

STARTING SOLIDS

SMARTLY & SAFELY FOR THE BREASTFED BABY

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DISCLOSURES

- I do not have any conflicts of interest.
- Bachelor's of Science in Biology from Florida Atlantic University
- Bachelor's of Science in Dietetics and Nutrition from Keiser University, Lakeland
- Completed 1 year Coordinated Supervised Practice in Dietetics
- National Commission on Dietetics Registration credentialing as Registered Dietitian (RD)
- Licensed Florida Board of Health as Dietitian Nutritionist (LDN)
- Full time employee of Morrison Healthcare as Clinical Nutrition Manager in an Acute Care Hospital, currently on paid time off to give this talk.
- Mom of Sydney, strong willed almost 4 year old who breastfed until age 3.



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Summer the Dietitian



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KEY CONCEPTS OF GOOD NUTRITION ... BEYOND THE FOOD

Before we get started, I want to challenge you to open your mind and consider what it means to have “**good nutrition.**” Very often parents and providers focus too much on the “**what to eat**” when it comes to feeding children and overlook the “**how to eat**” behaviors that influence health.

We all know that vegetables are good and candy is bad and do a good job of promoting this message. But are we doing a good enough job of promoting healthy eating **behaviors**? Such as stopping when full, including a variety of colors and textures into our diet, sitting down and eating slowly and calmly with the family unit, preparing meals at home, cooking with whole foods vs. choosing processed foods, using good manners, etc...

Please remember through this talk, good nutrition for our children is going to include more about dietary habits and less about vitamins, minerals and food groups!

COMMON KNOWLEDGE IS NOT NECESSARILY EVIDENCE BASED

- As with breastfeeding, most common knowledge of childhood nutrition is passed down through families or communities, often resulting in non-evidence based practices.
- Mothers and families are very susceptible to following “generally accepted practices” of feeding their children without truly understanding the impacts.
- This is exacerbated when providers and authority figures re-inforce incorrect practice.
- Undesired behaviors are also reinforced by the consumer market of baby devices and foods.
- This talk is intended to provide providers with an understanding of **starting an infant on solid foods, recognizing the signs of readiness**, supporting parents in **maintaining the breastfeeding relationship**, and providing guidance to support families in **developing lifelong healthy eating behaviors and dietary habits**.

WHEN TO START INFANT SOLIDS?

~ 6 + MONTHS OLD

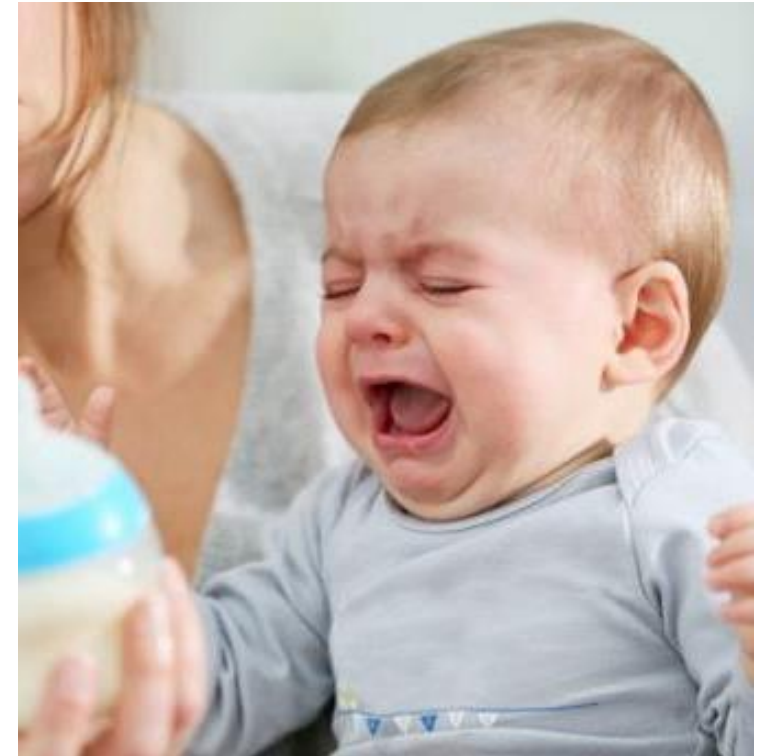
- The following are just a few of the organizations that recommend that all babies be **exclusively breastfed** (no cereal, juice or any other foods) for **at least the first 6 months** of life:

