



How to Raise Healthy Eaters

Babies and Toddlers



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Introduction

One of our favorite stages of development is when babies start to eat solid foods. This is time when families can begin – or commit to continue – family mealtimes and a consistent approach around feeding. It is also a stage of development where parents have a lot of questions and often are exposed to a lot of outdated advice. Given that some of the choices around feeding that you make now will have big implications for the future, here we will help set the record straight and arm you with the tools you need to raise your baby healthy from the start. Our tips and suggestions are based on a combination of good science and our own experiences as moms and pediatricians with special interest and expertise in nutrition.



What Every Parent Needs To Know

Over the course of this book we will provide you with all the information, tools and hacks, tricks, and recipes you need to help raise a healthy eater from the start. You will find that there is a lot of flexibility and “right choices” you can make along the way, while following an approach to raising your healthy eater that we call “family-centered feeding”. Family-centered feeding is an approach to feeding your infant (and your whole family) that relies heavily on a give-and-take a cue-and-respond from both parents and infants. For example, when it comes to introducing solids, this method of feeding is a blend between the classic approach to feeding infants in which parents spoon-feed purees and the popular approach of baby-led weaning in which infants start finger foods from the start and call many of the shots around feeding. Both ways can (and we think - should) be healthfully deployed to help infants optimize health and development. Over the course of this book we will show you how.



You probably have a lot of questions about how to feed your child for optimal health and minimal family stress. Some commonly asked questions include:

What should I expect my infant or toddler to be able to do at each age and stage?

When should I introduce solids?

What foods should I start with?

How much does my baby need?

How do I advance foods?

How do I take advantage of each window of opportunity to raise a healthy eater?

What could go wrong?

How do I make feeding my baby fit with a busy life and meeting the needs of the rest of the family?

What should I avoid?

How do I deal with the other stuff like getting other family members on board and doing all of this when I am completely exhausted?

In the coming pages, we address all of these questions. We are very excited and grateful to be on this journey with you. Let's get started!



Chapter 1

Family-Centered Feeding

Family-centered feeding is the crux of *How to Raise Healthy Eaters: Infant and Toddler Edition* and ultimately the bottom line when answering the commonly-asked question of “How do I raise a healthy eater?” or “How do I make sure that my kids get all of the nutrition they need without force feeding them vegetables?” The first year or two of eating solid foods – the age of about 6 months to 2 years – is an important time to start healthy habits early and do everything in your power to prevent future feeding problems. Picky eating and overeating are the most common concerns, both of which can eventually lead to health problems, not to mention mealtime battles. This is not a vague, common sense recommendation. There is a specific approach and mentality that accompanies family-centered feeding. We would like to help you adopt this approach, which ultimately will help make family mealtimes enjoyable while you raise adventurous, healthy eaters. So please don’t think of this as a 10-step list to read and forget.

This is a roadmap for a healthier family that you can start today, but practice often for best results. If you do, you optimize the chances that your children will eat in a way that is healthful and balanced of just-the-right amount of foods, while you minimize mealtime stressors and frustrations.



1

Learn to recognize your child's cues of hunger and fullness – and listen to them!

Infants show hunger through increased alertness, rooting and lip smacking, and opening their mouths. Crying and irritability are later signs. They show fullness by falling asleep and pulling or turning away from the nipple, bottle, or spoon. Older kids are better able to tell you when they are hungry but also may show signs of hunger by becoming more grumpy or irritable. As a general rule, behavioral concerns are most successfully

2

Recognize your child's developmental feeding stage.

Through each stage of development, infants and children become increasingly able to feed themselves. In fact, as they develop the fine motor skills, they will demand to play a bigger role in self feeding. While it can sometimes be frustrating for parents, overall this is good, as practicing self-feeding skills also helps your child develop and refine fine motor skills. On average, you can expect a 4-6-month-old to be able to eat soft foods and purees from a spoon but fed by caregiver; a 6-9-month old wants to self-feed and can sometimes get finger foods to his mouth; a 9-12-month old is better able to self feed with finger foods and can dip a spoon into food, but the food might not make it to his mouth. A 15-18-month old can successfully feed himself with a spoon and a 2-year-old may become adept with using a fork.

Our advice is to have fun and explore and do the best you can to maintain your routine while you are out and about.



3 Develop a feeding routine (when, where, and what) and stick to it as closely as you can.

While it is important to use your child's cues to guide food intake, you can count on the fact that infants and children tend to become hungry about every 2-3 hours or so. To be sure that your children are hungry at mealtimes (and thus more likely to eat the healthful foods you are offering them), try to develop a feeding routine that includes meals and snacks at about the same time every day (note: some of these "meals" and "snacks" for an infant just learning to eat will be breastmilk and/or formula). Plan for about 3 meals and 1-2 snacks per day, with 2 to 3 hours between each feeding event. Help toddlers avoid 'grazing'. Also help get them used to eating only in a high chair at table or at a toddler table next to the grown-up table. For instance, a routine might be: 7am breakfast, 10am snack, 12pm lunch, 3:00pm snack, 6:00pm dinner.

Of course, it is not always possible to stick to your routine and we highly encourage taking children on adventures and exploring new opportunities, which are great learning experiences, though they admittedly can heavily interrupt daily routines. Our advice is to have fun and explore and do the best you can to maintain your routine while you are out and about, and then once you are home return to your usual routine as soon as you can.

4

You decide what food is offered, when, and where, but let your child decide what to eat and how much.

This is an expansion of the classic “division of responsibility” advised by the dietitian/social worker Ellyn Satter that has become widely-accepted advice by health and nutrition professionals and which research supports is an effective approach to raise healthy eaters without mealtime battles. The idea is that parents create a healthy home environment, full of plenty of healthful foods. Parents control a child’s access to these foods by having a routine (the timing) and control over the meal plan (what foods are offered) and the meal or snack place (at the table). The child has control over what foods they will eat of those that are offered and how much. It may feel counterintuitive, but what this says is don’t force your children to eat everything that you serve or offer them. You may wonder, how then your child will come around to eating those foods (or will they starve in the meantime if you stick to this plan and they refuse to eat)? You may also wonder how much food you will have to waste to teach your child to eat healthfully if you continue to offer foods that they continue to refuse to eat? We get it. These are legitimate concerns. We will address them by age and stage throughout the following chapters. At the end of the day, we think you will find this to be an effective strategy that maintains harmony around mealtimes, nudges your child towards healthy eating, and minimizes food waste.

5

Let your child’s hunger be their guide.

In other words, don’t force a clean plate. This is an extension of strategies #1 and #4 but it is so important that we felt it deserves its own mention. Despite the urge (and we all feel it sometimes!), don’t pressure or force your children to eat. When a child eats despite not being hungry, it overrides the body’s own internal cues and makes it more difficult for a child to recognize and respond to hunger cues later. Some studies have shown that kids as young as 3 years old have lost the ability to listen to their body’s cues, and much of this is likely due to force feeding as well as the offering of foods rewards (see principle #6). When kids don’t listen to hunger cues, they eat more than their body needs, setting them up for later weight and health concerns. Instead of forcing a child to eat, or “clean your plate”, offer small portions with the option for more rather than larger portions. Be familiar with a typical portion size for your child’s age (we discuss this more by age and stage in later chapters). For a child reluctant to eat or try new foods, it is ok to praise eating but resist attention for not eating (i.e. pressure/coercion/bribing/begging a child to “try just one bite” or “clean your plate!”)



Resist the urge to offer food “rewards” and comforts or food punishments.

