



STARTING SOLIDS

providers

WORKSHOP

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OBJECTIVES



1

Understand the signs of readiness and developmental milestones related to starting, and progressing with, solids.

2

Know 4 key areas of health and development that are affected by feeding in the first year (and for childcare providers: understand what areas you can have the biggest impacts).

3

Plan for carrying out or sharing safe feeding practices depending on the different approach parents might use.

4

Recognize signs that indicate parents might need extra support from a starting solids professional, and use a gentle approach to discuss this potential need with parents when necessary.



MISSION & MOTIVATION



My goal is to help caregivers feel comfortable and confident in your ways with nourishing the little ones you care for. There is no better time than the VERY beginning for setting the stage for a lifelong healthy relationship with food!

My mission is to improve physical health, reduce the risk of mental health concerns, risky behaviors, and suicide, and to improve the success and life satisfaction for as many humans as possible - through increasing positive connections at mealtime.

When to start solids

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Infant Food and Feeding

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Based upon evidence, a number of desired behaviors were identified as critical to helping families foster healthy active living for their infant. For each desired behavior you can explore the evidence, learn what parents told us about these behaviors, identify opportunities to promote healthy behaviors at the point of care, review how to start conversations and access messages and resources to support families. Also available to inform your counseling is the Onset and Patterns of Risk Behaviors during Infancy Timeline located above this section.

Food Introduction

- Introduce solid foods around 6 months of age
- Expose baby to a wide variety of healthy foods
- Also offer a variety of textures

Evidence

- A substantial number of families introduce complementary solid foods around 3-4 months, especially if the infant is perceived as fussy.
- Formula fed infants are at more risk for early introduction of solids.
- Introduction to solids prior to 4 months is associated with increased weight gain and adiposity, both in infancy and early childhood.
- Research indicates that it is important to expose children to a wide variety of flavors and textures.
- Many babies and toddlers need to be exposed to foods multiple times before accepting them.
- Babies and toddlers are more likely to eat foods they see their peers and parents eating.



SIGNS OF READINESS



01

Around 6 months old*
*can be different for premature babies

02

Solid head control

03

Sitting upright with a straight spine, with minimal support

04

Grabbing things with their hands and bringing them to their mouth, with precision

05

Interested in what you're eating/doing

Baby must meet **ALL** signs of readiness prior to starting solids

WHY THIS STAGE MATTERS

FOOD BEFORE ONE IS NOT JUST FOR FUN!