- World Health Organization
- UNICEF
- American Academy of Pediatrics
- American Academy of Family Physicians
- Health Canada
- CDC



COMMON PRACTICE DOES NOT FOLLOW THESE GUIDELINES...

- 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.
- In a national survey of 1,334 mothers, conducted by the CDC, 40% said they gave their baby solid food before they were 4 months old, with 9% starting as early as 4 weeks.
- Introduction to solids prior to 4 months is associated with increased weight gain and adiposity, both in infancy and early childhood. (AAP)



WHY WAIT UNTIL 6 MONTHS + ?

- More time for baby to receive the health benefits of exclusive breastfeeding
- Protect and Maintain the Breastfeeding Relationship between mother and child
- Allow Baby's Digestive System time to Mature
- Baby will have greater protection from illness
- Baby will be developmentally ready to eat foods
- Baby will have lower risk of obesity in the future
- Starting solids will be easier because baby can feed themselves
- Baby will be more able to self regulate intake and stop when full
- Mom will more easily maintain her milk supply
- Mom is less likely to become pregnant
- Baby will have more time to cultivate a healthy gut microbiome from breastmilk



SIGNS OF READINESS

Not all 6 month olds are necessarily ready for solids simply because of their age.

- The following are signs that a baby is developmentally ready for solids:
 - Baby can sit up well *without* support.
 - Baby has **lost the tongue-thrust reflex** and does not automatically push solids out of his mouth with his tongue.
 - Baby is ready and willing to **chew**.
 - Baby is developing a “pincer” grasp, where he picks up food or other objects between thumb and forefinger. Using the fingers and scraping the food into the palm of the hand (palmar grasp) does not substitute for pincer grasp development.
 - Baby is eager to participate in mealtime and may try to grab food and put it in his mouth.



7:18-8:05 5 month old's first solids - Not ready!

<https://www.youtube.com/watch?v=54gyVVPUNR58>

IF BABY ISN'T READY...

Families can still involve baby in meal times well before all the signs of readiness are displayed.

Baby is likely able to...

- Sit in high chair and observe meal time with the family
- Play with cups, bowls and utensils
- Practice bringing toys to the mouth while the family eats
- Experience the smells and sounds of mealtime



Parents should begin modeling healthy dietary choices. Babies and toddlers are more likely to eat foods they see their peers and parents eating. (AAP)

IF BABY IS READY FOR SOLIDS...

Things to consider before starting solids ...

- Mom should be encouraged to nurse the baby prior to each attempt at feeding the baby solids for the first several months. A hungry baby will not happily learn to eat safely.
- Solid Foods should **not** be used to satisfy a hungry baby.
- Breastmilk and/or formula is still the primary source of nutrition until at least 1 year of age.
- Parents and baby should practice good food safety & hygiene – wash hands, use clean utensils, consume foods cooked and stored at proper temperatures and purchased from reputable sources. Baby will be more susceptible to food borne illness.
- Parent's should choose a time to feed solids when they can provide undivided attention. Infants, toddlers and children should never consume foods without supervision.
- Baby will get messy! Parent's should allow plenty of time for clean up!
- Starting solids is an opportunity for baby to learn how to eat and explore new foods.
- **Solid food before 1 year of age is NOT for nutritional purposes.**

GETTING READY, WHAT PARENTS NEED TO FEED THEIR BABY?

Starting solids does not require extensive preparation or planning. Parents will need: a High Chair where baby can sit safely so that the clean table top is at belly button level, Soft Solid Whole Foods, a happy Baby, and Adult Supervision.

What parents don't need?