Every parent has offered a food reward at some point. Whether it’s a “treat” for enduring a round of vaccines, candy for sitting on the potty during potty training, or the classic dessert after “eating your vegetables”. In fact, food rewards are so ingrained for many of us from our own childhoods that it’s near impossible to avoid. We get it. The reason that we strongly encourage you to try to minimize this practice as much as possible is that food “rewards” are usually high sugar, very sweet foods that act on the pleasure centers of the brain. Repeated exposures to these foods paired with a very positive memory or experience establishes a strong connection in the brain. As a result, later in life when a child (or later as an adult) is feeling sadness or anxiety, he or she may seek out these same types of high-sugar foods to recreate the more positive feelings or emotions from childhood, resulting in emotional eating which can become very detrimental. We strongly advise making an effort to choose other motivators instead, such as stickers, extra praise/hugs/kisses, or experiences or outings. Using food as comfort – such as breastfeeding a 9 month-old infant when he cries in the night – teaches a child to use food to soothe. Making a child eat left-over vegetables as punishment for refusing to eat them the night before, simply causes a child to hate the vegetables even more.

7 **Quench thirst with water and milk (or breastmilk or formula for infants less than 1 year).**

Avoid other drinks, most of the time. The greatest risk factor for the development of childhood (and adult) weight concerns is the routine consumption of sugary drinks. We consider sugary drinks to include sodas, fruit drinks, sports drinks, and other sweetened beverages and also 100% fruit juice and flavored milk such as chocolate milk. Many expert groups carve out 100% fruit juice and flavored milk and consider them not to be sugary drinks because unlike the other forms of sugary drinks they have some redeeming nutritional value. However, we strongly prefer that the redeeming nutritional value be obtained from other sources. For example, it is much more nutritious for a child to eat the whole fruit – which contains fiber, texture, and loads of nutrients, and also contributes to feelings of fullness, rather than 100% juice which is stripped of fiber and texture, and in liquid form does not contribute much to feelings of fullness. Plain milk is loaded with nutrients including protein, calcium, and vitamin D. So is chocolate or flavored milk, but it also packs on added sugars and a sweet taste. Once a child has had flavored milk, it is very difficult to go back to plain milk as we are born liking sweet taste. Many argue that flavored milks should not be considered sugary drinks since we would rather have a child drink milk or an equivalent milk substitute to obtain its nutritional benefits. And some suggest that if the alternative is chocolate milk versus no milk, we are better off with them drinking chocolate. Our ‘argument’ is that if chocolate milk is not an option, a child who is repeatedly exposed to white milk will develop a taste and preference for it and will drink it. And if the child does not, we can identify other unsweetened alternative drinks or foods to obtain the same nutritional value. This is not to say that a child should never have a sugary drink. We just feel that they routinely should not. We support the American Heart Association recommendation that kids older than 2 years drink no more than 1 sugary drink per week (and children less than 2 years old should not have any added sugars at all, to the extent possible).

8

Model a positive relationship with food.

Perhaps the greatest impact parents can make is not through the words they speak, but the actions they take. Kids from the youngest ages are watching what their parents are doing. A dietitian friend loves to share how she was eating a sardine and onion sandwich on rye toast (count on dietitians to put together some very interesting concoctions!) when her toddler-aged son took quite an interest to what she was eating and reached for a taste. She obliged and he loved it – eating almost half her sandwich! This surprised even her. You just never know what a child is going to like, but you can be sure if his mom was not eating it, it would probably be a long time before he would otherwise try sardines and onions. Let your kids see you eat in a balanced way, listen to your body for feelings of hunger and fullness, and incorporate a variety of foods in your diet. Let them see you eat dessert sometimes. Let them see you get off track or make a mistake and help them understand how you worked through it in a positive way to get back to your plan. Also, it can be frustrating day in and day out offering your child foods that he continues to refuse to try. Know that even when it doesn't feel like it, when your kids see you eating a variety of healthful foods in a balanced way, they come to eating just like you eventually. Same goes for physical activity – kids raised with active parents are much more likely to become active themselves. The counter is also true – if kids hear their parents saying negative things about foods, physical activity, their bodies – the kids tend to adopt similar beliefs.

9

Prioritize family meals.

The most important routine a family can adopt in raising healthy, well-balanced, happy children is regularly eating family meals together, ideally at home, at the table, free of “screens” and distractions. This may seem like an exaggeration, but countless studies have supported the value of family mealtimes. Kids who eat dinner together with their family at least 3 days per week, ideally more, not only eat more vegetables and fruits and more healthfully overall, but they also have richer vocabulary and brain development as infants and toddlers and are less likely to engage in risk-taking behaviors and report a stronger relationship with their parents as adolescents. Aim for about 20 minutes or more together. Except for younger children - limit their mealtime to about 15-20 minutes so as to avoid grazing and frustrations and trying to get them to sit down, when really that is not something young children are up to do for very long!



10 Create a positive experience around food and mealtimes.

When eating family meals, or even at times when you are not all able to eat together, strive to make mealtimes enjoyable for your child (and yourself!) Focus your attention on your children and family. Ask them how their day was. At my house (NDM), we love to talk about the best part of our day, and the worst part. Talk together. Focus less on the food and more on the company. If you notice a child is not eating, try to not put too much attention on it. It is ok to nudge every now and then. For example, we are often saying “Thomas, would you like to try the salad?” But we try not to force it and we don’t put too much attention on the child that is not eating in the way we would like. Instead, we put our attention towards building the relationship with our kids through a consistent routine of enjoyable, loving family meals.

Even if on the inside you are feeling very anxious about what your child is and is not eating – don’t let them see you sweat it! We assure you, by consistently deploying the strategies we suggest in the following pages – the kids will come around. And, perhaps even more importantly, you will come around to not sweat it! The investment that you make in the process will pay huge rewards, regardless of the “outcome” at any given meal. But don’t take our word for it. We will help you find out for yourself as you practice these 10 principles of family-centered feeding.

Chapter 2

First Foods!



Whether your baby is starting to stare you down when you eat, an eager family member is pleading to give your baby first foods, or your baby seems less satisfied after a feed, you are starting to think it might be time to give your baby some first foods. But how do you know if your baby is ready? A “yes” answer to the following questions is a clear sign it is time:

- Is your baby between 4-6 months old? If you’re exclusively breastfeeding, the American Academy of Pediatrics (AAP) recommends waiting until as close to 6 months as you can before introducing solid foods because we think this helps you optimize the benefit of breastfeeding.
- Does your baby have great head and neck control?
- Can your baby sit up unassisted or with a little support in a high chair?
- Is your baby staring at you (or more accurately, your food) and drooling when you eat, making you feel very guilty to not be feeding her, too?

You will find that the newborn reflexes – sucking, rooting, extrusion reflex (sticking his or her tongue out when something touches the lips) – will start to fade as skills to eat nonliquid foods emerge. Also, your baby’s gag reflex will gradually decline. As it does, your baby’s ability to handle more complex textures improves. This is because your infant can now better coordinate up and down jaw movements, movement of the tongue from side to side, and the circular jaw motion required to effectively chew foods.

How to Start

Given the list above, you are sure it's time for your baby to eat foods. So how do you do it?

1. Choose where to do it. Help your infant learn early on that eating is at the table and a social experience with the family by offering first solids at the table with limited distractions. Turn off the television or other screens. Sit down together and get ready to offer the first bite.

2. Choose what to offer. We've got a list of excellent first foods (Table 1) but the bottom line is there is no one right food to offer first. The key is that you choose a single-ingredient food just to make sure that if your child has a reaction to it, you know what the food is that caused the reaction. In the first year or so of eating solid foods (about 6 months to 18 months) most babies are very open to trying new foods. Part of this may be because their taste buds are not well formed yet, so foods like bitter vegetables, fish, and spice that toddlers may shun, taste just fine to an infant. Take advantage of this opportunity to expose your baby to all kinds of different tastes and textures! Your future self (i.e. when you are the parent of a toddler) will thank you.

