered by strong smells, dislikes motion/craves motion.

4. When to Seek Help- Poor weight gain, aspiration risks (choking, wet eyes, wet-sounding voice), gagging, reduced intake, stressful mealtimes, uncoordinated spoon feedings, difficulty transitioning to higher textures like finger foods, sensory concerns.



Who to See: a Speech-Language Pathologist or Occupational Therapist trained in feeding. Can find a private therapist, hospital-based therapist, clinic-based therapist, or your county's Infant & Toddler Connection (early intervention program).

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