WHAT TO FEED THE BABY – NOTHING. THE BABY FEEDS ITSELF!

- Baby should be allowed to bring the food to their mouth and try it on their own.
- Baby should be presented with one new food at a time.
- Solids should start with just one very small meal per day.
- Gradually increase intake over time, following baby's lead.
- Provide small portions.
- Do not force the baby to eat foods.
- The baby will indicate if they are hungry.
- The baby will indicate when they are full.
- Spoon feeding is not necessary.
- Puree foods are not necessary.
- Baby Cereal is not necessary.
- There are no established intake guidelines < 1 year old.

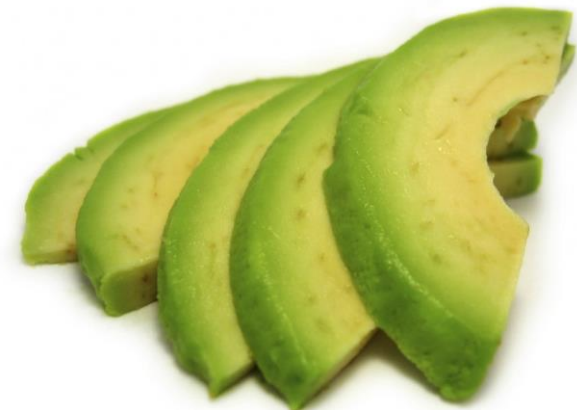


RECOMMENDED 1ST FOODS

- Research indicates that it is important to expose children to a wide variety of flavors and textures to reduce “pickiness” in adolescence.
- Many babies and toddlers need to be exposed to foods multiple times before accepting them.
- Data from the National Health and Nutrition Examination Survey (NHANES) from 2007-2008 indicate that 90% of children over 8 years of age do not consume recommended servings of vegetables and that 75% consume less than recommended amounts for fruits. (ADA)
- Commonly recommended first foods that are well accepted by infants:
 - Bananas
 - Avocados
 - Sweet Potatoes
 - Egg Yolks
 - Broccoli Spears

Avoid:

- Citrus
- Egg Whites
- Cheese
- Wheat



THE GAGGING QUESTION

- Gagging is not choking.
- **Gagging:** Brief coughing from foods in the back of the throat, quickly cleared.
- **Choking:** Obstructed airway, not easily cleared.
- Choking babies immediately need infant CPR. **Do NOT reach into the mouth to clear the food! This could push the food deeper into the airway.**
- Gagging is to be expected when infants are learning to eat safely.
- Baby will need to learn how to maneuver foods around in the mouth to protect their airway.
- It is important that parents not panic or over react to normal gagging.
- Infants with tongue and lip ties may experience increased frequencies of gagging. This should be evaluated by an IBCLC or Pediatric Dentist trained in addressing Ties.
- Always Avoid Choking Hazards: Hot Dogs, Popcorn, Nuts, Seeds, Dried Fruits, etc.

THE FOOD ALLERGY QUESTION

RARE BUT SCARY

Always avoid foods that are known to be allergens within the family.

Top 8 Allergenic Foods:

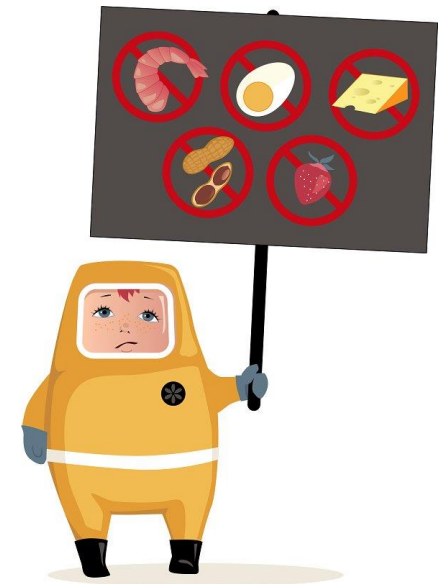
- Cows Milk
- Eggs
- Peanuts
- Treenuts
- Fish
- Shellfish
- Soy
- Wheat

Introduce new foods slowly, approximately every 3-5 days.