Anything that you love to eat and/or hope your child will eat later should be on the menu (with the exception of sugary/salty/super-sweet foods. Your baby doesn't know the difference yet, so hold off on introducing sugary foods – including juice – for as long as possible). And if you have an infant who seems to refuse new foods, not to worry. Give it a break and try to offer it again. It can take 15-20 tries to like a previously-rejected food, so be patient and continue to offer (but not force) the food.



There are many
“right” ways to
start and advance
solid foods.

Table 1. Our Recommended First Foods

Pediatricians used to always recommend starting infants with rice cereal due to its high iron content (from fortification) and ease of offering. However, we do not recommend this anymore. One reason is because recent tests of rice have found that there are higher than acceptable levels of arsenic in rice. Exposure to arsenic in food is not good for anyone and can be dangerous to the brain development of an infant. Another reason is that rice cereal tends to be highly processed. While canned baby food purees and lightly processed grains are ok, why not introduce your baby to some of the same foods you are eating? Any number of foods can be great first foods. Here is a sampling of our favorites.

Food	Why	How
Avocados	Rich in monounsaturated fats, also known as “good fats”, avocados are also loaded with vitamin K and folate. Folate is an essential B vitamin needed for brain development and function.	Cut the avocado in half, remove seed and mash with a fork. Need it to be softer? No problem, add breast milk, formula, or a little bit of water.
Banana	Bananas are loaded with potassium, an essential nutrient for the function of each cell in your body. They are portable and easy for on the go!	Peel the banana and mash with a fork to desired consistency
Sweet Potato	Bright orange in color, these tubers are packed with antioxidant vitamins A and C. Vitamin A is important for vision and has an important role in our immune systems while Vitamin C helps strengthen the immune system. Sweet potatoes also contain iron which is important for baby’s brain development.	<p>Microwave: Pierce the flesh of the sweet potato multiple times, then microwave at 5-minute intervals, check with a fork at each interval. The potato is cooked once tender and a fork passes through easily into the flesh.</p> <p>Oven: Roast whole or cubed sweet potatoes at 375 degrees until fork tender (approximately 30 minutes if cubed or 45-60 minutes if whole).</p>
Butternut Squash	This hardy winter vegetable is full of potassium and vitamins A and C.	Oven: Cut butternut squash in half (length-wise) and scoop seeds out. Can roast halves cut side down, or cubed, at 375 degrees for 45 minutes, or until tender.
Broccoli	An excellent source of Vitamins A, C, and B6, broccoli also contains iron and phytonutrients such as sulforaphane, which has been shown in some studies to prevent cancer.	<p>Chop it up and roast it in the oven to bring out natural sweetness</p> <p>To Roast: Heat oven to 450 degrees. Drizzle olive oil on broccoli florets and place in a single layer on a baking sheet. Roast for 15-20 minutes until slightly browned and crispy.</p>

Food	Why	How
Plums	Rich in B vitamins (Thiamine - vitamin B1, riboflavin - vitamin B2, niacin - vitamin B3, and vitamin B6), plums also offer a good dose of other nutrients such as zinc, potassium, calcium, and iron.	Enjoy sweet plums during the peak season between May through October. During the off seasons when plums can be mealy or make your mouth pucker, try roasting in the oven. Heat oven to 375 degrees. Cut plums in half and remove the pit. Drizzle olive oil on top of the plums. Roast for 15 minutes, or until soft.
Infant Oatmeal	Infant oatmeal is a great alternative to rice cereal for your baby as it is loaded with fiber and the infant variety has been fortified with essential nutrients, such as iron and vitamin E.	Single grain oatmeal cereal can be mixed with formula or breastmilk or added to vegetable or fruit purees.
Lentils	Packed with essential vitamins and nutrients, such as zinc and iron, lentils also are an excellent form of plant-based protein. Iron is important for brain development, while zinc plays an important role in our immune system to fight off germs and maintain integrity of our skin as a barrier.	Lentils come in a wide variety - green, red, yellow, brown, black. Once cooked, lentils are soft and mushy, making them an ideal first food. Simple red lentils: Place 2.5 cups of water into a pot with 1 cup of lentils. Bring to a boil, then simmer and cover with lid for 30 minutes or until tender.
Salmon	Salmon is loaded with vitamins and nutrients, such as B vitamins, choline, selenium, potassium, and iron. Additionally, salmon is perhaps best known for the omega - 3- fatty acid content, particularly DHA (docosahexaenoic acid), which has an important role in eye and brain development.	Salmon can be baked, poached or steamed until firm, then blended with fruits and/or vegetables until smooth. Once your baby has tried each food individually, try these combinations: -Salmon, lentils, sweet potatoes -Salmon, avocado, oatmeal
Chicken	Chicken, a lean source of protein for your baby, is rich in nutrients for many organ systems in the body, including choline, selenium, and iron. Choline is important in the brain and nervous system and selenium is essential to the function of the thyroid gland.	Chicken can be poached or baked, but an even easier way to cook is in a slow cooker. To increase acceptance, offer it warmed slightly, pureed, and mixed with a food your baby has already accepted. Once your baby has tried each food individually, try these combinations: – Chicken, butternut squash – Chicken with plums



3. Choose how. Make sure that the food is soft enough that your child will not choke on it. Since your baby has never had food before, if you just put it on the tray she may have no idea what to do with it, and most infants don't tend to have the coordination to self-feed until around 9 months, though some do as early as 6 months. We recommend that you offer a mashed-up, soft version of a single ingredient food. You can easily and inexpensively "prepare" this for your baby from "real foods" you already have at home with our make-it-yourself infant feeding hacks to help you make this really easy. This is what we recommend, but if you cannot or are on the road, using prepared jarred baby foods is ok as well.

The traditional advice was to start with purees when introducing babies to foods. The thinking was that purees are soft, pose little to no choking hazard, and can be varied in texture and consistency to not feel too much different to an infant than breast milk or formula. This 'easing in' to feeding



Make-It-Yourself Infant Feeding Hacks

Studies show that parents are most likely to feed their kids based on convenience rather than expert nutritional recommendations. We get it! We are busy parents, too. Many barriers can get in the way of making your own baby foods. We've experienced them ourselves and have come up with these make-it-yourself feeding hacks to overcome some of the most common problems and help you save time and energy while retaining all of the fun of feeding your infant the same foods the rest of your family enjoys (and minimize canned baby foods if you can).

Problem: It takes too much time to cook each individual vegetable or fruit

Steaming small amounts of individual fruits and vegetables can be time consuming.

Hack: Save time by steaming fruits and vegetables in foil packets in oven! Place 1 cup of chopped fruits or vegetables in the middle of a piece of foil. Fold the four sides up and then place water over the fruits/vegetables. Bring the two opposite sides of foil together and crimp or roll down and then repeat with the other two opposite sides. The length of time in the oven and amount of water needed will depend on the fruit or vegetable. Generally, harder or tougher vegetables and fruits, such as butternut squash or apples, will take longer to cook compared to plums or green beans.

also makes spoon feeding infants easy. Then in 2005 public health nurse Gill Rapley promoted the idea of 'baby-led weaning'. With 'baby-led weaning' infants are exposed to whole foods from the start. The baby drives feeding amount and is encouraged to self-feed all foods (thus eliminating purees since babies do not have the coordination to spoon-feed themselves), which generally are the same foods that the rest of the family is eating. The risk of choking may be increased with this method, but if you are careful to make sure that the food pieces are soft and small enough, the risk is minimized. Overall, studies have found that there is insufficient evidence currently available to draw conclusions about baby-led weaning. We are of the mindset, and evidence supports that babies who are introduced to a variety of textures, appropriate for their development, will be most likely to eat a variety of textures of foods later and overall will be healthier. Thus, we advocate for a blend of both methods, the details of what we term family-centered feeding (see Chapter 1).