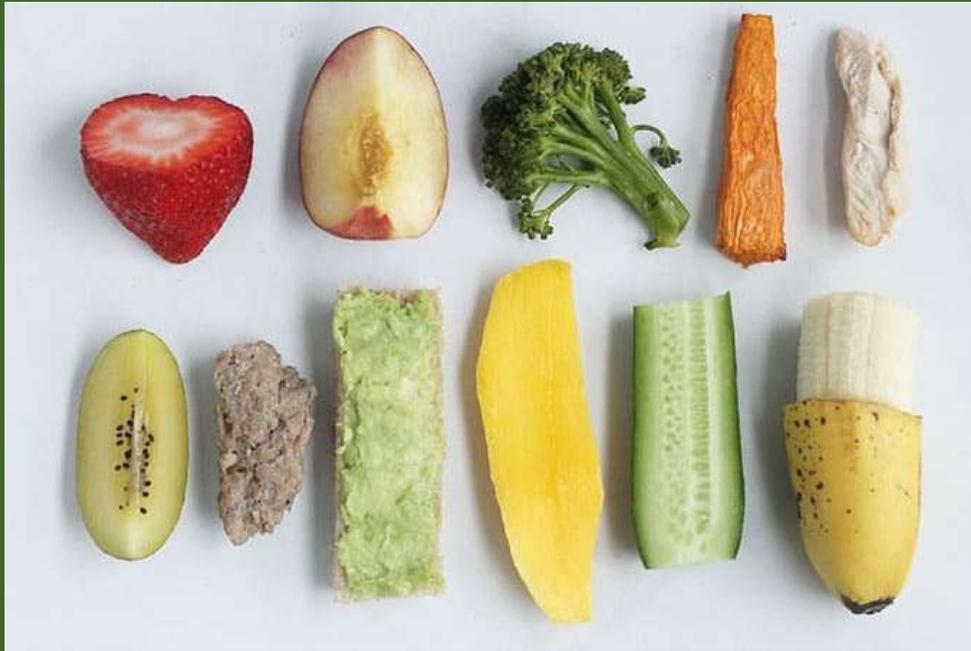


Daycare Provider's Impact



The Methods





Babies can feed themselves purees & pieces from the start



Ideal Progression



(Optional)
Purees fed to baby



Self-feeding
(by 7-8 months)



Self-feeding chewable foods
(by 8 mos, no later than 9 mos)



Picking up small pieces of
food with "pincer grasp"
(~9-11 months)



ADULTS PROVIDE

- What
- When
- Where



BABIES DECIDE

- Whether
- How much



**Be attuned & responsive
to baby's needs**

“
No matter the method of solids introduction
that the parents choose, you have the
power to help shape each baby's relationship
with food, which will have profound impacts
on their long term health.
”

WHAT'S NORMAL

in the early days

- Not eat much
- Messy
- Gagging
- Exploration
- Play
- Infant milk intake to remain unchanged



SET BABY UP FOR SUCCESS

at mealtime



- Not tired
- Not hungry
- Let baby self feed as much as possible
- Don't rush
- Don't pressure
- Engage positively: No "yuk" faces
- Lead with infant milk



GAGGING AND CHOKING

GAGGING

- Normal and to be expected
- Helps babies learn how to eat

CHOKING

- Rare & not to be expected
- First aid



Resources: infant first aid



Iron

Offer
TWO+
(good sources)
a day

ANIMAL-
BASED

OR

PLANT-
BASED

+

VIT.C
SOURCE

Iron Sources

Iron from these sources is absorbed more readily than the ones below

Beef
Chicken
Fish
Pork
Lamb

Partner these with Vitamin C foods for better absorption

Eggs
Whole Grains
Legumes
Leafy Greens

WINNING FOOD COMBINATIONS

to maximize iron absorption & provide excellent nutrition

Choose 1 food per column to create a meal that's high in

IRON

VITAMIN C

ENERGY (FAT)



Vit C Sources

Citrus Fruits (ALL)
Tomato
Strawberries
Kiwi
Broccoli
Bell Peppers
Papaya
Mango



Allergens: Early & Often



choking hazards

- Whole nuts and large seeds
- Popcorn
- Small round fruit (whole grapes, tomatoes)
- Candy & gum
- Some chips
- Hard raw veggies and fruit
- Raw leafy greens
- Hot dogs (whole or cut into circle shaped slices)
- Dried fruit
- Ice cubes
- Marshmallows
- Cheese cubes
- Large clumps of nut butters

absolutely no

- Honey (before 12mos)

avoid

- Excessive added salt and sugar (highly processed foods)
- Artificial sweeteners



WHEN & WHO TO ASK FOR HELP



Registered Dietitian Nutritionist (RDN/RD)

- Not sure what foods to give or how to serve certain foods
- Vegetarian or other restricted diet in the house, including managing baby allergen intro, considering family member allergies
- Baby doesn't seem interested after 2-4 weeks of offering food
- Growth concerns
- Known sensitivities, allergies, nutrient deficiencies
- Struggling to afford food (Your RDN can help connect you with WIC and other resources)

Early Intervention (OT/SLP/PT)

- Baby struggling to bring food to mouth
- Baby not sitting up straight by 7 months
- Known developmental delays or other medical concerns that involve muscle tone
- Premature baby (possibly needs extra support or timeline adjustment)
- Excessive gagging / never swallowing food after 2-4 weeks of practice
- Recurrent upper respiratory infections or pneumonia

Medical Provider (Pediatrician)

- With all of the above concerns
- Suspected allergic reaction
- Profuse GI symptoms (vomiting, diarrhea, etc.)

Therapist for Parent

- History of parent eating disorder or food insecurity
- Extreme anxiety around offering food



Q&A



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