Monitor baby. Allergy symptoms appear soon after the food is eaten – within minutes to hours. Immediately call 911.

Symptoms of an allergic reaction include:

- Hives or welts
- Rash
- Face, tongue or lip swelling
- Vomiting or diarrhea
- Coughing or wheezing
- Shortness of Breath
- Unresponsiveness



ONCE BABY IS AN EXPERT

- Once baby has demonstrated safe eating skills and a strong interest in a variety of foods, baby should be encouraged to participate in the family's healthy meal.
- Cultural foods and flavorings should be provided and explored by the child so that an appreciation for different foods is developed.
- Parents should be encouraged to avoid the temptation of feeding the child fast or processed foods. Children under the age of one are extremely sensitive to excess sodium in the diet.



THE BEVERAGE QUESTION

- Remember that nursing from the breast should still provide the primary nutrition until at least age one, however baby should start practicing drinking from a cup around age of 6 months as part of a regular meal time behavior.
- Breastfed babies tend to prefer straw-type cups.
- Avoid nipple type cups for the breastfed baby.
- Include water or expressed breastmilk in the infant's cup only.
- Do not provide the infant with juices or sodas.
- Cow's Milk or Vegan Milks should not be introduced until at least age 1.



THE SLEEP QUESTION... SOLIDS DON'T HELP!

- Starting an infant on solids will NOT increase the likelihood of baby sleeping through the night.
- In reality, baby may actually experience more night time waking as a result of the developmental and emotional leaps occurring around learning this new skill of eating.
- Baby may experience and increase in gastrointestinal upset and bowel movements, causing night time dirty diapers.
- Studies found no difference in the sleep patterns of babies who received solids before bedtime when compared to babies who were not given solids.



KEY POINTS

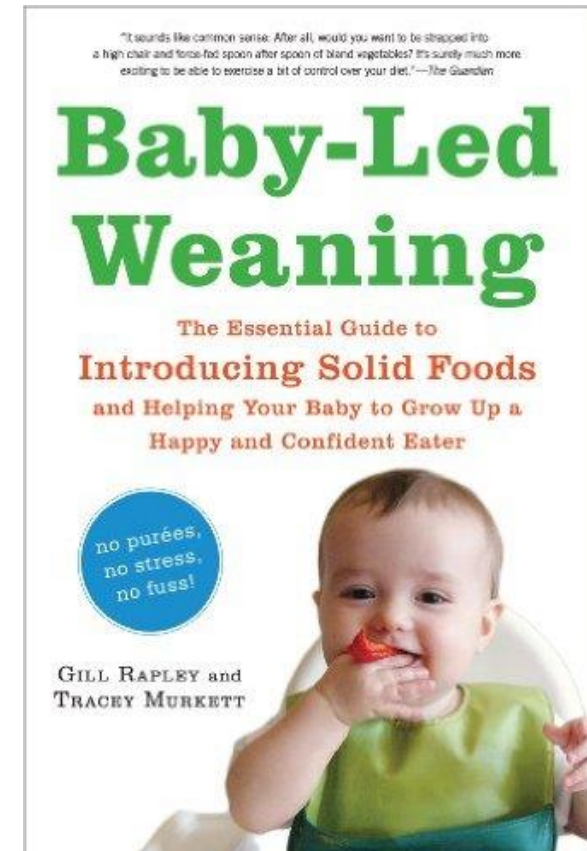
- Solids should start after baby is **6 months old** AND shows **all** signs of readiness.
- Breastmilk remains primary and majority of nutrition until at least age one.
- Goal is to develop healthy eating habits and skills.
- Baby should be allowed to self regulate.
- Foods should be soft and safe.
- Adult supervision required.
- Children and families with difficulties should be referred to a registered dietitian for assessment and assistance.

Recommended Reading:

Baby-Led Weaning

By Gill Rapley & Tracey Murkett

Other References: APA, CDC, La Leche League, Kellymom.com



ANY OTHER QUESTIONS?

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