With 'baby-led weaning' infants are exposed to whole foods from the start. The baby drives feeding amount and is encouraged to self-feed all foods.



Problem: Not enough space to store all this fresh baby food in the refrigerator!

Hack: Use an ice cube tray to conveniently store the baby food! Pour the puree into an ice cube tray. Freeze until hard and then place into a freezer bag and label. Generally, 1 ice cube well is about 2 tablespoons or 1 ounce, which happens to be the appropriate serving size for babies just starting solids! Depending on the consistency of your puree, 1 cup of pureed vegetables or fruit will yield approximately 8 ice cubes or half of a standard ice cube tray.

Problem: It's easier to open a jar of baby food.

Hack: The night before, put frozen baby food cube in each Tupperware enough for one meal and keep in fridge until ready to eat. Stack 3-4 Tupperware for the day and keep in the refrigerator. To defrost, microwave for 45 seconds and then stir. Repeat microwaving at 30 second intervals until the food is lukewarm.

4. Choose how. If there was only one pearl of parenting that we could share and that we constantly try to practice with our own kids, it is consistency in routines. Kids thrive on routines and babies are no different. You can practice your consistency and routines by choosing one time per day (to start) that you will offer your baby solid foods. For some families it works best to be the first 'meal' of the day. For others it is at lunchtime. For some it may be dinnertime when the rest of the family is also eating (this is a great way to start the routine of family mealtimes, by the way). It doesn't matter what time of day you choose, but if possible, try to develop a consistent time and routine to offer solids. This doesn't need to take a lot of time or add extra time to an already jam-packed day.

If there was only one pearl of parenting that we could share and that we constantly try to practice with our own kids, it is consistency in routines.

5. Go! Offer your baby a bite. Expect her to seem to spit it out or not be interested. It's not that she doesn't like it, but more that she doesn't know how to eat it yet. Decide your next steps based on her cues. Does she open her mouth for more? Does she fuss or turn away? Does she seem uninterested? Her response is your cue of whether to feed another bite, or to call it a day and wait to offer the food again tomorrow.



Choosing Jarred Baby Foods: The What, How, and When

Jarred and canned baby foods line the shelves of grocery stores. They are often labeled by infant feeding "stage", indicating a stage 1 food for brand-new to complementary foods infants (6-7 months), stage 2 for developing eaters (7-8 months) and stage 3 for experienced infants (9-12 months). With each stage, the blend of foods increases and the texture thickens, moving from full purees to chunky pieces. Knowing what to choose from a dizzying array of baby foods can be overwhelming. Here's our suggested 3-step process to help make it easier.

1. Use "stage" as a simple guide, not a rule.
2. Read the nutrition label. Make sure the ingredient list includes only foods and no added sugars or sodium.
3. Aim for a combination of interesting tastes and textures, using the general guidance of what and how to eat that we cover in this chapter.
4. Avoid feeding from a jar. Rather, portion out the amount you think your baby will eat. After a jar has been opened, refrigerate any unused food immediately and use within 1-2 days.

Chapter 3

Now What? How Much and How Often

You've introduced your baby to solid foods and she did ok. Took a bite. Was interested for a minute or two. Maybe spit it out and cried. These are all common responses to eating for the first time. Where do you go from here?

For a few days continue to offer the same first food that you started. This way you can see if your baby has any kind of reaction to the food. Common reactions include a rash or an increase in spitting up. Don't worry about how much of the food she takes at this point. It may just be a teaspoon or two. That is ok. Use her cues to decide whether to stop at one bite or offer her more.



If your baby does fine, then in 3-5 days, add a different food. After you have built a good routine of offering your baby solids one time per day for two weeks or so, then add a second time per day. After you have gotten a good routine of two times per day for a few weeks, add a third time.

By about 9-11 months most babies are up to about 3 "meals" (including 2-3 food groups) and 2 "snacks" (including 1-2 food groups) per day of solids. They can do this on the same schedule that other kids and family members eat. General guidance on about how much food your baby needs from the various food groups to meet nutrition needs is shown in Table 1. But don't worry so much about the portion sizes noted there as your baby will show you cues when she is hungry and when she is full.

Now What? How Much and How often

Table 1. A Baby's Nutrition Needs

	Birth-4 to 6 months	4-6 to 8 months	9 to 12 months
Approx Total Calorie Needs**	450-650 calories per day	50 calories/pound. Approx 650-850 calories per day	
Approx calories from solid foods	0 calories per day	200 calories per day	300 calories per day
Human milk or formula	Approximately 4-6 ounces per feed	Breastfeed ad lib Formula-fed infants approximately 24-32 ounces, but use baby's cues rather than volume to determine how much to feed	
Iron	0.27mg Adequate Intake from breast milk and/or formula	11mg	
Zinc	2mg Formula and breast milk contain adequate amounts	3mg	
Vegetables	n/a	4-8 tablespoons	8-12 tablespoons
Fruits	n/a	8-12 tablespoons	8-12 tablespoons
Protein-rich foods	n/a	2-4 tablespoons	4-8 tablespoons
Grains	n/a	2-4 tablespoons	4-8 tablespoons

** Calories are approximate. Do not count calories! Rather, use your baby's cues of hunger and fullness to determine intake amounts.

Must-Not-Forget Foods

Allergenic and initially-disliked foods should be a usual part of an infant's diet so as to avoid a food allergy or food rejection later.

Be sure to include these foods fairly early on.

While early and repeated introduction of allergenic foods can help decrease food allergies later, it is possible that your baby could have a reaction to one of these or other foods. Signs of allergy include a rash, trouble breathing, vomiting, diarrhea, runny nose, itchy eyes, wheezing, itching, and tightness or swelling of the tongue, lips or mouth. If any of these symptoms happen after introducing a food, avoid that food and be sure to talk with your child's pediatrician. Tips for minimizing the risk of peanut allergy are included in Box 1.



Food	Why	How
Eggs	With 6 grams of protein in 1 egg and an average cost of less than \$2.00 for a dozen eggs, eggs are an easy and economical protein source. Rich in choline, folate and selenium, eggs are also a good source of B vitamins.	Boil eggs until cooked through and firm. Remove the shells and cut in half. Mash the yolks with a fork and thin with breastmilk or formula or blend with vegetable puree.
Peanuts and tree nuts	Nuts provide a source of protein and fatty acids. While your baby should not eat whole nuts, the wide variety of nut butters and powders makes it easy to introduce nuts early and often.	Because chunks of nut butters are a choking hazard, mix 1-2 teaspoons with cereal and breastmilk/formula, or add nut flour to baby's other foods.
Fish and shellfish	Fish is an excellent protein to introduce to your baby early on, as it is rich in omega 3 fatty acids, which has an important role in our nervous system and cardiovascular health. Shellfish also provides some omega 3 fatty acids, but are also loaded with minerals and vitamins such as zinc, iron and copper.	Fish can be poached, baked or steamed and then blended with vegetables or fruits until smooth. Shellfish, such as shrimp, crab, scallops and oysters, can be poached or steamed and then blended into a puree with other fruits and vegetables.

Food	Why	How
Spicy food	Introducing your baby to spices and herbs at a young age can make them more adventurous eaters later in life.	Adding spices and herbs to purees can make them more appealing and interesting to your baby's palate. <ul style="list-style-type: none"> - Add a dash of curry powder to butternut squash, cauliflower and lentils - Add a pinch of thyme to chicken and plums
Bitter vegetables	If you offer them early and often, babies acquire a taste for bitter vegetables (and you help avoid pickiness later on). Some of these vegetables contain nitrates (spinach, beets, turnips, carrots, collard greens, green beans). These nitrates could interfere with transport of oxygen in the blood in young infants (less than 3 months). However, since solids should not be introduced at this young age anyway and given the high yield of early and repeated introduction of bitter vegetables, we encourage their consumption early on and feel the risks are minimal.	Try mixing the bitter vegetables with a smaller amount of a sweeter vegetable. <ul style="list-style-type: none"> - Eggplant and zucchini - Spinach and butternut squash

Signs of allergy include a rash, trouble breathing, vomiting, diarrhea, runny nose, itchy eyes, wheezing, itching, and tightness or swelling of the tongue, lips or mouth.



