Nutrition

Feeding Patterns

- **Breast-Fed Infants.** Most infants need at least 6 to 8 breastfeedings in a 24-hour period until solid feedings are well established.
- **Formula-Fed Infants.** Most formula-fed infants take 4 to 5 bottles a day of 4 to 6 ounces each.

**Solid Foods: When to Start**

- First non-milk baby foods are referred to as solid foods or solids. Infants can begin solid foods at 6 months of age. There are no firm rules for when to start solid foods. Here are some common clues to help decide if your baby is ready to start solids.
  - **Increased appetite.** One common clue that your baby is an obvious increase in appetite. Your baby may start to feed more frequently and may even start waking up hungry at night. A single day or two of increased appetite may only mean a growth spurt, but a growth spurt that seems endless probably means that a milk-only diet is not enough and it is time for solids.
  - **Improved head control and neck strength.** Your baby should be able to hold her head up well. Even cereal and strained baby foods should not be offered until a baby holds her head up well when propped to sit.
  - **Interest in foods.** Your baby may start to show an interest in food. She may start watching you intently as you eat. Some babies will even open their mouths as you eat.

**Solid Foods: How to Start**

- **Spoon-feeding.** Babies are born with a tongue thrust reflex. Because of this reflex, a young infant will push her tongue against a spoon or anything else placed in her mouth. This reflex goes away around 6 months, allowing a baby to be fed with a spoon. Learning to be spoon-fed teaches your baby the process of eating and allows her to stop when full. At first you may need to at least partially breast-feed or give part of a bottle to take the edge off your baby’s hunger immediately before attempting to spoon-feed. Use a spoon that will easily fit into your baby’s mouth and place a small amount of food on the spoon. Gently keep trying, even if at first your baby does not accept the spoon and turns her head. She will catch on. Feeding your baby should be fun for both of you. If your baby absolutely refuses or is unable to spoon-feed after a few days then stop, go back to exclusive breast or bottle feeding for a while and then try spoon-feeding later. Once your baby becomes skilled at spoon-feeding, you may wait until after eating solid foods before breast or bottle feeding. As solid intake increases, milk intake will gradually decrease.
  - **Frequency of meals.** One to two solid feedings a day are sufficient starting at 6 months.

**Solid Foods: What to Start**

- While there are many opinions about feeding babies, there is no clear medical evidence that introducing solid foods in any particular order has an advantage for your infant. Allergy experts no longer recommend avoiding certain foods like eggs or wheat until a year of age to prevent food allergies. However, infant nutrition experts do recommend iron containing first foods or iron supplementation, especially for breast-fed infants.
  - **Infant Cereals.** The traditional first food for most infants is single grain iron fortified cereals. Infant cereals are iron fortified and easy to digest. Iron stores from pregnancy are depleted by 6 months of age, iron fortified cereals help replace this iron (see preventing anemia section below).
  - **Fruits and vegetables.** If you baby enjoys eating feel free to expand your baby’s diet. It is not important whether or not you give fruits or vegetables first. Babies are born with a preference for sweets; the order of introducing foods does not change this. It is fine to puree your own cooked vegetables and fruits or use prepared or packaged baby foods. Do not add seasonings such as salt or sugar.
  - **Meats.** May be given at 6 months if desired. Meats are a good source of iron.
  - **Juice.** Juice is not recommended, except perhaps to help with constipation. If you do give your baby juice, make sure that the total daily intake does not exceed 4 ounces. Excessive juice intake is associated with diarrhea, gas, and tooth decay.

**Preventing Anemia**

Infants born at term have sufficient iron stores until 6 months of age. Babies and toddlers between the ages of 6 to 24 months are at risk of iron deficiency, especially breastfed infants. This is a period of rapid growth when newborn iron stores are depleted and dietary iron intake is frequently inadequate. Starting at 6 months of age the AAP recommends iron supplementation for breast-fed infants. One can provide sufficient iron by giving either giving a one ml dropper a day of a multivitamin with iron, like Tri-Vi-Sol with Iron or Poly-Vi-Sol with Iron. This shouldn’t be too much of a change since your breast-fed baby should be taking a vitamin D supplement already. Another way to supply iron to breast-fed babies is to feed one serving (4 Tbsp. dry cereal each) of iron-fortified infant cereals. Discuss options with your child’s doctor if you have questions. Formula-fed infants receive sufficient iron in formula and do not need iron supplementation.

**Development**

- **Language.** Your baby should be able to laugh and turn her head to voices. Some babies will even mimic sounds.
- **Social.** Babies this age enjoy looking around and are entertained by social interaction.
- **Gross Motor (Movement).** Your baby should start rolling over soon. While on her stomach she should start raising her trunk and supporting herself with her wrists.
- **Fine Motor (Hand and Finger Skills).** Babies at this age reach out with both arms in unison. She may grasp a rattle well but will not reach out with one hand very well.
- **Suggestions for Play.**
  - Clap your hands together while singing.
  - Holding her on your lap and make interesting noises. See if she copies you.
  - Play peek-a-boo.
  - Hold her in front of a mirror and ask “who is that?” Point and call her by name.