Box 1

How to Lower Your Baby's Risk of Peanut Allergy

Findings from the LEAP Trial

You can significantly decrease the chances your baby will develop a peanut allergy by feeding your baby peanut protein early and often. The Learning Early About Peanut (LEAP) clinical trial showed that offering at least 6 grams of peanut protein given over 3 or more meals per week decreased the risk of peanut allergy substantially. Only 3 percent of babies at high risk of peanut allergy who regularly consumed peanut developed allergy by age 5 (compared to 17% of babies who avoided peanut).

What does this mean for you?

1. Determine whether your baby is at low, moderate, or high risk for peanut allergy, and follow the guidance below:

- Low risk baby (no eczema or other food allergy): Incorporate peanut into your baby's diet freely
- Moderate risk babies (mild to moderate eczema): Try egg first. If your baby tolerates egg well, then offer peanut around 6 months of age. No pediatrician evaluation is needed prior to offering peanut. If your baby has a reaction to egg, you should see your child's pediatrician to discuss further testing prior to introducing peanut (see below). Offer peanut at around 6 months of age.
- Highest risk babies (severe eczema, egg allergy): Ask your pediatrician for a blood test for peanut-specific IgE. If your baby's level is normal (<0.35), then proceed with offering your baby peanut at home or in your pediatrician's office (based on your preference) at 4-6 months of age, after other first foods have been well tolerated. If the level is high (>0.35),

your pediatrician will refer to you an allergy specialist. You should wait to introduce peanut until after this consultation and proceed according to the specialist recommendations.

2. When it's time to introduce peanuts, offer at least 6-7 grams of peanut protein per week over the course of at least 3 meals or snacks.

NOTE: Don't offer your baby a whole peanut as it is a choking hazard. Rather follow the handy ways below to give your baby peanut early and often

- 1/2 tablespoon of peanut butter (all natural, no added ingredients), creamy, thinned with breast milk, formula, or water, smeared on a cracker or piece of bread – 2g peanut protein
- 1/2 tablespoon of peanut butter mixed with baby cereal - 2g peanut protein
- 1/2 tablespoon of peanut butter thinned with water/breastmilk/formula mixed in with mashed bananas – 2g peanut protein.
- 1 tablespoon peanuts, finely crushed – 4g peanut protein

What's Everybody Else Doing?

Most infants eat healthfully. The Feeding Infants and Toddlers Study (FITS), a study that looks at eating patterns in a child's first four years of life, found that from 6-12 months of age most infants consume the nutrients they need except for vitamins D and E. (For this reason, the American Academy of Pediatrics recommends that all breastfed infants take a vitamin D supplement. Formula is a sufficient source for non-breastfed infants. No known harmful consequence is associated with lower than recommended vitamin E intake.) Most infants consume enough iron, but nearly 1 in 5 do not, probably due to a general decrease in rice cereal intake and low intake of infant meat. But some babies are exposed to foods and drinks that may be harmful. We call these "don't-do-it foods" (see Box 2).

Most nutritional problems arise as a child transitions from an array of solid foods to the same table foods that the rest of the family consumes. On average, a person's healthiest diet ever is attained at the age of one year. It's downhill after that for most people. But it doesn't have to be. In fact, families can use a young toddler's sense of curiosity and willingness to try new foods to the whole family's advantage by treating it as an opportunity to explore new healthful and delicious tastes and textures.

Don't-Do-It Foods

These foods should be avoided in the first year of a child's life due to health and safety risks.

Cow's milk and other "milks". Cow's milk can cause irritation and gastrointestinal bleeding in infants. Other "milks" such as soy, almond, rice, and hemp milk should also be avoided in the first year as they are not a good source of nutrition for infants and some contain high levels of phytate, which can decrease the absorption of important minerals such as iron, zinc, and calcium.

Honey. Honey may contain botulism spores, which, when ingested, can release a toxin that can pose a life-threatening infection for an infant, causing muscle paralysis.

Sugary foods and drinks, including 100% fruit juice. Sugary foods and drinks, including 100% fruit juice, provide unnecessary calories and a craving for sweet tastes. Avoid sugary food and drinks for infants as long as possible. This includes avoiding 100% juice which offers no nutritional benefit over eating a whole fruit.

Salted foods. Infants need to learn to develop a taste for foods in their natural form. Not only does salt provide unnecessary and excessive sodium intake, it also is unnecessary as infants are very likely to be willing to try new foods without needing any added flavor.

Choking hazards. Steer clear of foods at high risk of causing choking. These foods include hot dogs, nuts and seeds, whole grapes or cherry tomatoes, raisins, raw carrots, apples, popcorn, hard candies, chunks of peanut butter, and hard or large chunks of any food. It's not that infants cannot have these foods, but rather be sure that they are cut into small pieces and are soft and easy to swallow.



A Baby Meal Plan: 6 Months to 1 Year

Our sample meal plan below includes the types of foods and the approximate amount of food your baby 'should' eat with each meal or snack but take it with a grain of salt (not literally). Babies are very good at using their hunger cues to eat and stop when they're full, so if your baby takes a little more or a little less than the suggested amounts, that's ok. Just be sure to use her cues. Before you know it, you'll find that your baby is eating very similar foods at very similar times to the rest of the family.

	6 to 8 Months	9-12 months
Breakfast (7am)	Infant oatmeal with iron (2T), smashed banana (2T)	Scrambled eggs (2T), strawberry chunks (2T), mashed avocado (2T), medium-spice salsa (1T)
Snack (10am)	Breastmilk or formula	Halved blueberries (2T) then breast- milk or formula
Lunch (12:30)	Smashed avocado (2T), pureed chicken (1-2T), applesauce (2T)	Lentils (2T), butternut squash (2T), cooked spinach (2T), shrimp (2T), water
Snack (3:30)	Breastmilk or formula	Peanut butter (2T) on whole grain bread bites (2T), applesauce (2T), then breastmilk or formula
Dinner (6:30)	Salmon (1-2T) and sweet potatoes (2T)	Chicken (2T) and plums (2T), broccoli (2T), water
Snack (8:00)	Breastmilk or formula	Breastmilk or formula

T= tablespoon

Time for Adventure!



With few exceptions, infants from about age 6 to 18 months love to try new foods! This offers parents a critical window to add some adventure to the menu. Doing this not only will up the fun in feeding at home but will also help prevent some of the picky eating preferences that take hold for most kids around age 18 months – 2 years old.

This is how to do it:

Offer a variety of tastes and textures.

After your infant has been exposed to the first-foods and has gotten the hang of purees, it is important to add on new and so-far unfamiliar foods. This helps a child to continue to be open to a variety of foods later on, when neophobia (“fear of new foods”) sets in around 18 months to 2 years old. We often advise parents that one of the best ways to avoid picky eating is “nothing new by two”. That is – have exposed your child to everything else (except for the list of ‘don’t-do-it’ foods described in Chapter 3).

Time for Adventure!

The taste buds sense primarily five different types of taste: sweet, sour, bitter, salty, and umami (savory). About 20 percent of people carry a gene that makes them “supertasters”. They have many more taste buds than average on the tongue which make them very sensitive to bitter tastes, which they often find to be disgusting. On the other hand, about 30 percent of people are nontasters. They have many fewer taste buds than average making them hardly notice bitter tastes. The tongue also contains bumps on the front two-thirds of the tongue which do not contain taste buds but makes the tongue rough to detect texture.

Humans all are born with a preference for sweet and salty foods and a dislike of bitter and sour (although taste buds are not well formed in infancy and infants are much more likely to accept even bitter and sour). This preference is rooted in evolution. Our hunter-gatherer ancestors needed to be able to distinguish safe and healthful foods from potential toxins. Foods that were sweet, like berries, were generally safe for consumption, while bitter plants were more likely to be toxic. Our ancestors also needed to choose foods that would make them feel full for long periods of time as the next meal was never guaranteed. The human body thus needed to prefer sweet tastes, avoid bitter ones, and efficiently store fat and calories. While this adaptation was essential in the era of foraging, it is a problem in the current age of food surplus, easy access to an abundance of food, and technology that has made

it easy for food manufacturers to produce foods that are perfectly designed to delight the taste buds and activate reward centers in the brain.

When a substance touches the tongue, a message is rapidly sent to the brain to help identify the taste. At the same time the brain is processing a food’s taste, it is getting another message from the smell

About 20 percent of people carry a gene that makes them “supertasters”. They have many more taste buds than average on the tongue which make them very sensitive

center in the nose. The sense of smell is powerful—it can differentiate hundreds of distinct odors. That makes it 10,000 times more sensitive than the sense of taste. There are 350-400 types of odor receptors in the posterior nasal cavity help to sense food smell. This smell of a food combined with its taste and texture – the food qualities a person can feel with their fingers, tongue, palate, or teeth – is how we experience flavor. Most people prefer crispy, crunchy, tender, juicy, and firm textures and dislike tough, soggy, crumbly, lumpy, watery, and slimy textures.



Temperature and color also impact a person's perception of whether a food tastes good. The same amount of sugar tastes sweeter at higher temperatures, while the opposite is true for salt—the same amount of salt tastes saltier at lower temperatures. The combination of cold and hot temperatures or hot and spicy foods in the same dish enhances flavor. Meals and foods that are brightly colored generally are more appealing than dark or bland-colored foods, except for green-colored foods which may be rejected due to the association of green with bitter vegetables.

While humans may be programmed to prefer sweet and salty foods and naturally dislike bitter and sour foods, taste buds can change over time. Babies exposed to a wide variety of healthy foods – first in utero through amniotic fluid, next through maternal breast milk, and then in the first several months of exposure to solid foods – generally come to like a wide variety of foods. A toddler has a natural tendency to reject new foods but can “train the taste buds” to learn to like a new food after many repeated exposures. Consider how a young child in India or Thailand will eagerly devour curry

while a typical U.S. toddler shuns even the most mild of spices? How stinky tofu is widely embraced in China – the stinkier, the tastier—but few people outside the region are willing to try the food which, despite its stench, tastes sweet. Many food preferences come down to modeling and family influence during childhood, cultural expectations, and a re-engineering the taste buds through many repeated exposures. Best-selling food author Michael Pollan may have said it best when he noted that “culture, when it comes to food, is, of course, a fancy word for your mom.”

People also come to prefer foods or tastes that are associated with a pleasant physical or social environment and to dislike foods associated with an uncomfortable or negative environment. Familiar foods bring back memories and increase security.

Table 1 offers a mix and match of types of tastes and textures you want to be sure to expose your baby to repeatedly (at least 15-20 times) in the first year of eating solids (roughly 6-18 months old) before the toddler neophobia (fear or refusal to try new foods) sets in. More on that later.



Nutrition is important for optimal brain development, especially in the first 1000 days of a child's life.

Table 1. Mix and Match Tastes and Textures

Be sure to expose your baby to the below tastes and textures 15-20 times or more in the first year of eating solid foods to help your child stay an adventurous eater willing to eat all types of tastes and textures. Generally, new feeders do best with purees while 9+ month olds are developmentally ready for finger foods and more varied textures. But there is no hard, fast rule. Just make sure the food is soft and small enough to avoid choking.

Texture	Pureed	Smooth	Slimy	Chunky	Crunchy
Taste					
Bitter	Broccoli	Asparagus	Eggplant	Brussel sprouts	Kale
Sour	Plums	Yogurt	Spinach	Raspberries	Green apples
Sweet	Sweet potato	Mango	Banana	Peas	Watermelon
Salty	Cauliflower	White bean	Edamame	Cottage cheese	Cucumber
Umami	Tomato	Avocado	Mushrooms	Tofu	Roasted seaweed

Offer a brain-boosting food at least once per day.

Nutrition is important for optimal brain development, especially in the first 1000 days of a child’s life. An infant eating plan should be high in key nutrients important for brain development such as protein; zinc; iron; choline; folate; iodine; vitamins A, D, B6, B12; and polyunsaturated fatty acids. While you might not choose to rush out to buy your baby unfamiliar foods loaded in these nutrients (such as unsalted boiled canned oysters), though we encourage it, it is important for infants and toddlers to get good sources of the nutrients that they need most. Other foods that fit the bill include oatmeal, meat and poultry, fish like salmon and tuna, eggs, tofu and soybeans, and other legumes and beans like chickpeas and lentils. P.S. Cooked

oysters are a great source of nutrition, but do not feed a baby raw oysters due to increased risk of foodborne illness. Table 2 lists iron-rich foods and the iron content of each.

Combine foods to create a meal plan, full of balance, variety, and a bit of adventure.

Feeding your infant is a big opportunity to increase the fun and healthfulness of mealtimes for the whole family. As your child becomes an excellent eater, enjoying a wide variety of tastes and textures, aim to plan meals and snacks to include a bit of protein, a bit of whole grain, and a bunch of vegetables and fruits. Read on for a step-by-step of how to do this.

Table 2. Brain-Boosting, Iron-Rich Foods

Infants older than 6 months need about 11 grams of iron per day. Meet this recommendation by incorporating some of these brain-boosting iron-rich foods into your daily meal plan.

Fair Iron Sources (0.5-1.1 mg/serving)	Good Iron Sources (1.2-2.5mg/serving)	Excellent Iron Sources (3mg+ /serving)
Whole grains (brown rice, wheat bread, pasta) Seafood (fish) Lean meat (chicken breast) Egg Fruits	Beans (black beans) Dark green leafy vegetables (spinach, broccoli) Rice (white) Potato with skin Dried fruit (raisins) Dark poultry meat (chicken leg)	Liver Beef (steak) Lamb Shellfish (oysters, clams) Fortified cereal (Cheerios, Raisin Bran)

Chapter 5

Your Baby Feeding Plan: Choosing and Cooking 101

Make your baby nutritious, tasty, and easy meals by following this approach to making the best baby feeding plan around!

As you start to plan meals include two vegetables and/or fruits, a whole grain, and a protein. At least two or three times per day also include a dairy food such as milk, yogurt, or choose OR a dairy substitute that is high in calcium and vitamin D.

Vegetables and Fruits

When choosing and preparing vegetables and fruits, keep the following considerations in mind.

Fresh vs frozen: Choosing seasonal produce optimizes taste and minimizes cost. However, frozen produce is an excellent alternative, particularly for first solids because the texture of the defrosted fruit or vegetable is not an issue since it will be blended into a puree. Frozen fruits and vegetables also contain as many vitamins and nutrients as their fresh counterparts as they are often picked during the prime season and peak ripeness. Another plus to frozen fruits and vegetables is that most are already chopped and ready to cook - a big time saver!

Organic vs non-organic: Deciding between organic vs non-organic produce is a personal decision and parents must weigh the pros and cons and choose what is best for their families. Most studies suggest that



there is little nutritional or health difference between organic and nonorganic foods. However, parents often are concerned about their child's exposure to pesticides with conventional produce. The Environmental Working Group publishes an annual list, "The Dirty Dozen", of the top 12 foods that tested positive for a number of different pesticide residues and higher concentration of pesticides than other produce. They also publish "The Clean Fifteen", a list of produce least likely to contain pesticide residues.