**Care of Your Child**

**Prevention of Sleep Problems.**

- Establish a soothing bedtime routine and place your baby to bed drowsy but not asleep. Your baby must learn to put herself to sleep. Learning to fall asleep without being rocked or fed to sleep is a skill that must be learned before being able to sleep through the night. It is unsafe to place pillows, bulky blankets, and large stuffed toys in your infant’s crib. However, there is no harm in tucking a small, soft toy in a corner. Your baby will look forward to seeing its familiar features as the last thing before he goes to sleep and the first thing on waking. In time, she may choose it for a “lovey” or transitional object that helps him feel safe, calm, and relaxed for sleep.
- All babies, like the rest of us, have several partial awakenings each night. Soon after 4 months most babies learn how to self soothe and fall back to sleep on their own when these awakenings occur. You can help by making middle of the night contacts brief and boring. Try to discontinue middle of the night feedings. Try to resist the urge to rush in when you first hear your baby cry out during the middle of the night. If the crying continues, go to the crib, pat her in a calming manner, but try not to pick her up. As soon as she calms down, leave her side and let her fall back asleep. If she begins to cry again, wait a little longer before going back for another soothing visit. Discuss any concerns about sleep you may have with us.

**First Teeth**

- Your child’s first teeth usually appear around 4-8 months of age but there is a lot of variability. First teeth may appear as early as 3-4 months of age or as late as 12-15 months of age.
- Your baby will begin to drool and chew on objects even though first teeth are usually months away. Opinions on what this behavior represents and how painful teething actually is varies from physician to physician and parent to parent. If you choose to treat teething use teething rings or cool cloths rather than medications that numb the gums.
- The first teeth need proper cleaning. Clean the gums and first teeth with a soft wet washcloth or a soft infant toothbrush. You may use just water or a tiny dab of toothpaste without fluoride on the toothbrush.
- Dental caries are caused by bacteria that can pass from parent to child. Do not share spoons or cups with your child and do not clean your child’s pacifier in your mouth, as you can pass on early cavities to your child.

**Safety**

- **Falls.** Since your baby may be rolling over any day now, never leave your baby on a changing table, bed, sofa or chair. If left unprotected, he will fall. Put him in a safe place such as a play yard (playpen) or crib when you cannot hold him. If he is in an infant seat, infant chair or stroller, make sure that he is buckled in properly, even if it is “just for a minute”. It does not take long for an unprotected or unbuckled infant to fall off the couch or out of a stroller or infant seat. Infants can be unintentionally “thrown” out of infant seats if the seat is picked up and the baby is not buckled in place properly.
- **Childproofing Your Home.**
- **Burns.**
- **Car Injuries.** Most injuries can be prevented by the use of a car safety seat. Make certain that your baby’s car seat is installed correctly. Read and follow the instructions that come with the car seat and the sections in the owner’s manual of your car on using a car safety seat correctly. Use the car safety seat every time your child is in a car. Your infant should ride in the back seat in a rear-facing car seat. For questions about car safety seats you may also call the Safe Riders Program at 1-800-252-8255 or 1-800-SEAT-CHECK (www.seatcheck.org).
- **Sleep On Your Back.** To prevent possible suffocation and reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby should always sleep on his or her back. Never put your baby on a water bed, bean bag, or anything that is soft enough to cover the face up and block the nose.
- **Smoking.** If you or another family member is a smoker, one of the best ways to protect your family’s health is to quit smoking. Smoking increases your baby’s risk of respiratory illnesses, cancers, and SIDS.
**Early Childhood Intervention (ECI) Programs**

The State of Texas has a network of local community programs (Early Childhood Intervention or ECI) that provide services to Texas families and their children, birth to age three, with developmental delays. The cost of services provided are based on family income. Children are eligible for ECI services if they are under age 3 and have developmental delays or conditions (such as Down’s, prematurity, vision or hearing impairments) that have a high possibility of resulting in a developmental delay. Anyone may refer a child for ECI services. If you believe that your child is delayed or has a condition that could lead to delays, call 1-800-682-5115 or visit the ECI website at www.dars.state.tx.us/ecis for the ECI program closest to you.

**Reading Suggestions and Resources** We encourage all parents to invest in one or more reference book on child care and child development. The following are a few books and websites that we can recommend:

- **Caring for Your Baby and Young Child: Birth to Age 5**, The American Academy of Pediatrics.
- **Your Baby and Child: From Birth to Age 5**, Penelope Leach.
- **Baby 411: Clear Answers and Smart Advice for Your Baby’s First Year**, Ari Brown, Denise Fields.
- **Infants and Mothers: Differences in Development**, Terry Brazelton.
- **Siblings without Rivalry**, Adele Faber and Elaine Mazlish, Avon Books.
- **Solve your Child’s Sleep Problems**, Richard Ferber
- **www.aap.org**, The American Academy of Pediatrics
- **www.vaccine.chop.edu**, Information about vaccines from the Children’s Hospital of Philadelphia