How to Cook Vegetables and Fruits

The ideal method of cooking vegetables and fruits retains the most vitamins and nutrients in the food. Methods like boiling tend to leach vitamins out of the food into the water. Steaming or roasting fruits and vegetables are better alternatives and do not require extra kitchen appliances. If you have a slow cooker and/or pressure cooker, these devices can make cooking even easier and more hands off. The slow cooker is ideal for when your baby is just starting solids as most vegetables and fruit will end up soft. Pressure cookers can also make vegetables and fruits the soft consistency necessary for initial baby purees, but also can be programmed to keep vegetables crisp and maintain their vibrant color.

Steaming on the stove: Place 1-1.5 inches of water into a pot and bring to a boil. Put the steamer basket into the pot and lower the heat to low. Place fruits or vegetables into the basket and cover the pot.

"Dirty Dozen"

strawberries, spinach, kale, nectarines, apples, grapes, peaches, cherries, pears, tomatoes, celery, potatoes, hot peppers.

"Clean 15"

avocados, sweet corn, pineapple, cabbages, sweet peas, onions, papayas, eggplants, asparagus, kiwis, cabbages, cauliflower, cantaloupes, broccoli, mushrooms, honeydew melons.

Steaming in the oven: Set oven to 375 degrees. Place 1 cup of chopped fruits or vegetables in the middle of a piece of foil. Fold the four sides up and then place $\frac{1}{4}$ cup of water over the fruits/vegetables. Bring the two opposite sides of foil together and crimp or roll down and then repeat with the other two opposite sides. Place packets on a baking tray and cook. See Table 1 for a guide to cooking times for individual vegetables and fruits.

Roasting in oven: This method of cooking is ideal for harder vegetables, such as sweet potatoes, carrots or butternut squash. Roasting in the oven caramelizes the vegetables and brings out the natural sweetness. Set oven to 400 degrees. Mix 3-4 cups of cubed vegetables with 1 tablespoon of olive oil. Pour vegetables onto baking tray and cook for about 20-25 minutes, until soft and tender.

Table 1: Stove and Oven Steaming: Cooking Times for Go-To Vegetables and Fruits

	Cooking time Steam on stove	Cooking time Steam in oven	Notes
Sweet potatoes	15 minutes	35 minutes	Peel skin off, cut into ¼ inch cubes.
Butternut squash	15 minutes (fresh) 5-7 minutes (frozen)	35 minutes	Peel tough outer layer off, cut into ½ inch cubes.
Green bean	15 minutes (fresh) 5-7 minutes (frozen)	15 minutes	Cut off ends and then into 2 inch pieces.
Carrots	15 minutes (fresh) 5-7 minutes (frozen)	25 minutes	Slice into ¼ inch rounds.
Broccoli	10 minutes	25-30 minutes	Cut into small florets.
Cauliflower	10 minutes	25-30 minutes	Cut into small florets.
Plums	8 minutes	10 minutes	Slice in half, remove pit. Cut each half into 4 pieces (optional: peel skin).
Peaches	8 minutes	15 minutes	Slice in half, remove pit. Cut each half into 4 pieces (optional: peel skin).
Apples	10 minutes	20 minutes	Slice in half and core. Cut each half into 4 pieces (optional: peel skin).
Pears	7-8 minutes	15 minutes	Slice in half and core. Cut each half into 4 pieces (optional: peel skin).

Protein

Animal Protein. When it comes to meats, the many options can be overwhelming: vegetarian fed, antibiotic-free, grass-fed, free range, organic, wild, farmed raised. Again, the choice is a personal one and there have not been any consistent studies proving the health benefits of one over the other.

Frozen or canned meats can be a convenient option. The important factor is that there are limited additives and no salt. Frozen fish is an excellent option when fresh fish is not readily available. Additionally, oftentimes frozen fish comes individually frozen in filets, making it easier to cook smaller portions for your baby. Canned chicken and fish can be used in a pinch, but make sure to look at the ingredient list and avoid canned proteins that contain additives. Tips for poaching and slow cooking meat and fish are shown in Table 2.

Plant based protein. Legumes, such as beans and lentils, are an excellent and economical source of protein. Canned beans are ready to eat, making it both a convenient and quick protein source. If you have extra time, dried beans and lentils are simple to make, but require some preparation work. Dried beans need to be soaked for about 10-12 hours prior to cooking. Afterwards, drain the water, place in a pot and cover the beans with water with 2-3 inches. Bring the water to a boil, then lower to simmer and cover with a lid. Cook until tender, about 2 hours.

Tofu is another high-quality protein rich in nutrients, such as iron, calcium and zinc. Tofu comes in a few varieties based on texture: silken, soft, medium, firm and extra-firm. Silken and soft tofu is ideal to add to purees as it incorporates cohesively when blended. Medium, firm and extra firm tofu is better for when your baby is ready to eat finger/table foods.

Table 2. How to Poach and Slow Cook Animal Protein

Method	Protein	How to
Poaching	Ideal for chicken and fish	Place meat in a single layer on the bottom of a pan. Add enough water to cover meat by 1 inch. Bring water to a boil and then cover pot and reduce heat to low.
Slow cooker	Chicken, pork or beef	Place meat in a single layer on the bottom of the slow cooker. Add enough water to cover meat by 1 inch. Cook on low for 8-10 hours.

Grains

Whole grains are an important part of a healthy diet. The first food we usually think of to introduce to babies are the single grain cereals, such as rice, oats or barley. Infant cereals are fortified with iron, which is beneficial since some babies can develop anemia during the first year of life, particularly if they are exclusively breastfed. With recent concern of arsenic levels in rice, oatmeal has become preferred over rice cereal.

Beyond infant cereals, there are many options to include whole grains into your baby's meal plan. In addition to fiber, whole grains offer higher amounts of nutrients compared to refined grains. Here are a few options to include when you start expanding your child's diet:

Brown rice: Brown rice has been minimally processed and retains the outer layers of the grain, which provides fiber and nutrients such as magnesium and selenium. While it does take longer to cook when compared to white rice, cooked brown rice freezes very well so make a large batch and freeze the leftovers.

Whole grain/whole wheat pasta: The wide variety of whole grain pastas available in regular supermarkets makes it convenient to incorporate into our diet. In addition to whole wheat, there are many options, including pastas made from lentils, quinoa, brown rice and beans. Even whole grain pastas cook in less than 15 minutes, which makes it a quick and easy addition to any meal.

Quinoa: Originally from South America, quinoa has become an increasingly popular grain for its high

protein and rich nutrients. Packed with fiber, protein and nutrients such as iron, folate and vitamin B, quinoa can be pureed with fruits and vegetables when your baby is first starting solids or can be given as a side when they are on table foods.

Farro: Another ancient grain, farro has become popular as a tasty alternative to rice or barley. Rich in fiber and protein, farro is also plentiful in nutrients that are beneficial for your baby such as iron, zinc and niacin. Farro comes in three different types – whole, semi-pearled and pearled. Whole grain farro usually requires much longer cooking time but has the most nutrients as it has not been stripped of any layers. Semi-pearled is ideal as it retains fiber and nutrients but is much quicker to cook. The easiest method of cooking is treating it like pasta - bring a large pot of water to boil, add farro and cook for 20-25 minutes. This complex carbohydrate has a great nutty and chewy texture but can also be pureed into a creamy consistency.

Dairy or Dairy Substitute

Aim to include whole milk (if your child is 1 or older), cheese, and yogurt into your child's meal plan at least two or three times per day. If your child has a dairy allergy or intolerance, fortified soymilk is an acceptable alternative and provides a similar nutritional value as cow's milk. Other plant milks are not recommended for exclusive consumption unless medically indicated.

Putting It Together Into a Meal Plan

To make meals flavorful yet quick and easy, use the hacks in chapter 2 and cooking techniques in this chapter to make and store large batches. Once you have a variety of frozen purees, use the MyPlate meal plan (1/2 plate vegetables and/or fruits, 1/4 plate whole grain, 1/4 plate protein) as a model to mix and match combinations to delight your baby's taste buds from the start. Here are a few mix and match mealtime ideas for how to do that:

Breakfast:

- Oatmeal infant cereal with banana and peanut butter
- Boiled eggs mashed with formula or breastmilk
- Mashed avocado with formula or breastmilk
- Barley infant cereal with pureed vegetables

Lunch/Dinner:

- "Thanksgiving dinner": Chicken, butternut squash, green beans, apples (Spices: Rosemary or thyme)
- Lentil soup: Lentils (green, brown or black), carrots, broccoli, sweet potatoes (Spices: Cumin)
- Salmon "casserole": Salmon, peas, broccoli, carrots (Spices: Parsley)
- Sweet and sour chicken: Chicken, plums, spinach, sweet potato (Spices: Ginger)
- Black bean "burrito": Black beans, avocado, apple, zucchini (Spices: Cilantro/coriander, garlic)

While it does take longer to cook when compared to white rice, cooked brown rice freezes very well so make a large batch and freeze the leftovers!

- Shrimp curry: Shrimp, red lentils, butternut squash, mango (Spices: Curry)
- Green smoothie: Tofu, pears, green beans, broccoli

Tips

- Use 1/2 to 1 frozen ice cube puree (see Chapter 2 hacks) equivalent to 1 to 2 tablespoons per ingredient listed below.
- Dried spices are stronger than fresh spices. If using dried spices, try adding 1/8 of a teaspoon to the puree and heat. If using fresh spices, add 1/2 teaspoon to the mixture.
- Infant cereals (brown rice, barley, oatmeal) can be added to any of the mixtures below to help thicken the puree and add iron.
- To add flavor – add fresh herbs to the poaching liquid or slow cooker (ex. Carrot, parsley, rosemary; ginger and garlic; lemon and thyme).
- To improve texture, mix fruits and vegetables with more water content (ex. zucchini, pears) with those that have a more dense textures such as carrots or sweet potatoes for a smoother texture.

Trouble Shooting



Our 3-step plan to (1) offer a variety of tastes and textures; (2) include a brain-boosting food at least once per day; and (3) create a healthful and adventurous meal plan may sound easy – and in many cases, it is. But every baby is different and parents experience common struggles. Here are a few nutrition struggles that commonly come up as babies learn to eat solids foods and some of our tips in how to handle them. We have divided common challenges into three categories of concern: behavioral, medical, and family-based. The general approach to managing each of the problems in a category is similar, though you may find that some challenges may overlap among these three categories.

Behavioral Concerns

Behavioral concerns include those challenges that often come up in how your baby responds to your efforts to introduce new foods, such as texture refusal, taste refusal, milk dependence, and bottle dependence. As a general rule, behavioral concerns are most successfully addressed with routines, consistency, repeated exposures, and what we will call “empathic firmness”, which is understanding your child’s developmental stage and perspective, but not being too quick to give in to his or her demands and preferences.



If a taste is rejected, allow several days before offering it again.

Here's the fix:

Texture Refusal. Start with the baby's preferred texture and slowly progress towards the refused consistency. For example, if a baby only likes purees, start by making a puree only slightly thicker by adding less milk or water, or in the case of jarred food adding a small amount of infant oatmeal to thicken. Be consistent in offering the gradually thickened texture repeatedly until your baby accepts it a few times. Then, thicken slightly more until achieving the initially-refused texture. Alternatively, if a child refuses purees but only likes solid foods, gradually make the texture softer. In the case of textures not easily changed (such as the sliminess of an oyster), repeatedly offer the food in very small amounts.

Taste Refusal. If a taste is rejected, allow several days before offering it again. Then offer the food again, ideally, prepared in different developmentally-appropriate ways (cooked versus raw, soft versus harder texture). Offer at least 15-20 tries before concluding your child doesn't like the taste.

And even then, take a break for a month or two, and offer it again.

Milk Dependence. Offer milk only at mealtimes or snacktimes, and not in a sippy cup or bottle throughout the day. Limit the total amount offered to 2-3 cups (16 to 24 ounces) per day. (Remember, don't offer any milk until your baby is at least 12 months old)

Bottle Dependence. Wean from bottle to sippy cup by either removing bottles from the house altogether, putting milk in a sippy cup and water in a bottle, or replacing the bottle with a pacifier for comfort (many babies will reject this at first but if you continue to offer the substitute most will eventually accept it).

Medical Concerns

Medical concerns describe feeding challenges that may (but do not always) require further medical evaluation. While most of these concerns are generally benign, some are not and being able to recognize the difference between the two is important and sometimes requires input from your pediatrician.



Here's our recommended approach to common medical concerns.

Constipation. Nearly all babies become constipated during the time that solid foods are first introduced. Check for concerning signs such as blood, stomach hardness, or pain. If you notice them, see your child's pediatrician. If you do not notice any alarming signs, offer your baby more water, fiber, and stone fruits (fruits that have a pit on the inside such as peaches, plums, nectarines, cherries, dates, prunes, etc).

Food allergies. Signs of a food allergy include hives, vomiting, or shortness of breath or wheezing shortly after consuming a food. If you notice any of these signs shortly after your baby eats a food, determine if your child needs medical evaluation immediately, and avoid that food and see your child's pediatrician for further evaluation.

Difficulty or refusal to self feed. A child needs coordination and developed fine motor skills for self feeding. Most babies start to self feed finger foods by 9 months of age. By 12 months, a baby will dip a spoon into food, but will probably not get much into his mouth. A

15-18-month-old will start to self feed with a spoon. At 2 years, most toddlers can self feed with a fork. It is normal for some babies and toddlers to gain the skills a little bit earlier or a little bit later than these averages. If your child is not able to achieve the skill required within a few months of the above ages, see your child's pediatrician and inquire whether an occupational therapy consult to help improve fine motor skills may be warranted. In the meantime, give your child many opportunities to practice the expected skill.

Save time
and money
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Parent and Family Concerns

Parent and family concerns include barriers to implementing the three-step plan that are not as much related to your baby's development and preferences, but more so to the current family or living situation.

Cooking challenges. Don't know how to cook? Begin to learn by choosing and following simple recipes, such as those included in this book.

Time and cost challenges. Save time and money by batch preparing foods ahead of time and freezing them. When necessary, use healthful pre-packaged foods. Be sure to look at the food's ingredient list and choose products that are mostly vegetable and fruit, whole grain, or protein source rather than sugar, salt, and added fillers.

Sibling food allergies. If another person in your family has a food allergy, plan to offer your infant to the foods outside of the home. This way you can protect the family member from an allergic reaction but also help to prevent your baby from developing the same allergy.

Unsupportive family members. If other family members are not on board with your baby's feeding plan, or are getting in the way of you carrying out your plan, have a conversation and help to get them on board. In most cases, they too will want your baby to be healthy. Explain your goals and why it is important to you. If they still don't support you, have a plan to control the things that you can and work around the things that you cannot control.

In Closing

As you know, this is a very special time in your child's development and your parenting journey. Starting and advancing solid foods can be incredibly fun as babies are usually eager eaters, willing to try just about anything. But it can also be a stressful time. What if your baby has a reaction to a food or isn't interested in eating? Or if it is tough to find the time to let a baby explore with new foods? We hope that this book has helped you to navigate these and other common challenges.

In the end, there are many 'right' ways to offer and advance solids. What we suggest is just one of them. We hope you will find an approach that works well for your family, offering your baby many positive experiences with eating that will help set up healthy eating preferences and routines that can last a lifetime.

